

Linking Home-Based Child Care And State-Funded Preschool:

The Community Connections
Preschool Program
(Illinois Action for Children)

Evaluation Phase 1
- Implementation Study

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Illinois Action for Children is a catalyst for organizing, developing and supporting strong families and powerful communities where children matter most. It engages organizations and individuals statewide to advocate for



public policies that benefit children and families. In the Chicago area, its programs reach more than 100,000 children each year through child care resource and referral services, child care assistance payments, child nutrition programs, child care quality improvement services, early childhood education, home visiting, parent leadership training, and community-building activities. Informed by its grassroots membership and program participants, the organization's public policy and program development work reflects the priorities of those most directly affected.

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Introduction

Introduction to the Community Connections Program Model

The Community Connections preschool program (herein referred to as Community Connections) was developed to help prepare children in home-based child care for success in school and in life. It has three goals: (1) to make state prekindergarten classroom experiences available to children in home-based care, (2) to extend classroom learning experiences in the home-based care setting, and (3) to support infant and toddler development in participating providers' homes.

In this model, state prekindergarten (Illinois "Preschool for All") classrooms provide half-day sessions four days per week for 3- and 4-year-old children coming from home-based child care. On the fifth day, the teachers visit children's care providers; delivering books and educational materials, modeling ways to extend curriculum activities, and discussing children's learning in the classroom. While preschoolers are in classrooms away from the home-based care setting, providers have precious time to focus on the needs of infants and toddlers in their care.

Illinois Action for Children (herein referred to as IAFC) created the Community Connections program model in 2005 as Illinois was rapidly expanding its state prekindergarten program, which would ultimately change from serving exclusively at-risk children to become "Preschool for All." As the Preschool for All program grew, it became clear that large numbers of preschoolers in home-based care were being left out.

Home-based care is the only option for many parents in low-wage jobs because those jobs tend to require non-traditional work hours – evenings, weekends, and changing shifts – when child care centers are closed. In Illinois, 67% of low-income single mothers with children under six work non-traditional hours (Illinois Action for Children, 2006). These mothers overwhelmingly choose home-based child care, usually provided by family, friends and neighbors. According to Illinois Child Care Assistance Program data, among families using the Child Care Assistance Program in Cook County, 58% have enrolled their children in home-based child care (22% in licensed homes and 36% in license-exempt Family, Friend and Neighbor care).

While home-based child care is a significant community asset, preschool-age children tend to learn cognitive school readiness skills best in classroom settings (National Institute of Child Health and Human Development Early Child Care Research Network, 2002). In 2005, IAFC developed Community Connections to support home-based child care while adding a classroom-based experience to the children's day. This new program represents a third model through which state prekindergarten services are delivered in Illinois. The two most common models are part-day school-based programs and full-day programs delivered in conjunction with child care centers. As a third model, Community Connections has the potential to reach a large population of unserved children.

Community Connections Program Evaluation: Phase I Implementation Study

The Illinois State Board of Education has requested evidence that the Community Connections mixed model works before making funding available for it statewide. Education agencies in other states are expected to ask the same question.

Community Connections is a mixed model, incorporating classroom-based and home-provider-based elements. As such, it represents a significant departure from the common state prekindergarten models, which are entirely classroom-based. While research conducted on Early Head Start and Parents as Teachers models has suggested that specific mixed models are effective (U.S. Department of Health and Human Services, 2006; Parents as Teachers National Center, 2007), IAFC and its state education agency are seeking evidence specific to the Community Connections model.

In Phase 1 of a two phase evaluation, IAFC asked Child Trends and the National Center for Children in Poverty (NCCP) to conduct a study to examine model clarity, fidelity, and the implementation of Community Connections. Phase 2, to take place after implementation issues are identified and addressed, will be an outcomes study.

Report Overview

This report describes the methodology and presents the findings of Phase 1 of the evaluation of the Community Connections model, the implementation study. Central to the methodology, described in detail below, were comprehensive interviews with members of the five groups participating in, or “connected” through, Community Connections: the complete cadre of Preschool for All coordinators at IAFC, as well as samples of participating center directors, classroom teachers and assistant teachers, home-based care providers, and parents of participating children. In addition to interviews, quality observations were conducted with the home-based providers in their care settings, with each observation focused on a child participating in Community Connections. Review of participation data maintained by IAFC informed selection of the centers for the study, as well as the range of home-based providers affiliated with those centers from which to recruit the sample. As described more fully later, recruitment efforts were successful with licensed providers, all of whom were English-speaking, but not with license-exempt providers, who may have felt uncomfortable being observed.¹

The results section of the report opens by summarizing the reactions, which were predominately enthusiastic, to participating in Community Connections from the coordinators, center directors, center teachers, home providers, and parents; as well as their impressions, also heavily favorable, of the model and its benefits to them and their children. This section goes on to review interview responses and program documents for insights into how well the model is achieving its first goal: making preschool classroom experiences available to children who would not otherwise have them. Findings follow from the quality observations of the home-based care

¹ The license-exempt group targeted for recruitment included some Spanish-speaking providers.

settings conducted with the Child Care Assessment Tool for Relatives (CCAT-R).² Highlights from the observations include good caregiver engagement with the focal child and good-to-adequate caregiver and child language factors. Conducted once in the spring, the observations provided a view of Community Connections' home-based care well into the program year, but not an opportunity for comparison with care at the outset of the year.

The results section then discusses respondents' perceptions of benefits/targeted effects of the program and concludes with an analysis of respondents' descriptions of the key activities of the Community Connections model specifically, as well as Preschool for All in general, their sense of challenges facing the model, and ideas for meeting those challenges. Targeted effects of the program discussed by respondents included new or stronger connections among parents, centers, and home-based providers; perceptions of improvements in the center classroom and home-based care setting; perceived improvements in children's learning; and business/personal benefits to participating in the program. There was a high degree of shared understanding of core model components. Nevertheless, responses suggested a need for more specificity about some components. In identifying challenges, teachers and providers expressed the need for more training and support in some areas. For example, teachers wished for additional guidance in scheduling and making the best use of their visits with providers in their homes. Also, parents, providers, and teachers all expressed concerns about the effectiveness of the special occasions and events offered to bring parents and/or providers together at the centers with teachers.

The report concludes with recommendations to IAFC, based on the findings, for strengthening the Community Connections model and its implementation. These recommendations are provided to facilitate readiness of the program for formal evaluation of outcomes, so that the Illinois State Board of Education can extend it throughout Illinois, and so that education agencies in other states can adapt it to their prekindergarten programs.

Context

IAFC provides state Preschool for All services in conjunction with 18 child care centers in low-income Cook County suburbs. At all 18 centers, a Preschool for All educational program enhances the full workday child care classrooms. At seven of these centers, Preschool for All is also delivered through Community Connections. Each of these seven centers reserves one classroom for children coming from home-based child care, and operates two half-day sessions for those children, Monday through Thursday. Each center transports children from their home-based care provider to the center and back. Teacher/provider visits are held on Fridays at the providers' homes. Providers may be licensed or may be providing license-exempt family, friend or neighbor child care. Teachers and teacher assistants try to visit each home-based provider twice monthly.

The program model, as currently defined in program documents, includes several required components. Those components are shown below in two lists, (a) components required of all Illinois Preschool for All programs, and (b) additional components unique to Community Connections. The third list (c) identifies the program supports that IAFC provides through its central staff (program administrator and coordinators).

² Although the CCAT-R's name ends with the phrase, "for Relatives," its developers at Bank Street College have determined that much of the instrument is appropriate for most home-based settings, especially those with smaller numbers of children in care. See T. Porter and L. Vuong (2008), *Tutu and Me: Assessing the Effects of a Family Interaction Program on Parents and Grandparents*, Bank Street College of Education, Institute for a Child Care Continuum. Four of the home-based providers in the sample included related children among those they cared for.

- A. Required components of Illinois Preschool for All programs
 1. Child screening for health and developmental risks
 2. Educational program using research-based curriculum
 3. Parent education and involvement
 4. Community collaboration
 5. Qualified staff including Early Childhood (Type 04) teachers certified by the state board of education and a professional development program

- B. Additional components for Community Connections
 1. (Policy-level) State child care assistance payments to home-based providers are not reduced when child attends part-day preschool
 2. Preschool-age children are transported from home-based provider to center and back
 3. Allowing home-based providers to focus on infants and toddlers while preschoolers are in class
 4. Teachers visit each home-based provider twice monthly, delivering materials, modeling activities, and discussing children's progress in order to extend preschoolers' learning beyond the classroom

- C. Program Supports provided by IAFC's Central Staff, for both Preschool for All and Community Connections
 1. Hiring and supervising certified teachers through IAFC (This is an option offered to centers.)
 2. Professional development and training for teachers including strategies for working with home-based providers
 3. Coaching for teachers
 4. Meetings with center personnel at various levels
 5. Monitoring of compliance with requirements for both Preschool for All and Community Connections

In presenting evaluation results, this report will distinguish between components or activities that apply to all of IAFC's Preschool for All programs, and those specific to Community Connections, a special type of Preschool for All program.

Study Methodology

Sample Recruitment

In order to most clearly and thoroughly understand Community Connections, samples from five separate groups who are participating in/connected to the program were interviewed via phone, or in-person, about their experiences with and impressions of the program:

- IAFC coordinators responsible for administering and supporting the program in participating centers and home-based care settings,
- directors or owners of participating centers,
- Community Connections teachers and assistant teachers within those centers,
- participating home-based providers, and
- parents of participating children.

All three IAFC coordinators working in the program at the time of the study were invited to participate in the study. A nested sampling plan was used to identify samples of each of the other stakeholder groups. First, four out of seven centers participating in Community Connections were chosen for participation in the study based on the number of home-based providers who would potentially be available to participate in the study. (The four centers with the highest number of home-based providers were chosen). These centers worked with diverse providers, including Spanish-speaking, English-speaking, licensed, and license-exempt home-based providers. For each center, the director/owner was interviewed.³ Each center had one Community Connections classroom, with both a morning and afternoon session. The lead and assistant teachers in each of these classrooms were asked to participate in the study. All four lead teachers, and three of the four assistant teachers, agreed to participate.

Home-based providers were chosen for participation through several steps. Enrollment forms from the four participating centers identified 70 providers. Twenty-one were not candidates for recruitment because they had no working phone or were newly enrolled and had not received a teacher visit. The 49 remaining provider names were sorted by center. For each center a randomized call-order list was created. IAFC staff not associated with the Community Connections program then called to describe the study, obtain preliminary consent, and make an appointment to deliver a consent form, answer any questions, and make arrangements for return of the form.

Calls continued until five providers for each center consented to the study. For one center, no home-based providers agreed to participate in the study. IAFC staff recruiting for this project sought alternative providers at this center, including newly enrolled providers and providers who had recently established telephone service. Eleven names were added to the recruitment list, but no consents were received from the expanded list. Almost all of the providers from this center were license-exempt, in contrast to the other three centers, which primarily worked with licensed providers. Additionally, a high proportion of the providers affiliated with this center were Spanish-speaking.⁴

IAFC staff recruited additional providers from the other centers to yield a total sample of 18 providers. Three of these providers were later eliminated from the study because the focal child or provider was unavailable for the observation,⁵ resulting in a final sample of 15 providers. All 15 providers in the study were licensed, all spoke English in the child care home setting, and all cared for infants or toddlers in addition to preschoolers. Ten cared for more than one Community Connections child, and four cared for at least one child who was a relative.

Each of the 15 providers was interviewed in-person for this study. Additionally, an observation-based quality assessment was conducted with all providers using the Child Care Assessment Tool for Relatives (CCAT-R).

Finally, 15 English-speaking parents, each of whom had a child in the care of one of the participating home-based providers, were asked to complete an interview and provide permission for their child to be observed as part of the CCAT-R assessment. While permission was obtained to complete the provider observation in each instance, phone interviews with parents were difficult to schedule and could be completed with only nine of the 15 parents.

³ Three owners, who were also directors, were interviewed. One center had a separate owner and director, in this center, the director was interviewed.

⁴ A Spanish-speaking recruiter was used to contact providers at this center.

⁵ Two of the children were unavailable for observation because they left the program. One provider was unavailable for the observation due to a family emergency.

Sample Description

IAFC coordinators. All three IAFC coordinators working with Community Connections at the time of this study were interviewed. IAFC coordinators had between 14 and 30 years of experience in early care and education and between three and seven years experience working at IAFC. All three coordinators had a college degree related to early care and education. Two coordinators had a Bachelor's Degree and one had a Master's Degree. Each of the three IAFC coordinators had experience with mentoring or training teachers prior to their position with Community Connections. The IAFC coordinators interviewed for this study were budgeted between 40% and 80% of their time on Community Connections, or work related to this program.

Directors/owners. Three owners (of centers where there was no separate director) and one director were interviewed. Directors/ owners ranged in years of experience in early childhood care and education from six to 11 years, and had served in the capacity of owner/center director from two and a half to 11 years. Only one of the owners/directors interviewed held an Illinois director credential.

Teachers. Seven teachers, including four lead and three assistant teachers from the four centers, were interviewed as part of this study. This sample included the lead teachers from each of the Community Connections classrooms in these four centers, and three of the four assistant teachers. Each of these teachers had a secondary degree (Associate's, Bachelor's, or Master's) related to early care and education; all four lead teachers had a Master's degree, one assistant teacher had a Bachelor's degree and the other two assistant teachers had Associate's degrees. Teachers had between five and 13 years of experience in early care and education. Each of the four lead teachers had a Type 04 Certification. None of the lead or assistant teachers had a CDA. Six of the seven teachers had engaged in professional development opportunities within the past year. These opportunities included workshops, non-degree special education courses, and trainings on the Creative Curriculum[®] and serving English language learners.

Home-based providers. Fifteen licensed home-based providers associated with three of the four centers in the study were interviewed. Providers had, on average, 20 years of experience providing care, with years of experience ranging from five to 40 years. Approximately half of the providers participated in formal or informal family child care associations.

Parents. Nine parents, eight mothers and one stepmother, were interviewed as part of the study. Each of these parents was either working outside the home or working and going to school at the time of the interview. Six of the nine interviewed parents reported working regular/semi-regular schedules, while the remaining three parents' work schedules changed on a daily or weekly basis. Among parents with regular work schedules, their work day typically started between 7:00 and 9:00am and ended between 3:30 and 5:00pm. All but one of the interviewed parents has more than one child. Siblings of the child enrolled in Community Connections ranged in age from five months to 26 years.

Eight of the nine parents reported that their child has been attending the preschool center for one year or less. Only one of the parents mentioned having another child involved in the Community Connections program. The majority of parents reported that their child was cared for by the home-based provider for two to three years (six of the nine parents); while the remaining three parents reported that their home-based provider had cared for their child for less than one year.

Description of Centers and Home-Based Settings

Centers. Centers included in this study had been in business between 6 and 17 years. The capacity of centers included in the study ranged from approximately 100-200 children. All four directors/owners reported offering infant/toddler, preschool, and school-age slots, with the majority of slots going to preschoolers. Though each of the center directors/owners reported being at/near capacity, only one director reported keeping a wait list. A high percentage of the families of children attending the centers were receiving child care subsidies (82-90% across the centers). In three of the centers, English was the predominant language, with more than 90% of children speaking English as their primary home language. In the fourth center, approximately 70% of the children in the Community Connections program spoke Spanish as their primary home language. Each of the directors reported having various specialists, on staff or contracted, available to their center. Specialists included a curriculum specialist, nurse consultant, speech and language pathologist, hearing and vision screeners, reading specialist, Spanish interpreters, and parent educators.

Center directors reported having one Community Connections classroom, which served both morning and afternoon sessions, and between two and four full-day non-Community Connections classrooms serving Preschool for All children. The size of the Community Connections classroom in which the teachers served varied, with the majority of classrooms having between 16 and 20 students in their morning and afternoon sessions. The Community Connections classrooms all include at least one lead and assistant teacher who regularly work together.

Both parents and teachers indicated good relationships between the children and the center teachers. Most parents indicated that they liked the center teacher and thought their child did as well. Teachers reported the children being eager and excited to see them when the teachers conducted their visits to the home-based providers.

Home-based care setting. All of the home-based providers in the study were licensed, served children in their own home, and served children whose care was subsidized. Providers were experienced caregivers, who had been providing care for an average of 20 years. Providers' years of experience ranged from five to 40 years. Most providers (80%) cared for a mixture of infants/toddlers, preschool-aged children, and school-age children. Twenty-seven percent cared for at least one child who was a relative.⁶ Home-based providers cared for children between 35-70 hours per week, and averaged 54 hours of caregiving per week. The number of individual children providers cared for over the course of a week ranged from three to 16 children, with an average of nine children. All of the providers participating in this study stated that they had at least one assistant who helped them on a regular basis.

All of the parents reported that their children got along very well with their home-based provider. Additionally, eight of the nine parents who participated in the phone interview felt that their home-based providers helped them in ways other than child care for the hours agreed upon, such as connecting the parent to resources in community, keeping the child for extended hours, helping the parent look for a job, telling the parent about programs that provide assistance for food and clothing, and spending time with the family.

⁶ Two of the providers said that they live in the same household as at least one of the relative children they care for.

Recruitment Procedures

The research team for the study developed a protocol for study recruitment and trained IAFC staff who were not involved in the Community Connection program, herein referred to as IAFC study recruiters, on the protocol and on procedures for informed consent. All those who participated in recruitment and data collection for the study completed human subjects training. IAFC study recruiters mailed letters to selected center directors and teachers, home-based providers, and parents introducing the study. After the introductory letters were sent, IAFC study recruiters contacted interested members of each respondent group by phone or an in-person visit to discuss the study purpose and what was involved with study participation, based on scripts provided by the research team. Individuals who expressed interest in participating in the study were then provided a consent form that gave an overview of the study, described what would be involved with study participation, assured potential participants that participation was entirely voluntary and would not in any way affect participation in the Community Connections program, and described procedures for protecting confidentiality of individuals' data and how data would be summarized and reported. IAFC study recruiters then answered questions and completed the informed consent process with study participants. Though IAFC study recruiters were not involved in the Community Connections program, they often had existing relationships with the center directors, teachers, providers, and parents, which helped them to connect with these groups and discuss the study.

The names and contact information of consented individuals were then transmitted securely to the research teams at Child Trends or NCCP. Research staff at Child Trends scheduled phone interviews for all study participants, except home-based providers. Home-based providers were interviewed in-person and observed by trained observers from NCCP and IAFC staff (not associated with the Community Connections program) at a time mutually agreeable to the home-based provider and observer.

Home-based providers and parents were offered a \$25 incentive to participate in the study. The incentive for participation was explained during the consenting process. Once a provider completed her participation, a gift card was distributed by the observer. When a parent completed an interview, a Child Trends researcher contacted IAFC and scheduled for a coordinator to bring that parent's gift card to the home-based provider during the coordinator's next visit. Child Trends then notified the parent to pick up the gift card from the provider.

Interview Content

A unique interview protocol was developed for each of the five respondent groups included in the study. Questions were tailored to the experiences, interactions, and responsibilities of each group. Though interview questions were specific to each of the respondent groups, the topics of primary focus for all of the interviews included: reasons for participating in Community Connections; program requirements; challenges and supports perceived as necessary; supports received; whether and how unreached children were being served by Preschool for All through Community Connections; perceptions of program benefits (including strengthening connections among families, home-based providers, and center teachers, improvements to children's experiences; and effects on children's learning), and general impressions and recommendations. A copy of each of the interview protocols is available in Appendix A.

Observations of Home-Based Care

In-home observations of the quality of home-based care were conducted in the spring of 2010 using the Child Care Assessment Tool for Relatives (CCAT-R). Observations were conducted by two researchers from NCCP and two IAFC staff members who were not associated with the Community Connections program. Each of the observers attended a three day video-based training on the CCAT-R conducted by Toni Porter and Carol Begnoche from Bank Street College of Education, conducted practice observations, and obtained a .80 exact match reliability score prior to conducting observations for this study.

The CCAT-R is an observational, time-sampling tool that measures the quality of the home-based setting according to the frequency of specific types of adult-child interactions during an observation (which can include up to 60 20-second observation periods or six 6-minute and 40-second observation/coding cycles). The observation periods are snapshots that capture verbal communication between the caregiver and a focus child, communication of the focus child to the caregiver or others, the caregiver's activities with the child, and who or what the focus child attends to. Quality ratings of poor, adequate and good are based on factor scores that include a group of specific items measuring the frequency of interactions (Porter, Rice, & Rivera, 2006; Porter & Vuong, 2008). The greater the number of interactions and the proportion of interactions recorded, the higher the quality of care. In addition to the snapshots of caregiver and focus child interactions, the CCAT-R also includes a behavior summary checklist completed at the end of each time-sample period. This checklist captures the predominant engagement of the caregiver, what type of activities the caregiver and child were engaged in, and the discipline, safety, and toileting/diapering activities that may have taken place. Finally, the CCAT-R also includes: 1) a health and safety checklist and 2) a checklist of materials. These are each completed once during an observation to evaluate the environment of the child care home setting.

CCAT-R observations of the home-based providers who participated in the study included a total of 87 observation cycles across the sample of 15 providers. All observation cycles had complete data, with six observation cycles completed for most providers but five observation cycles completed for three providers (due to time constraints). Following the observation, NCCP/IAFC observers interviewed the home-based provider on topics including those listed above (see Appendix A for the home-based interview protocol).

Results

Respondent Groups' Overall Reactions to the Community Connections Program

Each of the respondent groups was asked about their general perceptions and reactions to the Community Connections program. Specific topics discussed in order to obtain these perceptions/reactions included how each participant group (center directors, center teachers, home-based providers, and parents) learned about Community Connections, what attracted them to the program, what they and the participating child most appreciated about the program, and whether they would recommend the program.

How participants learned about the Community Connections program. The responses to the interview questions about how participant groups learned about Community Connections indicated that the IAFC coordinators were instrumental in educating center directors

and home-based providers about Community Connections through individual meetings with center directors and community outreach efforts including attending home-based provider network meetings. Awareness of the program also spread among home-based providers via formal and informal provider associations. Center directors and home-based providers, in turn, introduced the program to center teachers and parents. Specifically, center directors offered teaching slots in the program to current staff or potential hires, and home-based providers offered the program to the parents of eligible children in their care.

Though the majority of parents (55%) indicated that they wanted to visit the Community Connections center classroom before deciding to enroll their child, only 22% said they were actually able to do so. One-third of parents enrolled solely based on the recommendation of their home-based provider. About half (seven) of the providers visited the center before agreeing to participate, which may help to explain why so many parents relied on their provider's opinion. Only one of the nine parents had a friend or family member already enrolled in Community Connections; that source did recommend the program.

Motivations for participating in Community Connections. Among professionals working with the program, both center directors and home-based providers reported being motivated to participate in Community Connections by altruistic intentions. For example, most of the center directors were motivated to host the program because of the unique opportunity it presented to support parents and children who would otherwise be unserved. Home-based providers also reported being attracted to the program due to the opportunities it offers for children in their care to socialize with other children and teachers, and to help prepare the children for kindergarten. Many center teachers did not seem uniquely interested in Community Connections, but rather were committed to teaching in a pre-kindergarten setting.

IAFC coordinators were proud that Community Connections is continuing to grow. They reported that home-based providers are hearing about the program from other pleased providers, center facilities are being improved, and community partnerships are being fostered as a result of the program.

Reactions to the Community Connections program. Parents saw Community Connections as an opportunity for their children to experience the benefits of both home-based child care and an academically-oriented program. Parents, directors, and home-based providers reported interest in Community Connections because of the unique opportunities it presented to prepare their children for kindergarten by teaching them social skills, communication skills, and responsibility. Parents were also appreciative of the transportation offered through the program, appropriate class sizes and ratios, creative activities offered, and the warm, flexible environment within centers.

According to parents and home-based providers, children enjoyed the new opportunity of attending a half-day of preschool. Parents most commonly said their children enjoyed the friendships and riding the bus. All of the parents reported positive relationships between their children and the center teachers. Just over half of parents (56%) said that they have made changes to their home activities with their children because of Community Connections. These parents listed the following as ways they engaged with their child as part of the Community Connections program: helping their child to learn letters, spelling, and developing writing skills; doing activities suggested by the provider and teachers; and communicating with the home-based provider about how the provider is supporting the child's learning.

Both teachers and home-based providers reported professional and personal benefits to participating in Community Connections. Teachers appreciated the higher salary offered by

Preschool for All, as well as the opportunity it posed to be creative in the classroom. More than half (nine) of the home-based providers reported that participating in Community Connections increased their job enjoyment because they saw the children transitioning into a school setting, had more time to offer activities for infants and toddlers, were motivated to be better at their job, were able to learn new things, and had more people to turn to with questions. Three providers commented that the program allowed parents who could not otherwise afford it give their child exposure to both home-based and center settings.

Interviews with different respondent groups asked about possible concerns with the Community Connections program. Among the four parents who had initial concerns about Community Connections, the primary concerns focused on parents' trepidation in having a child at the young age for enrollment (3-years-old) ride a school bus, and concerns about the adequacy of the curricula for preparing their child for school. According to four home-based providers' knowledge of five parents who chose not to participate, some parents were not ready for their child to attend the program, others felt that Community Connections did not spend enough time on reading and writing or did not offer programming that met their child's special needs, or felt that the home-based provider offered more opportunities for academic learning.

Directors expressed a few concerns about the program. Specifically, directors were concerned about low parent involvement, the strength of the Creative Curriculum[®], mandated by IAFC for its Preschool for All programs (as opposed to more teacher-directed curricula used in the past), and the continued survival of Community Connections through state budget cuts. Home-based providers expressed concerns about the limited number of available spaces that allow children to participate in the program, inconvenient timing of field trips (providers found it difficult to attend while still caring for other younger children), too few field trips, and only having the program be half-day when many providers thought it should have extended hours or be full-day.

All nine of the interviewed parents and all but one home-based provider would or already had recommended Community Connections to others. Each of the respondent groups was asked about the component of the Community Connections program they most liked or found most rewarding. Center directors/owners specifically appreciated the program's staff qualifications, program structure and resources, and the opportunity it gave them to provide children in home-based care with a different type of experience. Teachers and assistant teachers said the most rewarding parts of the program were working with the children and providers and seeing providers implement their suggestions. Teachers and assistant teachers also appreciated getting support from IAFC and the program's focus on teacher training and education. Home-based providers most appreciated the learning and social benefits the program offered to children. Finally, parents liked a variety of aspects of the program including the transportation services, opportunities it provided to help their child learn and socialize before school entry, the high quality of the care in the classroom, the fact that center-based care was being offered for free, and the field trips and life experiences.

Reaching Unserved Children

Weighing of options by the participating parents. The interviews with parents showed that though nearly half of the parents may have been interested in having their child attend a pre-kindergarten program, satisfaction with their current care arrangement and work schedule influenced their choice to utilize home-based care and Community Connections instead. That is, it did not appear that this group of parents was unaware of pre-kindergarten as an option, but rather weighed it against their current early care and education and chose to continue the home-

based care prior to learning about Community Connections. One clear benefit of Community Connections was that it offered transportation to and from the home-based provider, allowing parents to maintain their work schedules and home-based care arrangement, in addition to allowing their children to experience two early care and education arrangements.

Respondent groups' insights into those still not reached. While it was clear that Community Connections was reaching parents and children who otherwise would not have enrolled in pre-kindergarten, the interviews provided insights into those who still might not be reached. IAFC coordinators reported that few home-based providers declined to participate in Community Connections, reporting that only about 10% of the providers they approached decided not to participate. Coordinators reported that the few providers who declined to participate were generally license-exempt and seemed to be the providers who could have most benefited from the program. One coordinator cited a fear of losing children in their care to center-based providers as another characteristic of declining providers. Home-based providers were questioned about the characteristics of eligible families in their care who did not participate. Home-based providers stated that children who were not participating in the program either had special needs, the parents weren't ready for their child to attend a school, or the child wasn't able to participate due to spots being filled.

IAFC coordinators reported strategies for reaching unserved children including distributing flyers, going door-to-door in select neighborhoods to find potential participants, and asking community partners to disseminate information. In order to reach unserved children, further outreach to non-English speakers may be warranted. IAFC coordinators reported strategies for reaching non-English speaking children including making materials available in multiple languages and having staff members that reflect the ethnicity and language of children being served. In addition, five of the seven teachers interviewed had no children with special needs in their classrooms, and the two others had mixed feelings about whether their children with special needs received more resources in Community Connections than in home-based care. Thus, further attention regarding how to address the needs of children with special needs might strengthen the capacity of Community Connections to reach the unserved.

Quality of Home-Based Settings: CCAT-R

As indicated in the methodology section, we assessed the quality of home-based care of the children participating in Community Connections using the Child Care Assessment Tool for Relatives (CCAT-R) measure. As described more fully above, the CCAT-R is an observational, time-sampling tool that measures the quality of the setting according to the frequency of specific types of adult-child interactions during an observation. Quality ratings of poor, adequate and good are based on factor scores that include a group of specific items.⁷ The CCAT-R also includes a behavior summary checklist completed at the end of each time-sample period, as well as a health and safety checklist and a checklist of materials, completed once following the observation.

Findings on the quality within these factors observed in the study are presented below. We report the summary quality scores for the factor, as well as the percentage of the total observation periods in which specific component behaviors were observed, in order to give a more in-depth picture of the quality of the home-based care settings.

⁷ These factors are: caregiver engagement in activity with child, which supports cognitive and physical development; caregiver/child bidirectional verbal communication, which supports language and social/emotional development through reciprocal interaction between the child and the caregiver; caregiver unidirectional verbal communication with child, which supports language development; and caregiver nurturing, which supports social/emotional development (CCATR manual).

Caregiver engagement with the child. The mean score (71.03) for engagement indicated that providers were in the good⁸ range of quality. On average, providers were engaged with the Community Connections focus child for 88% of the observation cycles, meaning that providers were either verbally engaged or doing an activity with the focus child alone or with other children, and did so for more than half of the observation cycle. Table B.1 (Appendix B) shows the percentage of observation periods with various forms of caregiver language directed toward the child and with caregiver engagement in an activity with the child.

Children were also highly engaged. As Table B.1 also describes, children were engaged with safe materials and objects for 90% of the observation periods, and interacted frequently with the caregiver (in nearly 70% of the observation periods) or other children (43% of the observation periods).

Caregiver and child language. The rating scores for the two language factors were in the good and acceptable range of quality, respectively. The mean score (110.13) for bidirectional communication indicated that providers were in the good range of quality.⁹ This means that there were many observed instances of the provider and focus child communicating verbally with one another. For instance, as shown in Table B.1 providers requested language from the focus child in 36% of the observation periods, and responded to the focus child's language in nearly 30% of the observation cycles. Additionally, "other talk" (i.e. any other words or phrases used such as when the provider narrates what is occurring or book reading) occurred in over half of the observation periods (53%). Children also spoke to providers in nearly half of the observation periods (46%) or to other children in nearly 20% of the observation periods.

Unidirectional communication from the provider to the child, which supports children's language development, was in the acceptable¹⁰ range with a mean score of 58.33. Additionally, providers were also supporting children's language and literacy development through book reading. We observed book reading in nearly a third (31%) of the observation periods.

Caregiver nurturing. The summary rating of caregiver nurturing included how often the provider kisses and/or hugs the child, holds or pats or touches the child, or comforts the child. These behaviors were not commonly observed with the focus children. There was a mean score of less than three (.15) indicating poor¹¹ quality in this area. However, it is important to note that the measure was designed for informal care by relatives with smaller numbers of children in care. The ranges on the factor score indicative of high quality may not be applicable to licensed family child care with larger numbers of children (the observed settings had an average of nine children in care). There may also have been instances of the provider's assistant offering nurturing behaviors which were not captured with the CCAT-R instrument.

Health and safety. While we were unable to observe the presence of a number of items on the health and safety checklist (such as outdoor play equipment since many observations occurred indoors), Table B.2 (Appendix B) describes the extent to which the settings in which we observed addressed health and safety standards. All or nearly all of the homes had areas with comfortable temperatures, quiet space, and enough light to read by. In 80% of the homes

⁸ Caregiver engagement score ranges: <44 – Poor, 44-56.5 – Acceptable, >56.5 - Good

⁹ Bidirectional communication score ranges: <77 – Poor, 77-108.5 – Acceptable, >108.5 - Good

¹⁰ Unidirectional communication score ranges: <39.5 – Poor, 39.5-61 – Acceptable, >61 – Good

¹¹ Caregiver Nurturing score ranges: <3 – Poor, 3-5 – Acceptable, >5 – Good

providers could see or hear children at all times. In general, homes had smoke detectors installed and child care areas were free of peeling or chipped paint.

The health and safety checklist includes several “red flag items” which indicate that there may be conditions that pose an immediate threat to the child. A few areas of concern were observed. For example, electrical cords were secured or inaccessible in just 47% of homes, and only 33% had safety caps on electric sockets.

Materials. Home-based providers possessed many of the materials on the materials checklist. Nearly all (93%) of the providers had children’s books and pretend play materials. Many of the providers (87%) had soft materials in the child care area, toys that talk or make music, construction toys/toys that have pieces that fit together, and materials for coloring, painting, etc. One reason for the high prevalence of these materials may be that teachers provided materials such as books, to the home-based providers through Community Connections. (See Table B.3 in Appendix B for a more detailed list of materials observed in homes).

Summary. At the end of the Community Connections program year, home-based providers demonstrated good quality in engagement and bidirectional communication, acceptable quality in unidirectional communication, and poor quality in nurturing. Providers were predominantly engaged in activities and verbally communicating with the focus child in 88% of the observation cycles. Children were also highly engaged in activities with safe materials (in 90% of the observation cycles) and with the caregiver (in nearly 70% of the observation cycles). We observed many instances of verbal communication between providers and children. Providers requested language in over a third of the observation periods, responded to children’s language in 30% of the observation periods, and used “other talk” in over half of the observation periods. High percentages of providers met many of the health and safety standards and possessed many of the materials on the materials checklist.

While the observations were conducted at the end of the academic year, without pre-post observations (at the beginning and end of the year) we cannot attribute the quality of care as reflecting the effects of the program. While strong in many ways, the CCAT-R findings highlight areas of improvement the program may want to target. For instance, the Community Connections program may want to address health and safety concerns in home-based settings. In phase 2 of the Community Connections program evaluation, pre- and post-observational evaluations will be used in order to measure Community Connections’ effects on the quality of home-based care.

Respondents’ Perceptions of How Well the Program Was Addressing Articulated Strategies

Community Connections had specific articulated strategies. This section reviews respondent perceptions of how well these explicit strategies were being implemented. In particular, Community Connections aimed intentionally to foster connections among home-based providers, centers and parents; to improve the quality of center-based classrooms through the combination of program requirements and supports for participating centers; to improve the quality of the home-based care environments; to extend children’s learning; to strengthen business-related practices in participating centers; and to provide professional growth opportunities to participating staff.

Fostering connections among home-based providers, centers, and parents. Community Connections incorporated a number of components aimed at fostering connections among home-based providers, centers, and parents. These components included having special

evening or weekend events and outings that parents and home-based providers were invited to, ongoing parent-teacher conferences, and opportunities for parents to visit the classroom.

Reactions to special events held at the center and outings or trips outside of the center varied. Five of the seven teachers interviewed shared positive reactions to having monthly parent events at the center, while four felt that such events should be scheduled less frequently (e.g., quarterly) or not provided. Turnout to parent events varied by classroom with some teachers reporting a “handful” of participants, others reporting a consistent group of four or five families attending each event, and yet others reporting parents representing about half the class. All teachers felt that it was appropriate to schedule field trips once a month or once every two months. Attendance at these outings also varied, with teachers reporting parent participation rates of one to ten parents. Home-based providers found it difficult to attend the outings due to the providers’ responsibility for the younger children in their care. Teachers reported that some parents came to visit the classroom, but mostly parents came only to pick up or drop off their child. Only two teachers indicated that parents volunteered in the classroom. Among the four directors, two had regular contact with parents through calls and invitations to activities, while the other two had very little contact with parents.

Teachers’ reports of their relationships with parents varied. All of the teachers said they worked to communicate about the program to parents and providers. However, over half (56%) of the interviewed teachers felt that making connections with parents was more difficult than making connections with home-based providers. Strategies teachers used to communicate with parents included newsletters with information on skills they were working on in the classroom and information about program standards, having ongoing conversations about goals, responding to questions, making parents feel welcome in the classroom, and being persistent in their communication efforts. The majority of parents said that they were comfortable speaking with their children’s center teachers, but two parents reported communication difficulties due to either not liking the teacher or thinking that the teacher was inattentive.

Teachers said that they conducted regular visits to the providers and felt that they were able to share activities with the providers and children during these visits. Teachers said that they used many of the same techniques they employ with parents to communicate with the providers. At the same time, however, teachers said that it was often difficult to schedule the visits due to the provider cancelling, rescheduling, or complaining that the timing of the visits disrupted nap time or outings. Six of the seven teachers indicated that they worked with at least one provider who implicitly or explicitly indicated they did not want to be visited.

All of the interviewed home-based providers reported having good relationships with the center teachers. Home-based providers reported the teachers to be communicative and to work well with the children. Similarly, all of them reported feeling comfortable asking the teachers questions or for advice on how to care for the children. In addition, almost all of the home-based providers reported getting together with other home-based providers that they knew through Community Connections or home-based provider associations on a regular basis.

About half of the home-based providers felt that the program improved their relationships with parents. Additionally, four of the nine interviewed parents said they now communicated with their provider about activities to do with their child at home. Most parents said that Community Connections had not changed how often they speak with their home-based provider, but one parent said that while they used to discuss only business with the provider, they now talk about what has been going on at school.

Improving the classroom setting. Most of the center directors (three out of four) felt that the Preschool for All classrooms had more resources than other classrooms at the center, such as the infant/toddler rooms that were not part of Preschool for All, including more technology and a wider range of planned activities. However, two of these three directors also felt that their other classrooms had enough resources. IAFC coordinators observed that compared to non-Preschool for All classrooms, there were more children in the Preschool for All classrooms and the children appeared to be more excited about the activities being offered.

The majority of the teachers used Creative Curriculum® and/or Building Language for Literacy to set up the Preschool for All classrooms and develop themes and lesson plans. Coordinators noted that through Preschool for All, teachers had made improvements in being sensitive to providers, developing organizational capacity, and improving the classroom environment. Two of the three coordinators also thought that Preschool for All had spillover effects into non-Preschool for All infant and toddler classrooms, with teachers adopting some of the same activities, such as reading more and using more complex language. Three of the four directors were pleased to have highly qualified teachers (with an 04 certification) in all of their Preschool for All classrooms. Additionally, one director observed that the resources of Preschool for All (notably the classroom supplies, training, and professional development for the staff) improved the classroom quality.

Improving the home-based care setting. Forty-four percent of parents felt that their home-based care provider had made changes since participating in Community Connections. Specific changes in the home-based setting cited by parents included having more materials, and more time engaged in structured learning activities and outdoor activities. Benefits of Community Connections for the home-based care environment discussed by providers included having better access to materials, especially theme boxes provided by teachers, and more time to focus on younger children in care. Home-based providers also discussed learning new teaching techniques, understanding more about children's learning, and learning about how to communicate with parents as a result of Community Connections. About half of the providers said they thought the way they care for infants and toddlers has improved as a result of Community Connections. For example, providers have adopted program lessons for younger children and learned more age-appropriate activities to do with the children in their care.

Improving children's learning. Each of the respondent groups reported perceived improvements in children's learning as a result of Community Connections. Three out of four center directors reported that ongoing assessments of children's progress are conducted bi-annually or quarterly and that children's learning progress had been documented through these assessments. Likewise, 77% of the home-based providers thought the children enrolled in Community Connections demonstrated improvement in various social and academic areas, such as language use and reading, recognition of letters, numbers, and colors, writing skills, and knowing the names of animals. Home-based providers attributed these improvements in children's learning to the classroom curriculum and reinforcement of what was taught in the center classroom at the provider's home. Parents said that their children benefited from their time at the center and were more prepared for kindergarten as indicated by their improved social skills, greater interest in learning, and growth in academic and social skills. IAFC coordinators also noted improvements in children's social skills, which they attributed to the program.

Benefits to the overall structuring of programs. None of the directors reported making changes to the overall structuring of their programs as a result of Community Connections. However, teachers and home-based providers did report changes to overall program structure. For example, teachers reported an increase in trainings and resources available to them, and 20% of home-based providers reported that the program allowed for additional time to focus on younger

or older children. One director pointed out that having Early Childhood (Type 04) teachers certified by the State Board of Education in the Community Connections and other Preschool for All classrooms encourages other teachers to improve their work and get additional training. One director was pleased with the structure of the Community Connections program components, especially the parent workshops and collaboration with providers. Additionally, two home-based providers reported that they used their participation in Community Connections to recruit new families, though the majority of providers stated that participating in Community Connections had no effect on the financial success of their business overall.

Key Components of the Program Model

This section of the report, as well as the following section on challenges, suggestions, and strengths of the program, refers to the Community Connections Key Components of the Program Model table (page 18-21). As a part of their interviews, each of the five respondent groups was asked to describe the Community Connections program model components. In order to better understand the degree to which program components were clearly understood by respondents, a Key Components table was developed that summarizes:

- The key program activities articulated by each respondent group when asked about program components (left column),
- Areas of model uncertainty suggested by the interviews with each respondent group (middle column), and
- Challenges the respondent groups identified in describing program activities and/or suggestions for model improvement (right column).

In the key program activities column (left column), the key activities described by respondents -- IAFC coordinators, teachers/assistant teachers, center directors, and home-based providers -- are listed. Following each specific activity is a ratio of the number of study participants in a respondent group that mentioned this activity over the number of total participants in that respondent group.¹² In the areas of model uncertainty (center column) and challenges/suggestions identified by respondents (right column), the research team categorized respondents' comments according to follow-up strategies suggested for obtaining full implementation. These strategies include:

- *providing greater program specificity* (i.e., communicating more detail to program participants/persons connected to the program through a program manual or other communication),
- *training* (i.e., providing information or resources in a group setting before or during the program), and
- *support* (i.e., providing one-on-one coaching or problem solving as well as developing materials or resources).

¹² The following codes are used to identify the respondent groups in the key activities column of the table: C=IAFC coordinator, D=center director, T=teacher/assistant teacher, PR=home-based care provider.

Community Connections Preschool – Key Components

[This program adds components and practices to those required by the Preschool for All program. Items in italics apply to all Illinois Action for Children Preschool for All classrooms, not just Community Connections.]

Numerical Code: Numerator represents number of respondents making a particular response. Denominator represents the total number interviewed

Respondent Code: **C** = IAFC Coordinator, **D** = Center Director, **T** = Teacher, **PR** = Home-based child care provider

Researchers categorized respondent comments according to the areas of follow-up that they suggest [see text in brackets]. Items are labeled as needing “**S**pecificity” (greater model specificity or detail), “**T**rainning” (provided in a group setting), or “**S**upport” (coaching, problem solving and/or resources).

Key Program Activities Identified by Respondents	Areas of Model Uncertainty Based on Responses and Program Documents [Recommend Specificity]	Challenges and Suggestions Identified by Respondents [Recommend S pecificity, T rainning or S upport (see each item)]
<p style="text-align: center;">IAFC coordinator activities</p> <p><i>Professional development and training</i></p> <ul style="list-style-type: none"> ▪ <i>Give program overview & train on curriculum, assessment, & communication skills..... 3/3 C</i> ▪ <i>Present week of trainings for center staff each year before program starts..... 1/3 C</i> ▪ <i>Identify other professional development opportunities throughout the year and encourage teachers to make use of them..... 1/3 C</i> 	<ul style="list-style-type: none"> ▪ Essential details of PD week, especially what is unique to Community Connections training as distinct from the Preschool for All training all teachers receive ▪ Guidelines for working with children with special needs 	<ul style="list-style-type: none"> ▪ <i>All 7 teachers requested additional supports for connecting families with community resources [T, Su]</i> ▪ <i>Teachers requested more support for implementing the curriculum, including facilitating children’s peer relationships (4 of 7 teachers), literacy (1 teacher) and math instruction (2 teachers) [T, Su]</i> ▪ <i>Some directors expressed uncertainty about financial record-keeping requirements [T]</i> ▪ <i>All 7 teachers requested additional training or consultation from IAFC on how to make use of provider visits, 6 teachers also said they would like support on how to connect providers with community resources [T, Su]</i> ▪ <i>Teacher training or consultation on working with infants/toddlers (birth through two) in providers’ care is needed (5 teachers felt they were unable to share ideas and materials) [[T, Su]</i>

Key Program Activities Identified by Respondents	Areas of Model Uncertainty Based on Responses and Program Documents [Recommend Specificity]	Challenges and Suggestions Identified by Respondents [Recommend <u>S</u> pecificity, <u>T</u> raining or <u>S</u> upport (see each item)]
		<ul style="list-style-type: none"> ▪ Teacher training for provider visits should start (or be more robust) at the beginning of the year, before visits begin [T] ▪ One director suggested trainings during the year, with teachers and providers together [T]
<p><i>Coaching (topics listed below)</i></p> <ul style="list-style-type: none"> ▪ <i>Make regular classroom observations</i>3/3 C ▪ <i>Room arrangement</i> 3/3 C ▪ <i>Using materials</i>..... 3/3 C ▪ <i>Schedule and use of time [daily schedule prescribed in handbook]</i> 3/3 C ▪ <i>Teacher-child interactions</i>..... 3/3 C ▪ <i>Communication with families</i>..... 3/3 C ▪ <i>Kindergarten transition planning</i>..... 2/3 C ▪ <i>Creating lesson plans/curriculum planning</i> 1/3 C ▪ <i>Working with home-based providers</i> 3/3 C 	<ul style="list-style-type: none"> ▪ <i>Rubric or guide for classroom observations, including frequency</i> ▪ <i>Standards for communication with families</i> ▪ <i>Standards for kindergarten transition</i> ▪ <i>Standards for working with home-based providers, including work with children aged birth through two</i> 	<ul style="list-style-type: none"> ▪ All 7 teachers (and 3 of the 4 directors) reported scheduling problems associated with teacher-provider visits. Beyond difficulties in finding good times for the visits, some providers refused, cancelled or missed visits. [Sp, T, Su]
<p><i>Meeting regularly with center directors</i></p> <ul style="list-style-type: none"> ▪ <i>Provide summaries of program observations</i> 2/3 C ▪ <i>Discuss program generally</i> 1/3 C ▪ <i>Discuss parent satisfaction</i> 1/3 C 	<ul style="list-style-type: none"> ▪ <i>Standards for coordinator meetings with directors (frequency, components, etc.)</i> 	
<p><i>Compliance monitoring (Use of center visit form)</i> 1/3 C</p>	<ul style="list-style-type: none"> ▪ <i>How center visit form addresses items specific to Community Connections</i> 	
<p>Limited interactions with parents.....3/3 C</p>	<ul style="list-style-type: none"> ▪ <i>Standards for coordinator work with parents, if any</i> 	
<p>Meeting directly with home-based providers.....2/3 C</p>	<ul style="list-style-type: none"> ▪ <i>Standards for coordinator meetings with providers</i> 	

Key Program Activities Identified by Respondents	Areas of Model Uncertainty Based on Responses and Program Documents [Recommend Specificity]	Challenges and Suggestions Identified by Respondents [Recommend <u>Sp</u> ecificity, <u>T</u> rainning or <u>Su</u> pport (see each item)]
<p>Teacher activities</p> <p>Parent-teacher conferences..... 3/7 T</p>		<ul style="list-style-type: none"> ▪ Parents and teachers both report that implementation of the three conferences per year requirement is not consistent (only 3 teachers and 1 parent report having quarterly conferences [T]) ▪ Teachers found it challenging to interact with parents because the providers are the parents’ primary contact; 3 of the 7 teachers were not clear whether they should interact with parents directly or work through the providers. Five teachers felt it was harder to make contact with parents than with providers, coordinators, etc. [Sp, T]
<p>Paperwork, child records, administrative tasks [noted in “challenges” only]</p>		<ul style="list-style-type: none"> ▪ Two of the 7 teachers felt that managing administrative tasks is challenging and 2 teachers felt that program management is generally a challenge [T, Su]
<p>Provider visits</p> <ul style="list-style-type: none"> ▪ Talk with provider..... 7/7 T ▪ Bring a theme box, book, or other materials..... 7/7 T ▪ Model an activity with the children 6/7 T ▪ Make regularly scheduled visits 6/7 T (All 7 teachers report difficulty with scheduling) ▪ Materials are appropriate for younger children (starting at birth)..... 2/7 T 		
<p>Center activities</p> <p>Hire (or accept) certified teachers 2/3 C, 4/4 D</p>		
<p>Use research-based curriculum..... 2/3 C, 3/4 D, 6/7 T</p>		
<p>Enter into a formal agreement with IAFC re: requirements, monitoring, and funding 1/3 C</p> <p>Maintain sufficient reserve funds to manage cash flow 1/4 D</p>		

Key Program Activities Identified by Respondents	Areas of Model Uncertainty Based on Responses and Program Documents [Recommend Specificity]	Challenges and Suggestions Identified by Respondents [Recommend <u>Sp</u> pecificity, <u>T</u> rainning or <u>Su</u> pport (see each item)]
Provide a classroom for Community Connections part-day sessions1/3 C, 4/4 D		
Hold weekend or evening events to which both parents and providers are invited 4/4 D, 5/7 T	<ul style="list-style-type: none"> ▪ Standards for the events component 	<ul style="list-style-type: none"> ▪ Three of the 4 directors said that scheduling events/activities for parents is challenging because of parent work schedules and locations [<u>T</u>, <u>Su</u>] ▪ Eight of the 15 home-based providers had attended an event or meeting at the centers. Three providers said the timing was inconvenient and others said that they did not attend primarily because of issues with bringing younger children (1 provider), lack of notification (1 provider) or enough advance notification (1 provider). [<u>Su</u>]
Make transportation available to move children from their home-based providers to the center and back4/4 D		<ul style="list-style-type: none"> ▪ Providers reported that transportation is sometimes unpredictable [<u>Sp</u>]
Reach out to home-based providers to enroll eligible children from their homes [noted in “challenges” only]	<ul style="list-style-type: none"> ▪ Responsibilities for outreach to providers in order to enroll children are undefined 	<ul style="list-style-type: none"> ▪ Two directors noted difficulty in keeping enrollment numbers up, especially in the afternoon (This problem might be caused by lack of clarity about who is responsible for this.) [<u>Su</u>] ▪ Respondents felt that additional IAFC support is needed to bridge the gap between centers and providers, and to explain the educational aspects of the program. [<u>Su</u>]
Home-based provider activities		
Use materials provided by teachers15/15 PR		
Use activities suggested by teachers.....11/15 PR		<ul style="list-style-type: none"> ▪ Providers requested additional supports for connecting with community resources [<u>Su</u>]

Key program activities identified by respondents. In reviewing the table, we first summarize the program activities that were articulated by all or a majority of each respondent group. These are the program components on which respondent groups were clearest. We note also the program activities that were mentioned only by a minority of respondents within each group. These less frequently mentioned program components are understood to be less salient or understood as requirements of the program.

Activities reported on by coordinators. Twenty-two activities were articulated across the interviews by at least one of the three coordinators. Fourteen activities were mentioned by all or most (two of the three coordinators). Of these 14 activities, nine were mentioned by all three coordinators and five were mentioned by two of the three coordinators. The table highlights the activities that were mentioned by all or most of the coordinators (such as providing training to center staff on curriculum, assessment and communication skills, coaching classroom teachers on room arrangements and material use, and having some limited interactions with parents) as well as those that were not mentioned by a majority respondents (such as presenting a week of training for center participants each year before the program starts, identifying and encouraging teachers to make use of other professional development opportunities, and doing compliance monitoring with the center visit form). Eight additional activities were mentioned by only a single coordinator. This suggests that there was a less clear understanding of these activities as program components.

Activities reported on by teachers. Among the nine activities discussed by center teachers, five were mentioned by all or a majority of teachers. Two activities were mentioned by all seven teachers (talking with home-based providers and bringing providers' theme boxes, books or other materials), while another three were mentioned by six of the seven interviewed teachers (making regularly scheduled visits to home-based providers, modeling activities with children, and using a research-based curriculum). The program activities mentioned with less consistency included bringing materials for younger children to provider visits and holding parent-teacher conferences.

Activities reported on by center directors/owners. Six activities were mentioned by center directors and owners. Of these, four were discussed by all four directors (hiring certified teachers, providing a classroom for Community Connections part-day sessions, transporting the children to/from the home-based provider, and holding weekend/evening events to which parents and providers are invited). In addition, using a research-based curriculum was mentioned by three of the four directors and maintaining sufficient reserve funds to manage cash flow was mentioned by one director.

Activities reported on by home-based providers. Finally, home-based providers listed two program activities, one of which (using materials provided to them by the center teacher) was mentioned by all 15 provider respondents and the other of which (using activities suggested by teachers) was mentioned by 11 of the 15 respondents.

Areas of model uncertainty. While respondents were generally in agreement about key program activities, they rarely referred to standards or rubrics to guide those activities. Researchers, therefore, reviewed the program manual and associated forms to determine whether such standards exist. IAFC does supply coordinators, teachers and directors with standards for classroom arrangement, curriculum planning, teacher-child interactions, and child assessment

based on the Creative Curriculum[®]. For most other activities, such standards have not been developed. The table lists areas identified by respondents or researchers in which standards or rubrics are needed if the related activities are considered essential to the program model.

Challenges and suggestions for strengthening Community Connections identified by respondents. Challenges and suggestions for program improvement discussed by each of the respondent groups are summarized in the right column of the table. The research team categorized each of the challenges and suggestions as areas that would be improved through further specification of the model, additional training, or further supports, or a combination of these. The most frequent responses fall into the following areas:

- All seven teachers identified significant challenges in implementing provider visits, including difficulties in scheduling visits, handling of provider cancellations, lack of guidance for working with children birth through two years of age, and needing help in connecting providers with community services.
- Parent-teacher communication was reported as difficult by teachers and parents, in part because parents' primary relationship is with the providers. Required parent-teacher conferences were not held consistently.
- Attendance varies at center-sponsored activities and events for parents and providers. Directors and providers identified this area as a challenge.
- Providers reported that transportation is sometimes unpredictable.
- Two of the four directors expressed difficulty keeping full enrollment. (The program does not specify who is responsible for outreach and recruitment, so this challenge might be related to program design).
- Several teachers and at least one director called for a more robust schedule of teacher training, including more attention to provider visits at initial training each year, plus on-going training sessions throughout the year.
- A majority of the teachers requested more help on implementing the curriculum – a model component that is well defined by IAFC, but where training and support are still needed.

Greater model specificity will begin to address many of these challenges; and training, coaching, and material resources will be required to implement new standards.

Summary and Recommendations

Two evaluation phases are anticipated for the Community Connections program. In Phase 1, the focus is on implementation. In Phase 2, the focus will be on evaluating the effects of the program. An implementation study highlights areas where interviews and observations, in conjunction with a review of program documents, indicate that a program model is being fully implemented, and also areas where there may be lack of sufficient detail about how the model should be implemented, and areas where challenges to implementation may exist. A Phase 2 evaluation, focusing on program effects, should only be undertaken when steps have been taken to provide needed additions to the specification of the program model and to address challenges.

An implementation evaluation is particularly important where a new program model is being undertaken and may still need to be refined. Community Connections, an extension of Illinois Preschool for All to help assure that preschool reaches unserved children and families utilizing

home-based child care, clearly falls in the category of an innovative program model for which a critical evaluation step is examination of implementation.

A key conclusion from this implementation evaluation is that many components of the Community Connections Model are being well implemented. They are reported on consistently and perceived favorably across groups of respondents. Yet there are a few areas in which it would be beneficial for further work to be undertaken to document elements of the program model. There are also specific elements that are proving challenging to implement and where work by program developers to provide additional training and supports would be beneficial.

In this concluding section of the report, we briefly summarize key findings from the interviews and observations conducted for the Phase 1 implementation study of Community Connections. We then turn to an overview of areas in which further steps appear warranted to either specify the model or strengthen elements to address challenges. We conclude by noting our recommendations for proceeding on to an evaluation of program effects.

Summary of Key Findings from the Phase 1 Implementation Study

Who Participates and How Participation Comes About

- *Through Community Connections, the Illinois Preschool for All program is clearly reaching children who would not otherwise be served by a classroom-based early education program.* Participants in the program are families utilizing home-based care whose children were not participating in the universally available Preschool for All program. Participating parents were aware of the option of pre-kindergarten, but until learning that Community Connections was an option, felt that home-based care met their needs better, for example, coordinating better with their work schedules.
- *Participation by centers and home-based providers occurred through outreach by Illinois Action for Children staff.* The program was introduced by Illinois Action for Children staff members to center directors and home-based providers. Home-based providers, in turn, informed parents of the program. Only about half of the home-based providers, and 22% of the parents, visited the Community Connections center before beginning participation.
- *Motivation to participate focused on extending educational opportunities.* Motivation for participation by center directors focused on extending the educational opportunities of the program to unserved parents and children. Home-based providers were motivated to help prepare the children in their care for kindergarten. Participating teachers were primarily committed to teaching in a pre-kindergarten setting rather than specifically in Community Connections.

General Perceptions of the Program by Respondent Groups

- *Community Connections was generally viewed positively by parents and providers.* It was seen as exposing children to the stimulation of pre-kindergarten while allowing the parents and children to retain a care situation that was valued and that worked for them in other ways. Parents and nearly all providers had recommended Community Connections to others. While parents and providers identified specific concerns about the program (e.g., the program might be full rather than half day; might address the needs of children with special needs further), on balance, they expressed clearly positive reactions.
- *Teachers and home-based providers reported that participation in the program involved both professional development and personal gratification.* For example, teachers felt they

benefitted from the salary and training opportunities, while home-based providers felt it enriched the activities they provided for the children and the time they had to focus on younger (as well as school-age) children.

- *Children were reported to be enjoying participation.* Parents and home-based providers perceived the children as enjoying their attendance in Community Connections classrooms. All parents reported that their children had positive relationships with teachers and with other children.
- *Children were reported to be benefitting from participation.* All respondent groups perceived improvements in children's learning and social skills as a result of participation in Community Connections.

Program Strategy of Linking Centers, Home-Based Providers and Families in Caring for the Children

- *Respondents clearly indicated that Community Connections was providing opportunities to connect parents, providers, and teachers.* Providers consistently reported benefitting from the activities teachers shared during visits, and being able to ask questions about the children during these visits. Events at the center and outings intended to include parents were regularly scheduled by centers, and teachers invited parents to visit or volunteer in classrooms.
- *Scheduling opportunities for connections was a challenge.* Scheduling visits to providers was reported by teachers as challenging. Participation by parents in outings and events was variable, and parent visits to classrooms were limited.

Program Strategy of Focusing on Quality in Both Centers and Home-Based Care

- *Directors and teachers indicated that the program provided supports to help classrooms meet program quality standards.* Directors and teachers perceived Community Connections as providing supports for meeting requirements for Preschool for All programs, including staff qualifications, use of specific curricula, and introduction of materials into the classroom. Interviews also identified a focus on program elements specific to Community Connections, especially work with home-based providers. Participating teachers indicated that they developed further skills through their work with home-based providers.
- *Home based providers reported multiple ways in which the program strengthened the care they were providing.* They noted especially introducing new teaching techniques and materials. Many, though not all, parents indicated awareness of improvements to the home-based care since the start of participation in Community Connections. Parents reported engaging in activities in the home to support their children's learning.
- *Perceptions of improvements in home-based care extended to care for infants and toddlers.* About half of the providers said they thought the way they cared for infants and toddlers had improved as a result of Community Connections. They indicated that they had adopted program lessons for younger children and learned more age-appropriate activities to do with them.
- *Both center directors and home-based providers pointed to some improvements to the structuring of their programs.* Improvements in centers included increased training and resources for center teachers. Improvements in home-based care that were reported included increased time to focus on younger and older children in home-based care. While home-based providers reported that Community Connections helped in recruiting new families, they did not feel that participation improved their overall financial success.

Observations of the Quality of Home-based Care

- *The home-based care settings had acceptable to good quality of caregiver-child communication and engagement.* The sample of home-based settings that were observed in the spring as part of this study were rated as showing good quality in engagement and bidirectional communication and as acceptable in unidirectional communication from the provider to the focal child.
- *The physical settings included many educational materials and addressed many health and safety standards.* The home-based settings had many of the materials (such as books and educational toys) on the materials checklist used in this study, and met many of the health and safety standards on the health and safety checklist.
- *Yet the observations suggested some areas of concern regarding health and safety.* There were some concerns about health and safety, such as lack of safety caps on electrical sockets and issues with electrical wiring that was not secured.

Program Elements about Which Respondent Groups Consistently Showed Awareness

Illinois Action for Children Coordinators consistently showed awareness of a number of program features; both those that applied to all Preschool for All programs, and those specific to Community Connections. They showed consistent awareness of the need to introduce program elements to new participants, including use of a curriculum, child assessments, and communication skills. Across all coordinators, there was consistent awareness of the program requirement to make regular classroom observations and of the need to focus during coaching on such topics as room arrangements, use of materials, scheduling and use of time, interactions with children, communication with parents, and working with home-based providers. Interview responses by most coordinators also indicated awareness of the need to summarize the results of classroom observations in meetings with directors.

Center Owners/Directors consistently expressed awareness of the need for Community Connections classrooms to have certified teachers, to provide a classroom for Community Connections part-day sessions, to hold weekend or evening events to which both parents and providers were invited, and to make transportation available for children. Most directors also discussed the need to use a research-based curriculum in Community Connections classrooms.

Teachers always or nearly always discussed the program component of carrying out regularly scheduled visits to home providers in which they brought a theme box or other materials, talked with the provider, and modeled an activity with children. They regularly noted the program element of events and outings that included both parents and providers. Teachers also discussed the need for a research-based curriculum.

Home-based providers consistently discussed using the materials that the teachers had brought with them on visits, and frequently also noted using the activities that teachers had suggested.

Program Elements for Which Further Specification Would Be Helpful

While respondents clearly expressed awareness of many program elements, there were also features of the model about which they did not seem to have sufficient detail. In these instances, it would be a useful next step for Illinois Action for Children to provide further specification. At present, there is a single program manual for Preschool for All programs that provides brief mention of the extensions of the program that are specific to the Community Connections program. We recommend the development of a separate manual for the Community Connections program, making clear which elements apply across all Preschool for All programs (including Community Connections as a special type of Preschool for All), and which are specific to Community Connections. Such a manual should provide sufficient detail for program standards especially in the areas that are unique to Community Connections.

*The interviews conducted for this study indicate that such a manual should provide **specifications or program standards regarding:***

- What should be covered during the week of professional development that coordinators conduct for program staff prior to the start of the school year, making clear which topics are common to all Preschool for All programs and which are specific to Community Connections programs
- Inclusion practices for children with special needs in Community Connections programs
- Teacher communication with families in Community Connection programs
- Practices for coordinator's meetings with home-based providers
- Support for teacher meetings with home-based providers, including how meetings should address the needs of infants and toddlers
- How the center visit form, completed by coordinators, should capture items specific to Community Connections
- Meetings of coordinators with parents participating in Community Connections

In addition, the existing manual covering the Preschool for All program could be strengthened by more specific guidance in three areas:

- Classroom observations conducted by coordinators, including frequency and focus
- Kindergarten transition practices
- Coordinator meeting with center directors, including frequency and components of meetings

Challenges in Implementing the Program Model Where Further Training or Resources Would be Helpful

Finally, the interviews and observations conducted for this study identified areas of the Community Connections model that respondents found challenging to implement. These challenges would be best addressed by incorporating further training or providing further supports (including coaching focused on these issues, engaging in problem solving discussions, or providing access to relevant resources).

The need for further training or supports was most consistently identified in these areas:

- Connecting both families and home providers with community resources
- How teachers can make the best use of visits to providers, including addressing the needs of infants and toddlers in home-based care
- How teachers can address problems in scheduling visits, and sometimes also resistance to such visits, with home-based providers
- Contact and communication between teachers and parents, including parent-teacher conferences, especially given the additional relationship with providers that sometimes functioned as an intermediary
- Scheduling of events and outings at the centers in a way that takes into account the needs of both parents and providers

Further areas in which training and support might be needed (mentioned less consistently as topics for further training and support):

- Requirements for financial record keeping by directors
- Requirements for managing administrative tasks for teachers
- Getting and maintaining full enrollment in Community Connections classrooms
- Addressing transportation issues

Recommendations for Next Steps

This phase 1 implementation study identifies Community Connections as a promising model for extending enrollment in pre-kindergarten to children participating regularly in home-based care. The multiple respondent groups in this study had predominantly positive reactions to the program and saw it as beneficial. There was clarity and agreement as to multiple central program components.

Yet this study has also identified the need for a program manual specific to Community Connections, and a number of areas in which such a program manual should provide program standards that are as yet not fully articulated. This study has also identified the need to provide further training and support for a number of challenges that respondents have identified in implementing the program.

The research team feels that the further steps identified by this implementation study can be undertaken in preparation for and during the 2011-2012 program year. It is our recommendation that phase 2 of this evaluation, an outcomes study, be undertaken during the 2012-2013 academic year. Study design can be developed during the 2011-2012 program year as the recommended implementation improvements are being made. The phase 2 evaluation should incorporate measures of fidelity of implementation in order to provide confirmation that the recommended program refinements have been put in place. In designing a phase 2 study, consideration should be given to possibilities for random assignment or other comparative design. A phase 2 study should incorporate observations of the quality of the center-based settings. If possible, such a study should also permit for an assessment of change from fall to spring in the quality of home-based settings participating and not participating in Community Connections. Creative strategies should also be employed to ensure that the phase 2 sample of home-based settings—both participating and not participating—includes license-exempt and Spanish-speaking, as well as

licensed and English-speaking, providers. Finally, having recorded the perceptions of multiple respondent groups that participation in Community Connections is beneficial for children's social competence and learning, it will be very important for a phase 2 evaluation to include direct measures of children's development, ideally within the framework of a comparative research design permitting comparison of the development of children whose primary form of child care is home-based, who have and have not participated in Community Connections.

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Appendix A.1: IAFC Coordinator Interview Protocol

Implementation: Deciding to Participate in Community Connections Preschool for All

What do you perceive to be the characteristics of child care centers that are willing to house the Community Connections Preschool for All classroom experience?

What do you perceive to be the characteristics of home-based care providers who make use of the program?

What percentage of home-based care providers that were offered enrollment in the program declined the offer?

Did you notice any characteristics of home-based care providers that seemed to be associated with their decision to decline enrollment in the program?

Implementation: Community Connections Program Components/Requirements Recruitment

Did you help to enroll centers into the Community Connections Preschool for All program?

[If helped to enroll] What were the criteria for selecting a center for this project?

[If didn't help to enroll] Do you know what the criteria were for selecting a center for this project? What were these criteria?

Were you involved in the recruitment of home-based care providers?

If so, what process did you engage in to identify/recruit home-based care providers? Are you aware of any strategies that worked particularly well?

Were you involved in the hiring of center teachers/assistant teachers for the Community Connections Preschool for All program in any of the centers you are working with?

[If involved in hiring] Please tell me about the process for hiring and criteria used in hiring.

[If not involved in hiring] Do you have knowledge of the hiring process for center teachers/assistant teachers in the Community Connections Preschool for All program? What is your understanding about the criteria used for hiring?

What was the role of community organizing in getting the Community Connections Preschool for All program up and running?

Monitoring

Were you involved in the process of ensuring the director understood the program requirements?

[If involved] Can you describe this process?

Do you think that IAFC is collecting the right information about the Community Connections Preschool for All programs on an ongoing basis? Would you want to extend the administrative data collection in any way?

Qualifications/Training/Support

What previous experiences have you had with coaching, mentoring, and fostering collaborative relationships?

Have you received any specific training for the Community Connections Preschool for All program?

[If yes to training] Who offered it? What content did it cover? What was the duration? When did you receive it?

Have you completed other training in the past year that has helped with your Community Connections Preschool for All work, even though it wasn't specifically aimed for those working with the Community Connections Preschool for All program?

What kind of supervision are you receiving for your work in the Community Connections Preschool for All program?

Do the Action for Children staff working on Community Connections Preschool for All come together as a group?

[If yes] If so, what is discussed in these meetings?

Workload

What percentage of your work focuses on Community Connections Preschool for All program?

CENTERS

How many centers are you currently working with as part of the Community Connections Preschool for All program?

For each center, how many Community Connections Preschool for All classes are you working with? How many are morning classes and how many are afternoon classes?

How often do you visit each classroom?

When you visit the classrooms, how long do you usually stay?

Do you also have contact with the teachers/assistant teachers outside of the time you are in the classroom?

[If yes] About how often are you in contact with teachers outside the classroom?

How much time do you spend working with the director in each center?

What do you focus on in your interactions with center/pre-K directors in the Community Connections Preschool for All program?

[If owner is different from director] How much time do you spend working with the owner in each center? How do the majority of these contacts take place? (in-person, phone, e-mail, meeting)

Are there any other specialists connected with each center that you work with, such as curriculum specialists or mental health consultants?

[If yes] How often do you meet/speak with them? How do these contacts usually take place (in-person, phone, e-mail, other)? How much time do you spend interacting with specialists?

How much time do you spend observing the Community Connections Preschool for All teachers/classrooms?

How are you guiding teachers/assistant teachers regarding the materials they have in the classroom?

The following questions ask about specific areas your work with teachers and assistant teachers in the Community Connections Preschool for All program might focus on. If you are not providing guidance to teachers in any of the following areas, it is fine to say so.

How are you guiding teachers in:

Physical environment/arrangement of the classroom.

Classroom schedule or structure of their class.

Teachers'/assistant teachers' interactions with the children.

Screenings and assessments of children's educational progress and other aspects of their development.

Teachers' education of parents and encouragement of family involvement.

Educating teachers/assistant teachers about the professional development offered through Illinois Action for Children and helping them to identify any professional development opportunities external to IAFC.

Assisting teachers/assistant teachers in working with children whose home language is not English.

Guiding teachers/assistant teachers in being inclusive of children with special needs.

Teachers' interactions with home-based providers.

Documenting teachers' compliance with Community Connections Preschool for All program requirements.

Helping teachers/assistant teachers in building relationships with other programs that support families as well as the kindergartens the children will transition to.

Which of these components have you spent the most time focusing on? For what reason did you target the majority of your time there? What did you do? What other areas are you focusing on with teachers/assistant teachers that we have not asked about?

HOME-BASED PROVIDERS

Once they have enrolled, about how often do you interact with home-based providers in the Community Connections Preschool for All program? How do the majority of these contacts take place? (in-person, phone, e-mail, other) If in-person, where did this contact take place? How long do these contacts usually last?

What do you normally do in contacts with home-based providers?

Do you visit them in the home-based care setting?

[If yes] When you are visiting a home-based provider, do you focus primarily on the child/children in the Community Connections Preschool for All classroom or on all of the children? If you are observing, what are you looking for? If you are consulting, what do you typically discuss?

Do you discuss only the issues that are related to the child in the Community Connections Preschool for All classroom or issues related to all of the children?

PARENTS

How often do you interact with parents in the Community Connections Preschool for All program?

In what context do these interactions take place (by phone, in-person, e-mail, at group meetings at the center, on outings, or another means)?

How long do these contacts usually last?

What does this work focus around?

MULTIPLE GROUPS

What are the advantages and disadvantages to having IAFC staff working with multiple participant groups, including directors, center teachers, home-based care providers, and parents?

Implementation: Support Received/Needed

What supports from this project were useful in bringing teacher quality to the standards of the Preschool for All program?

What training is given to teachers in order to help them support providers who serve pre-school aged children? How about supports to serve children aged zero through two?

What supports other than money were needed in order to get the Community Connections Preschool for All program working optimally?

Is there anything about the way in which IAFC staff are trained for working with the Community Connections Preschool for All program that you think should be strengthened?

Is there anything about the way IAFC staff are supervised or supported in their work with the Community Connections Preschool for All program that you think might be strengthened?

Implementation: Challenges

What obstacles in the community have made the implementation of the Community Connections Preschool for All program challenging?

What barriers, if any, limit your interactions with teachers/assistant teachers?
[If barriers exist] What actions, if any, have you found to be successful in minimizing such barriers?

What barriers, if any, limit your interactions with directors and directors?
[If barriers exist] What actions, if any, have you found to be successful in minimizing such barriers?

What challenges, if any, hinder your interactions with home-based care providers?
[If challenges exist] What actions, if any, have you found to be successful in minimizing such barriers?

What challenges, if any, hinder your interactions with these parents?
[If challenges exist] What actions, if any, have you found to be successful in minimizing such barriers?

English Language Learners

As part of the Community Connections Preschool for All program, do you work with any directors, teachers, assistant teachers, home-based care providers, or parents whose primary language is not English?

[If so] Whom have you worked with in the Community Connections Preschool for All program who speaks a non-English language as their primary language? How fluent are each of these people in English?

Is language a challenge in your work with these participants? Do you have supports, for example a translator? What additional supports would be helpful?

Are cultural issues a challenge to your work with these or other participants in the Community Connections Preschool for All program? If so, please describe.

Reaching Unserved Children

What demographic data sources do you think yield the most useful information for locating unserved at-risk children?

To the best of your knowledge, what is the Community Connections Preschool for All program doing to reach out and work with participants whose first language is not English, including home-based care providers, parents, and others? Do you see possibilities for other approaches? If so, please explain.

Improving the Classroom Experience

Have you seen any effects on the classrooms for infants and toddlers of having a Community Connections Preschool for All program or other Preschool for All program in the center?

[If so] Could you please describe these effects?

Among the centers you are working with for the Community Connections Preschool for All program, do these centers have only Community Connections Preschool for All classrooms or do they also have Preschool for All classrooms that are not part of Community Connections classrooms?

[If there are both Community Connections Preschool for All and non-Community Connections Preschool for All classrooms] What differences, if any, have you noticed between the Community Connections Preschool for All and non-Community Connections Preschool for All classrooms?

Do you see any major differences between the full-day Preschool for All classrooms and the part-day Community Connections Preschool for All classrooms?

As teachers spend more time in the Community Connections program, what differences do you see between teachers that are new to the Community Connections Preschool for All program and those that are in their second year in the program?

Do you see a difference in how the Community Connections Preschool for All program affects children according to whether the teachers are more vs. less experienced? How about among teachers who do and do not have an educational background in early childhood education?

What components of the Creative Curriculum[®] and the Building Language for Literacy (BLL) curriculum have been chosen for implementation in each of the Community Connections classrooms you work with?

In what areas of your work with Community Connections Preschool for All teachers/assistant teachers have you seen the most improvement?

In your work with Community Connections Preschool for All teachers/assistant teachers, what do you see as needing the most growth or improvement?

Improving the Home Child Care Experience

Do you think by having the preschool children away for part of the day that home-based care providers are able to give more attention to the younger children?

[If yes] Can you explain to me what you have seen to lead you to this conclusion?

In what areas of your work with home-based care providers in the Community Connections Preschool for All program have you seen the most improvement?

In your work with home-based care providers in the Community Connections Preschool for All program, what do you see as needing the most growth or improvement?

General Impressions of CC and Recommendations

What do you feel most proud about having accomplished in working with the Community Connections Preschool for All program thus far?

What strengths or accomplishments of the Community Connections Preschool for All program were you most surprised by?

In what areas of your work with parents in the Community Connections Preschool for All program have you seen the most improvement?

In your work with parents in the Community Connections Preschool for All program, what do you see as still needing the most growth or improvement?

If you were advising another agency thinking about implementing a program like Community Connections Preschool for All, what would be the most important piece of advice you would offer in terms of structuring and implementing the program?

Do you see any areas where the structure of the Community Connections Preschool for All program could be improved?

Are there any ways that you see for strengthening the work of the Community Connections Preschool for All program with these participants?

Center Directors

Teachers and Assistant Teachers

Specialists, such as curriculum specialists or someone consulting on behavioral or mental health issues

Home-based care providers

Parents

Those providing support services such as transportation

Appendix A.2: Center Director Interview Protocol

Implementation: Deciding to Participate in Community Connections Preschool for All

How did you hear about the Community Connections Preschool for All program?

What was it about the program that interested you?

What made you decide to move forward and apply to have a Community Connections Preschool for All classroom/classrooms?

Implementation: Community Connections Program Components/Requirements

Did you hire the staff for the Community Connections Preschool for All classroom(s) or did Illinois Action for Children do the hiring?

[If director did the hiring] What qualifications and personal characteristics were you looking for when hiring someone to work in the Community Connections Preschool for All classroom(s) in your center? What were the requirements for lead as well as assistant teachers?

[If IAFC hired the staff] How well did you feel the newly hired Community Connections Preschool for All staff members fit in with your other staff members? If applicable, what improvements would you suggest for the hiring process?

What other requirements were there for you to run a Community Connections Preschool for All classroom? For example, were there requirements to use a curriculum? Space or equipment requirements?

Have you arranged for transportation for the Community Connections Preschool for All children who come from or return to a home-based child care setting? Please can you describe the transportation arrangements?

What did you need to do to bring this classroom/these classrooms up to requirements set by Illinois Action for Children? Did you have time to work with the teachers to help them meet program requirements?

Do you feel that your staff needed special preparation for their interactions with home-based providers through the program? Did they get the kind of preparation that they needed or do you feel that something further would be helpful?

[If yes] What else would have been helpful?

Are the reporting and monitoring requirements for the program reasonable? Do you have any suggestions to improve them?

When you applied to have a Community Connections Preschool for All classroom(s), did you feel you had a full understanding of what would be involved? What further have you come to understand now that you have a Community Connections Preschool for All classroom(s)?

Did Illinois Action for Children develop a workplan for you to guide you in meeting the requirements of the program? What are you working on now? Which requirements have been hardest to meet and which easiest?

Do you feel that the requirements of the Community Connections Preschool for All program (for example, regarding staffing, curriculum, space, equipment, professional development) are appropriate or too demanding? Would you change any of the program features if you could modify them?

[If yes] Which ones and how would you change them?

Implementation: Support Received/Needed

In what ways is the professional development of Community Connections Preschool for All teachers different from the professional development the other teachers in your center participate in?

Do you get regular visits from Illinois Action for Children staff?

[If yes] How often does someone from Illinois Action for Children come to your center? What are the purposes of these visits?

Do you feel that the help and support you receive in implementing a Community Connections Preschool for All classroom is enough, or would you like more help?

[If yes] What further would be helpful to you?

Business/Personal Benefits

What change, if any, have you made in response to the Community Connections Preschool for All finance training? Do you have suggestions to make these trainings more helpful?

Has participation in the Community Connections Preschool for All program affected the business aspect of your program? For example, has it affected the financial viability? How about enrollment?

Reaching Unserved Children

About how many of the children in Community Connections Preschool for All classrooms come from households that do not have English as their first language? How does this compare with other Preschool for All classrooms you have?

Strengthening Connections to Families

Now let's focus on outreach to the parents. How often do you have interactions with the parents of children in the Community Connections Preschool for All program? How

does this compare to the frequency of your interactions with parents of other children in your center?

Do you have special evening or weekend programs at your center for the participants in your Community Connections Preschool for All class(es)?

[If yes] Who gets invited? Is this for the children? Parents? Home providers?

Please tell us about the last gathering. How many children, parents, and/or providers came? What did you do during the gathering?

Overall, how well do you feel this component of the program is working? Is there anything you would like to do to improve the evening or weekend gatherings that you offer as part of Community Connections Preschool for All? What additional resources/supports would you need in order to make these improvements?

Do you also offer outings as part of Community Connections Preschool for All?

[If yes] Please describe your last outing. Where did you go? About how many children, parents, and caregivers participated? How often do you have outings?

Overall how well do you feel this component of the program is working? Is there anything you would like to do to improve the outings you offer as part of Community Connections Preschool for All?

Strengthening Connections to Home-Based Providers

What are the challenges your teachers face when visiting home-based providers? What benefits of having teachers do home visits with providers have you seen?

Improving the Classroom Experience

Do you think the Community Connections Preschool for All program has had any effects on your other classrooms for kids aged zero through two?

[If yes] What are these effects?

Do the Community Connections Preschool for All classrooms have more/different resources than your other classrooms? If so, please explain.

Children's Learning

Do you do any ongoing assessments of the children's progress over the course of the school year?

[If yes] How would you describe the progress of the children in the Community Connections Preschool for All classes? Is it about the same or different as other four year olds? If so, how so? If different, why do you think it is different?

Do you feel that the children in your Community Connections Preschool for All program need any additional supports to help them get ready for kindergarten?

General Impressions of CC and Recommendations

What about the Community Connections Preschool for All program are you most pleased with?

Do you have any concerns about the program? [If director has raised concerns previously in the interview, ask “Based on the interview thus far, it sounds like you were concerned about [], is this correct? Do you have additional concerns about the program?]

Is there anything about the program you’d like to see changed?

Appendix A.3: Center Teacher/Assistant Teacher Interview Protocol

Implementation: Deciding to Participate in Community Connections Preschool for All

How did you first hear about Community Connections Preschool for All? What got you interested in working in a Community Connections Preschool for All classroom?

Implementation: Community Connections Program Components/Requirements

Do you need to use a specific curriculum or set of activities for Community Connections Preschool for All?

Were any selection criteria used to determine which home-based care providers were able to enroll children in the Community Connections Preschool for All classroom?

Implementation: Support Received/Needed

Did you go through any special training specifically about teaching in a Community Connections Preschool for All classroom?

[If yes] Could you describe what was covered in this training?

[Ask only of lead teachers] Do you have one or more assistant teachers (non-certified teachers) for your class/es?

[If yes] Do they work regularly or only on some days? Did they get any special training to be an assistant teacher in a Community Connections Preschool for All classroom?

How often does an Action for Children staff member from Community Connections visit you in the classroom? Outside of visits to the classroom, how often do you have contact with an Action for Children Community Connections Preschool for All staff member?

How do you feel about reporting to both your center director and Illinois Action for Children contact?

What community assets were most helpful? (e.g., provider associations, community organizations, and agency relationships)

I'm now going to read, one at a time, a list of different things that you may be focusing on in your program. After each item, please tell me what, if there is any, additional support or guidance from Community Connections you could use:

Helping children adapt to a formal early care and education setting for the first time

Helping children lay the foundations for reading

Helping children lay the foundation for math

Helping children learn how to interact with peers

Helping children learn how to form relationships with the children's caregivers

Understanding how to use home visits with the children's caregivers productively
Helping to connect the children's caregivers with resources in the community
Understanding how to form relationships with the children's parents
Understanding how to use home visits with the children's families productively
Helping to connect families with resources in the community

Implementation: Challenges

What would you say is the most difficult thing about being a Community Connections Preschool for All teacher?

Business/Personal Benefits

What, if any, benefits have the Community Connections Preschool for All program had for you?

Reaching Unserved Children

To the best of your knowledge, is this the first time that all or most of the children in your Community Connections Preschool for All class/es have attended a formal early childhood program?

How many children in your Community Connections Preschool for All class/classes are from households where English is not the primary language? How many would you say knew very little English when they first came to your class?

How many children in your class/each of your classes have special needs? Please can you describe the areas of special need?

Strengthening Connections to Families

Do parents visit in your Community Connections Preschool for All class?

[If yes] About how many parents visit in a typical week? Do any volunteer in your classroom? About how often? [If teacher teaches both Community Connections and other Preschool for All classes] Have you noticed any differences in visits of parents of children from your Community Connections vs. your other Preschool for All classes?

Do you ever send home written materials to parents describing what the class has been doing?

[If yes] Can you describe for me an example of these materials? Do you send home materials in Spanish for Spanish speakers? If not, why not?

How often do you have events or meetings that parents of children from your Community Connections Preschool for All class are invited to? What typically happens at these events? About how many children have parents who typically attend?

Do you have meetings with the parents to talk about how the children are doing in your class? Do you ever include the home-based care providers in these meetings? About how often do you meet?

Have you ever visited the children's parents or other family members at home?

[If yes] How often have you done this? What was the purpose of these visits? Do you feel that these visits are well received by parents?

Do you have outings or field trips that family members of the children in your class are invited to?

[If yes] About how often? Where have the outings gone to? About how many children from your Community Connections classroom typically attend? About how many children in your Community Connections classroom have parents who typically attend?

What challenges have you faced in trying to engage parents? For example, have you had any trouble communicating with parents because of language? Would you like additional support with respect to your interactions with parents from the Community Connections program? If so, what kind of help would you like?

Strengthening Connections to Home-Based Providers

Do you have regularly scheduled visits to the home-based providers of children in your Community Connections Preschool for All classes? How often do you visit with children's providers?

How do you and [lead teacher/assistant teacher] divide up the visits to the home-based providers? Are you each assigned to visit particular home-based care providers or do you alternate who goes where?

Do you go alone to visit the home-based care provider or does someone go with you?

Do you have any difficulty setting up the visits with the home-based care providers? Are there any providers who do not want you to visit? Would additional supports help you in your visits of home-based providers? If so what kind of supports?

If you have specific plans for your visits, are you the one who does the planning? Do you coordinate with anyone else? Does anyone review the plans?

[Is child/ Are children] from the Community Connections Preschool for All class usually in the home when you visit? How does s/he do they react to seeing you away from the pre-K class?

Strengthening Connections with Home-Based Providers and Parents

This program involves connections with children, with parents and with home-based care providers. Do you think your connections are as close with all three of these groups? Is it harder to make contact and form connections with any of these groups?

Do you feel you have been able to help parents and home-based care providers understand what you are doing in pre-K? Please explain.

Do you feel you have been able to share ideas and materials and make suggestions for coordinated activities across the pre-K, home-based child care, and home setting of the three- and four-year old children you serve?

[If yes] What kinds of ideas, materials, and coordinated activities have you shared?

Have you been able to share materials and make suggestions for activities targeting zero through two year old children in care? Please explain.

Improving the Classroom Experience

[If special needs children are in the class] Do you think children with special needs get more resources than they would have if they were not in the Community Connections Preschool for All program? What has led you to this conclusion?

Improving the Home Child Care Experience

What do you do/talk about when you are visiting with a child's home provider? Are there particular things that you bring?

If you do an activity with the children during your visits, what children do you include? Do you include all of the children or do you focus on the children who are three- or four-years old? Could you give an example of the kind of activities you do, and how you involve the children in it?

Do you ever give [child/children's] home-based care provider suggestions about materials, how the space in her home is arranged, or activities to do with the children? Do you focus your suggestions on a particular age group, or are they more general? If focused on an age group, which age group(s)?

If there are children aged zero through two also being cared for in the home, what kind of support do you think the provider could use? Have you provided any support specific to the care of children aged zero through two?

General Impressions of CC and Recommendations

What would you say is the most rewarding thing about being a Community Connections Preschool for All teacher?

If there was one thing you would want to let a teacher just starting in a Community Connections Preschool for All program know, what would that be?

If there was one thing you would want to strengthen about the Community Connections Preschool for All program overall (including pre-K classes, visits to home-based caregivers, visits to parents, gatherings, outings), what would that be?

Appendix A.4: Home-Based Provider Interview Protocol

Implementation: Deciding to Participate in Community Connections Preschool for All

How did you first hear about the Community Connections Preschool for All program?

After you first heard about the program, did you do anything to get more information about it? For example, did you talk to someone who was already participating? Did you visit the pre-K classroom?

What were the most important reasons you decided to participate in the Community Connections Preschool for All program?

Who introduced the idea of the Community Connections Preschool for All program to the parents of the children who are participating in it? (Were you the one to introduce them to it or was it someone else?)

Did the parents of the children you care for visit the pre-K program or meet the teachers before deciding to participate?

What was the reaction of parents when they learned about the program? Were they interested right away or did they need a little time to learn about the program before they decided about participation? Did they have any concerns? What helped them decide?

If there are families that decided not to participate, do you know why they decided not to participate?

Implementation: Community Connections Program Components/Requirements

Who comes to visit you from [name of center]? Do you remember his/her name?

So [number of children] that you care for are participating in Community Connections Preschool for All program. Are they all in the same pre-K class? Do they have the same center teacher?

When was the first time you met [child/children's] center teacher(s)? Was that in your home, at the pre-K program, or somewhere else? What did you do the first time you met?

Does [child/children's] center teachers visit your home now?

[If yes] About how often? How long does s/he/they usually stay during each visit? What does the center teacher usually do on these visits? Do you mostly relax and talk together during these visits, or are there specific things s/he wants to share or do during the visits? Does the center teacher interact with the children during the visits? Are parents sometimes present during these visits?

Is there anything you would like to spend more time on during these visits? Is there anything else you would like to talk about?

Are the visits about as often as you would like? Would you like them to be more often? Less often?

Have you ever gone to an event or meeting at the Community Connections Preschool for All program?

[If yes] How many? Were there other home-based providers there? What about parents? Was the event or meeting mostly for visiting, or was there a speaker or activity?

Have you ever gone on an outing that the pre-K program organized for the children, their parents, and home-based care providers?

[If yes] How many outings have you gone on? Where did you go? Was this the first time you went to this place/these places?

Have you ever participated in a meeting with center teachers to talk about how the [child/children] are doing in pre-K?

[If yes] Were the child/children's parents also there? How often have you had a meeting to talk about how the children are doing in pre-K?

Did any adults go with [name of participating child(ren)] on the first day he/she/they participated in the Community Connections Preschool for All program?

Implementation: Challenges

Is there anything that gets in the way of this program being helpful to you? To parents? To children?

Regarding visits by center teachers:

Do you ever have trouble communicating with the center teachers because of language issues? Do they ever bring someone with them who speaks your home language? If not, is this something you would like to happen?

Business/Personal Benefits

Has this program had any effect on the financial success of your child care business? (If yes) How has it helped you?

Has the Community Connections Preschool for All program had any effect on how much you enjoy your job as a caregiver? Can you explain?

Reaching Unserved Children

How many of the children that you care for are participating in the Community Connections Preschool for All program? Which child(ren) are these?

Are there any children who are the right age to participate in the Community Connections Preschool for All program but who are not participating?

Strengthening Connections to Families

Do [child's] parents ever ask you questions about the pre-K classroom?

What is your sense of how [child(ren)'s] parents feel about his/her/their going to the pre-K classroom?

Has participating in the Community Connections Preschool for All program affected your relationship with parents at all? (e.g., increased communication or changed what you talk about with parents)

Strengthening Connections to Home-Based Providers

What do you think about the center teacher(s)? How would you describe your relationship with him/her/them?

If you have questions about caring for the children in your home, are the center teachers people you feel comfortable asking?

Did you already know the other home-based care providers, or did you meet some or all of them for the first time at these gatherings and outings? Have you gotten together with any of the other home-based care providers that you met through the gatherings and outings? For example, have you met at a park with the children or visited during the day with the children?

Improving the Classroom Experience

How would you describe [child(ren)'s] reactions on the first day s/he/they participated?

How would you describe [child(ren)'s] reactions when it is time to leave for the program now? Is s/he/Are they hesitant to go, or even upset? Is s/he/Are they eager to go? Does it vary day to day?

How does s/he/How do they seem when s/he/they return from the pre-K program?

Does [child]/Do [children] talk about his/her/their experiences at pre-K after s/he/they get to your home? What does s/he/What do they talk about?

Regarding teacher visits to the home-based provider:

How do the children you care for react when the center teacher visits?

Improving the Home Child Care Experience

Would you say the Community Connections Preschool for All program helped you become a better caregiver? (If so) How so?

Do you see any changes in the way you care for children in your home since [child/children] and you started to participate in Community Connections Preschool for All?

[If yes] What do you think has changed? Why do you think that has changed?

How many children stay at home with you when [child/children] are at the pre-K program? What are their ages? Do you think you do anything different with them while [child/children in the pre-school for all program] are away?

[If yes] Can you describe what you think is different in the way you care for the infants and toddlers? With children who are preschoolers but not old enough to be in the pre-K? With older children?

Has the way you cared for infants and toddlers changed in response to materials or suggestions provided by the center teacher? How? What about the way you cared for preschoolers not old enough to be in pre-school for all or for older children?

If the center teachers bring materials for you to use, what kind of materials do they bring? Can you give me an example?

[If the center teachers bring materials] About how often would you say you actually use the materials the center teacher brings when s/he is not there? Would you say you use the materials with the children you take care of every day, almost every day, once a week or less than once a week? Which kinds of materials do you use most often?

If the center teachers give you suggestions about activities to do with the children, about how often would you say you follow up on the suggestions? Would you say you do these activities every day, almost every day, once a week, or less than once a week? Which activities have the children enjoyed the most?

Are the materials and suggestions for activities that the center teacher brings appropriate only for children 3-4 years old or are some also appropriate for children birth through two? For older children?

Children's Learning

Do you see any changes in [child(ren)'s] interests or what s/he/they know how to do since s/he/they started participating in the pre-K program?

If [child/children] is/are from households in which English is not the primary language, would you say that participating in the pre-K program has helped the child in his/her/their ability to speak English?

Do [child(ren)] have any special needs?

[If yes] Do you know if he/she/they have received services since getting involved with Community Connections Preschool for All? [If yes] Do you think [child(ren)] received services as a result of you participating in the Community Connections Preschool for All program? If so, what leads you to this conclusion?

General Impressions of CC and Recommendations

What do you think about the Community Connections Preschool for All program? What do you like about it? What don't you like about it?

Do you think this program is helpful to home-based care providers? What about parents? Children? What are the important ways in which this program is helpful?

Is there anything about this program you think could be improved? How would you improve it?

Is this a program you would recommend to any other home-based care providers? Have you actually recommended it to anyone?

Appendix A.5: Parent Interview Protocol

Implementation: Deciding to Participate in Community Connections Preschool for All

Why decide to use home-based provider as caregiver?

Was one reason you chose home-based provider their participation in Preschool for All?

[If yes] Why was this important?

How did you first hear about the Preschool for All at [center]?

When you first heard about it, what did you think? If you were interested, what did you like about it?

Was there anything about the program that you were not so sure about?

Did you want to see the pre-K classroom or meet the teacher before deciding whether you wanted your child to participate in Preschool for All at [center]?

[If yes] Were you able to do that?

Did you have any friends or family members with children participating in Community Connections Preschool for All pre-K?

[If yes] What did you hear about it from them?

What was the most important reason you decided to enroll your child in the Preschool for All program at [center]?

Before enrolling [child] in Preschool for All at [center], had you ever thought about enrolling him/her in any other pre-kindergarten program?

[If yes] Why didn't you enroll [child]?

Implementation: Community Connections Program Components/Requirements

Through all the different ways you have contact with your child's center teachers at [center], how often do you see her or talk to her each month?

Does your child's center teacher ever visit you at home?

[If yes] About how often? What do you do during these visits? Are they helpful to you or to [child]? In what way?

Do you ever go to the pre-K center to meet with your child's center teacher about how your child is doing?

[If yes] What do you talk about? Does your home-based provider attend too?

Do [child's] center teachers call you or send messages home to tell you about what your child's class is learning or how your child is doing?

[If yes] About how often does this happen?

Do you ever visit your child's pre-K classroom at [center]?

[If yes] Do you enjoy these visits?

[If so] Why?

[If not] Why not?

I'd like to ask about special programs for families and home-based care providers that are held in the evening or on weekends. Have you ever participated in one of these?

[If yes] About how many? What was it like for you? What about for [child]? Did your home-based provider go too?

[If not] Are there ways evening/weekend programs could be improved to be more interesting or accessible to you?

Do you know if the center teacher visits your child's home-based provider?

[If yes] What happens during those visits?

In your own words, how would you describe the Preschool for All program at [center]? What does it offer you?

Are you doing anything different with [child] at home since your child started participating in the Preschool for All program at [center]? Are these activities suggested to you by the home-based care provider or center teacher?

Strengthening Connections to Families

How comfortable would you say you feel talking with your child's center teacher?

Strengthening Connections to Home-Based Providers

Has participation in the Preschool for All program at [center] changed how often you talk to [home-based provider] about [child] or changed what you talk about with him/her?

Improving the Classroom Experience

How does your child feel about going to the Preschool for All program at [center] from [home based provider]'s house? For example, do you have the feeling that s/he looks forward to going to the pre-K program at [center], or is it more an interruption in his/her day?

What would you say [child] likes the most about Preschool for All at [center]? Is there anything s/he doesn't really like very much? What is that?

How would you describe [child's] relationship with his/her center teachers? How close would you say [child] feels to them?

Improving the Home Child Care Experience

Would you say that there is anything different in the way [home based provider] takes care of the children in his/her home since you and s/he started to participate in the Preschool for All program at [center]? Does she/he do anything different with [child] or other children of about that age?

[If mother also has a baby in care if there are other babies there] Does s/he do anything different with [baby] or with other very young children? Could you describe for me what is different?

Children's Learning

What do you think [child] has learned in his/her pre-K class that is different from what s/he was learning at home and at [home-based provider's]?

Are there any ways that [child's] experiences in pre-K have helped him/her prepare for kindergarten? In what ways was the child prepared for kindergarten?

Does [child] have any special needs that the Preschool for All program at [center] has helped with?

[If yes] Did you know [child] had special needs before getting involved in the Preschool for All program?

[If yes] Did you have difficulty getting help for these special needs before getting involved in the Preschool for All program at [center]? Do you think being in the program has helped you get services for [child's] special needs?

General Impressions of CC and Recommendations

What is the part of the Preschool for All pre-K program at [center] that you appreciate the most?

Is there anything you would like to see changed about the program?

Would you recommend this program to a friend or relative?

Appendix B.1: CCAT-R Results: Caregiver and Child Language and Engagement

Table B.1

Percentage of CCATR Observation Periods with Incidents of Caregiver or Child Language and Child Engagement

Type of Caregiver or Child Language and Child Engagement	Percentage of Observation Periods
Caregiver Language:	
Other talk	53
Requests language	36
Responds to child language or vocalization	29
Names or labels	19
Repeats or builds on what child says	17
Verbally directs child action	16
Caregiver Action:	
Caregiver does activity with focus child alone or with other children	82
Focus Child Talks or Vocalizes to:	
Caregiver	46
Other children	19
Self-talk	7
Focus Child Interacts with:	
Safe materials	90
Caregiver	69
Other children	43
Television or video	3

Appendix B.2: CCAT-R Results: Health and Safety

Table B.2

Percentage of Home-based Providers Who Met Health & Safety Standards

Health & Safety Standards	Percentage of Home-Based Providers
Temperature in child care area is comfortable	100
Good space for resting (home is quiet)	93
Area used for child care has enough light to read by	93
Provider can see or hear children at all times*	80
Toys and objects small enough to be swallowed are kept away from children	73
Smoke detectors installed	68
Quiet area is available for sick children	68
No peeling or chipped paint in area children have access to	60
Electric cords are inaccessible or secured*	47
Children are not left in playpens, swings, strollers, or other restraints for more than half of the observation period unless sleeping	47
No protruding nails on furniture or boards	40
Safety caps on electric sockets*	33
Some fresh air in the child care area	33

Note. Only items with five or less missing or not observed items were included.

*Red flag items- Lack of these items can pose an immediate danger to child

Appendix B.3: CCAT-R Results: Materials

Table B.3

Materials Observed in Home-based Care

Materials Observed in the Home-based Child Care Setting	Percentage of Home-Based Providers
Children's books	93
Pretend play materials	93
Soft materials in area used for child care	87
Toys that talk, or make music or sounds	87
Toys that have pieces that fit together	87
Materials for painting, coloring, etc	87
Toys that require fine motor movements	80
Toys that help teach numbers	73
Toys that permit free expression	73
Toys that teach color, size, or shape	67
Puzzles	67
Toys with wheels that children can ride on	47

Note. Missing items/items not observed ranged from 1-6.

Appendix C: Home-Based Provider Visit Record

Instructions: Please complete this form for each of your home-based provider visits. Completed forms are to be kept on-site with your Preschool for All files for review by your Project Manager.

Child Care Center Name _____

Completed By _____ Current Date / /
Month Day Year

Home-based Provider's Name _____

Date of Home-based Provider Visit / /
Month Day Year

Arrival Time _____ Circle One am/pm Departure Time _____ Circle One am/pm

In the space below, please respond to the following....

Accomplishments/Activities

Concerns/Follow-up Issues

Comments

Home Visit Purpose/Topic _____

Please identify the children that were in the home during your visit.

Name	Age	In PFA Program	
		Yes	No
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

In the space below, please list the materials that you shared during your visit.

Were BLL activities observed during your visit? Yes No

If yes, what was the theme? _____

Provide details regarding your BLL observation in the space below.

Did the home-based provider notify you of other
BLL activities that you did not observe? Yes No

If yes, what was the theme? _____

In the space below, provide details regarding the BLL activities reported by the home-based provider.

Home-based Provider Signature _____

Appendix D: Center Visit Form

Site Visit Form

Site Name _____

Visit Conducted by _____ Date _____

Screening & Enrollment

Date _____ Date _____ Date _____ Date _____

of children currently enrolled, with complete enrollment folders

- PFA enrollment form
- Parent permission for child (a) to be screened and (b) participate
- Birth certificate

of children screened, with complete screening folders

- Parent questionnaire
- ESI-R
- Summary screening checklist with point scores

of vision screenings completed

of hearing screenings completed

Improvement Goals for Screening & Enrollment	Action Items/Progress	Target Due Date	Follow-Up	Date Completed

Comments:

Teacher:
 Classroom:
 Community Connections Full Workday

Educational Program

# of Child Assessment Profiles Current	Date: _____	Date: _____	Date _____	Date _____
# of children with IEPs				
# of provider visits this quarter				
Curriculum Checklist last updated on:				

Improvement Goals for Educational Program	Action Items/Progress	Target Due Date	Follow-Up	Date Completed
Comments:				

Parent Education and Involvement

	Date: _____	Date: _____	Date _____	Date _____
Verification of PFA Parent Handbooks on file?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Parent orientation complete?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Parents encouraged to visit at any time?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Parent involvement plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sign-in sheets for parent activities?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Improvement Goals for Parent Education & Involvement	Action Items/Progress	Target Due Date	Follow-Up	Date Completed

Comments:

Community Collaboration

	Date: _____	Date: _____	Date: _____	Date: _____
Informs parents of kindergarten options?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has list of local kindergarten programs, with contact information?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has plan for how kindergarten visits can take place (for parents and/or children)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has referral and resource list for families?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Includes other Preschool for All programs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Includes phone number for CCR&R?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Participates in Action for Children Community Collaboration activities?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Staff Requirements

Improvement Goals for Community Collaboration	Action Items/Progress	Target Due Date	Follow-Up	Date Completed
Comments:				

A. # of Type-04 certified teachers required:
 B. # of Type-04 certified teachers in place:

Date: _____

A. _____
 B. _____

Teacher Assistant has 30 semester hours of college credit and has filed form ISBE 73-95 with Action for Children?

YES NO

Written personnel policies and job descriptions are available for review?

YES NO

of Professional Development portfolios showing attendance at workshops, (workshop certificates, agendas, etc.), in the past 6 mo:

12-month turnover rate

A = Total # of teaching staff (All teachers and assistants – not just PFA)

B = # of staff that have left

$B \div A =$ Turnover rate.....

Date: _____

A. _____
 B. _____

YES NO

YES NO

Date: _____

A. _____
 B. _____

YES NO

YES NO

Date: _____

A. _____
 B. _____

YES NO

YES NO

Improvement Goals for Staff Requirements	Action Items/Progress	Target Due Date	Follow-Up	Date Completed
Comments:				

Finance & Legal

	Date: _____	Date: _____	Date: _____	Date: _____
Current DCFS license?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Staff/child ratios maintained at licensing standard (1:10)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
No major licensing violations observed? If Yes, what is the violation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Accounting records show Preschool for All expenses separately from other operations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Annual CPA audit? (Not required at this time.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Liability insurance names Illinois Action for Children as an additional insured?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Work Comp insurance in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
(If center transports children) Approved Child Care Facility Driver application on file for all drivers (or Unrestricted Illinois School Bus Driver permit)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
(If center transports children) Children are secured in child safety seats designed for their age?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Improvement Goals for Finance & Legal	Action Items/Progress	Target Due Date	Follow-Up	Date Completed

Comments: