



Virginia
Early Childhood
Foundation

EVIDENCE BASED DIRECTORY

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Credits:

Numerous colleagues in Virginia contributed to this first Directory. Primary contributions were made by the presenters at the October 2009 workshop on "Smart Choices for Smart Beginnings: Evidence Based Practice": Carol McMurray, Patricia Hein, Lisa Specter-Dunaway, Markella Budesky, Lee Huntington, Ph.D., Mary Ann Discenza, Tammy Whitlock, Phylis Benner, and Jennifer LoCasale-Crouch, Ph.D.

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VECF assumes responsibility for the contents of this Directory.

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I. Introduction

A. The Journey

Every Smart Beginnings (SB) community seeks to be effective in improving outcomes for children so that they are ready for Kindergarten, and ready for life. The *VECF Directory of Evidence Based Programs and Practices* provides a resource to guide this work and help with local considerations and decision making. Having a Directory of recommended models and practices will also aide VECF in following progress of similar approaches in different communities, easing identification of relevant data to collect across grantees, and allowing the opportunity to aggregate some shared outcomes.

Like our grantees, VECF wants to ensure good investments and know that together we are creating systems focusing on actions most likely to impact children's Kindergarten readiness.

The process of moving toward better defined Evidence Based work has included input from several evaluators who helped with a definition of "Evidence Based" and discussion of relevant research. The October 2009 workshop was the first step in sharing what we were learning with grantees. During that day, VECF unveiled a definition of Evidence Based and Evidence Informed work (see page 8). This definition was developed with input from an Evaluation Think Tank assembled at VECF in spring 2009. Through the workshop presentations in five key areas, state experts provided introductions to each area and the research linking each to Kindergarten readiness. Inviting them to share their understanding of Evidence Based work contributed significantly to the initial research, and VECF is grateful for the assistance. Release of the first edition of this Directory is the next step.

B. Context

As a first edition, this should be considered an initial effort. VECF issues a disclaimer that this is neither exhaustive nor complete. While the research has included books and websites identified in the bibliography, discussion with many colleagues, and sharing drafts with experts in each field, VECF does not claim this to be a finished product. As the experience of the Foundation and its grantees increases, the research in this field continually expands, and new studies emerge, the Directory will grow and improve. VECF is propelling this forward in draft form to serve as a resource for the 13 Smart Beginnings grantees currently preparing proposals for their next step in VECF funding.

No comparable document exists in Virginia to define Evidence Based early childhood work. The Foundation is taking a leadership role to specify Evidence Based practice, which is an important opportunity for Smart Beginnings' evolution. In some cases discriminating between "Evidence Based" and "Evidence Informed" is difficult. VECF staff used the best information available to them at this time.

Each section of the Directory includes four sections: rationale, logic model, program examples, and additional resources. The logic models come from various sources and are not identical, but

serve to illustrate ways to link goals with theory, strategies and outcomes. Some sections of the Directory only include “Evidence Based” practices, and not programs, or “Evidence Informed” programs, but not “Evidence Based” programs. This is due to what is available to staff at this time.

C. How This Relates to Funding

In this Directory, there are many activities already being implemented in Smart Beginnings communities. VECF intends for it to be a guidance document, and for grantees to know that if they are implementing any of these practices or programs, the Foundation supports that choice. Funding will not be influenced by selection of an “Evidence Informed” practice instead of an “Evidence Based” practice. Smart Beginnings initiatives are on safe ground selecting options from either category, and should be practical in their selections. For example, if a community is already investing in an “Evidence Informed” program and seeing positive results, there is no reason to switch to an “Evidence Based” program in order to be competitive.

Some communities may have chosen or choose to implement alternate activities, such as Professional Development, not included in this Directory. As explained at the October 2009 workshop, these activities will need to be justified. The justification will need to meet similar Evidence Informed standards, which include:

1. Supporting the activity as an effective way to address Kindergarten readiness by providing VECF with some credible evidence or published research.
2. Providing a logic model that shows the path and connections between the activities and the goal.
3. Providing outcome data to support that this practice has been measured in a legitimate, meaningful way previously and shown impact.
4. Identifying how outcomes and impact will be measured.

Professional Development is a credible activity, intrinsic to high quality early care settings, and a justification should not be difficult to provide.

D. Why These Five Strategies

This Directory is organized in five key strategies central to Kindergarten readiness. The five areas of practice are:

- Parent Education
- Home Visiting
- Screening and Assessment for Developmental Delay
- Early Care and Education
- Kindergarten Transition

Various studies identify these components as major areas of influence on a child's development. They all impact the first 5 years and a child's ability to be ready in cognitive, physical, health and social emotional domains to perform well in Kindergarten. Some of these sources include: *The Pathways Mapping Initiative*, the National Center for Family and Community Connections with Schools, and the Center on the Developing Child at Harvard University. Further, these five areas are embedded in Virginia's Plan for Smart Beginnings Goals 2, 3, and 4, which are: Parent Support and Education, Early Care and Education, and Health.

Inherent in many parent education programs and home visiting programs are goals that also address many of the health and environmental risk factors for children 0-5 identified in the National Center for Children in Poverty's *Project Thrive*:

1. Maternal health factors such as healthy, well-timed births and full-term babies
2. Access for children to consistent health care including immunizations, dental care, and lead screening
3. Prevention and protection from child abuse and neglect
4. Strengthening parent access to health care, substance treatment, mental health care, and domestic violence intervention
5. Linking parents to resources to help ameliorate the effects of poverty including access to food, safe housing, and medical care
6. Linking parents to resources that further their educational achievement and vocational opportunities.

The five areas of practice and programming in this Directory correspond to the Getting Ready Indicators used for data collection and planning within the Smart Beginnings initiatives. The Getting Ready model simply organizes different arenas of intervention (Families, Schools, Communities, Services and Schools) and provides possible data sources for tracking progress in communities.

E. How Does "Systems Work" Fit In?

This Directory addresses WHAT you might do to strengthen Kindergarten readiness in a community, and a collaborative "systems approach" defines HOW you do it and with WHOM (your partners). VECF's overriding principle in funding Smart Beginnings initiatives is to create sustainable, collaborative systems change that strengthens the web of activities that create Kindergarten ready children.

Example #1: A community that determines through needs assessment and strategic planning to focus on improved access to health care and developmental screening might launch a project that uses existing resources in innovative ways. Drawing from examples in this Directory, the community may decide to combine the “ABCD” approach to pediatric screening with the resources of an existing home visiting program and to pull in non-traditional partners. Together, they set goals for increasing the percentage of children screened through pediatric practices, child care centers, and home visiting programs. To raise community awareness, they could launch an effort to enroll parents in voluntary home visiting, improve developmental screening and enroll children in FAMIS by bringing together Health Department staff, a nurse from a pediatric practice, residents from a medical school, representatives of a home visiting program and volunteer photographers for a semi-annual “SNAPSHOT Day for Kids” at a nearby “big box” store or major grocery store on a Saturday morning. In addition to being able to enroll in health care coverage, get immunized, learn about parent support opportunities, a family portrait could be taken. The result is a new collaborative approach to achieving the goals of several area entities and blending resources to make it happen.

Example #2: Another example is to unify enrollment processes of several early childhood programs such as Head Start, VPI, and faith based centers into a single point of entry with funding provided by each program to staff it. Funding is blended for the enrollment process, collaboration is increased, efficiencies can be gained, and the match to parent’s individual needs made stronger.

F. Sources for the Directory

Each section of the Directory including the introduction has a list of references. These include four books on Evidence Based work in early childhood, numerous published studies and reports, and websites known for careful review of Evidence Based work including: RAND, Zero to Three, OJJDP, PEW, SAMHSA. A recommended list of websites and books is included as a final resource.

G. Future of Directory

As a first edition, this document is a start. During the next year, further review is due including input from additional experts in the field, grantees and members of VECF Evaluation Advisory Committee. If grantees and VECF determine the Directory is useful, VECF anticipates issuing a second, expanded edition in 2011. A future edition could include additional areas of practice such as specific health and mental health strategies and recommended approaches to professional development.

II. General Resources for Evidence Based and Evidence Informed Early Childhood Strategies

A. Websites

California Evidence-Based Clearinghouse for Child Welfare (CEBC) provides child welfare professionals with easy access to information about selected child welfare related programs, <http://www.cebc4cw.org/>.

Center for Study and Prevention of Violence Blueprints for Violence Prevention (BVP) provides summaries and information on parenting and other programs that meet rigorous tests of effectiveness, <http://www.colorado.edu/cspv/blueprints/modelprograms.html>.

Child Welfare Information Gateway provides access to information and resources to help protect children and strengthen families, <http://www.childwelfare.gov/>.

FRIENDS National Resource Center for Community based Child Abuse Prevention supplies information on strengthening and supporting families and communities to prevent child abuse and neglect, http://www.friendsnrc.org/download/parent_ed.pdf.

Office of Juvenile Justice and Delinquency Prevention (OJJDP) assesses information on programs, that among other things, impact the well-being of children, http://www2.dsgonline.com/mpg/program_types_definitions.aspx.

Promising Practices Network (PPN) offers research-based information on what works to improve the lives of children and families, <http://www.promisingpractices.net> .

Robert Wood Johnson Foundation provides an online inventory of Evidence Based practices that focuses primarily on health issues, <http://resources.commissionhealth.org/tags/Childhood>.

SAMHSA (Substance Abuse and Mental Health Services Administration) National Registry of Evidence Based Programs and Practices is an online registry of interventions that have been reviewed and rated by independent reviewers, to assist in identify prevention and treatment approaches that have been scientifically tested and that can be readily disseminated to the field, <http://www.nrepp.samhsa.gov/>.

B. Books & Other Publications

Early Childhood Interventions-Proven Results, Future Promise (2005), Lynn Karoly, Rebecca Kilburn, Jill Cannon; Prepared for PNC Financial Services Group, Inc. Publisher: The RAND Corporation, Santa Monica, California.

Evidence-Based Practice in the Early Childhood Field (2006), edited by Virginia Buysse and Patricia W. Wesley. Publisher: Zero to Three Press, Washington, D.C.

Pathway to Children Ready for School and Succeeding at Third Grade (June 2007), by Lisbeth B. Schorr and Vicky Marchand.

<http://www.cssp.org/uploadFiles/3RD%20GRADE%20PATHWAY%20PDF%209-07.pdf>

Successful Kindergarten Transition: Your guide to connecting children, families, and schools (2003), by Robert C. Pianta and M. Kraft-Sayre. Publisher: Brookes, Baltimore, Maryland

III. VECF Definition of Evidence Based Practice

A. Purpose

1. Promote efficient and effective use of VECF funding by investing in programs and practices with sufficient evidence to create expectations for positive outcomes for children, families, and early care and education programs.
2. Promote critical thinking and analysis across Smart Beginnings Coalitions so that they can be more informed community partners and address local needs effectively.
3. Instill a culture of excellence and continuous quality improvement by promoting use of evidence based practice and emphasizing ongoing evaluation of funded programs.
4. Promote high standards in Virginia for programming most likely to create: ready families, ready communities, ready services, ready schools, and ready children.

B. Definition

Evidence Based Programs and Practices

Evidence based programs and practices are the integration of the best available research within the context of the child, family, and community.

Evidence based practices are informed by research, in which the characteristics and consequences of environmental variables are empirically established and the relationship directly informs what a practitioner can do to produce a desired outcome.¹ Specific practitioner skills, techniques, or strategies, standards of practice or areas of programmatic focus have shown evidence of effectiveness.² Additionally, family, and professional wisdom and values contribute to the application of the research³. Evidence based practice applies to both functioning of coalitions and to services and system enhancements, and generally implies multiple replications with comparison or control group designs.

Evidence based programs are typically understood as being built upon a defined set of philosophies, theory, assumptions, structures, activities, services or treatment components, and service delivery protocols that form a specific program. They are usually a formally designed, published, and accessible program that can be replicated and has been evaluated multiple times with a high degree of rigor, (comparison or control group designs) and demonstrated success in most target areas.

Evidence Informed Programs and Practices

Evidence informed programs and practice is the use of the best available research and practice knowledge to guide functioning of coalitions and to design and implement programs within the context of the child, family and community. This is typically understood as approaches based on sound theory with some evaluations producing some positive results.⁴

C. Resources

Evidence based and evidence informed approaches for 0-5 work can be found through the following resources:

1. VECF Compendium of Evidence Based and Evidence Informed programs and practices for Smart Beginnings grantees (to be compiled January 2010)
2. Websites: Rand Corporation, Promising Practices Network, SAMSA, OJJDP, and Zero to Three
3. Professional journals and books like Early Childhood Interventions-Proven Results, Future Promise 2005 by Lynn Karoly, M. Rebecca Kilburn, and Jill Cannon and Evidence-Based Practice by Virginia Buysse and Patricia W. Wesley 2006

¹ Dunst, Carl, Trivette, C., and Cutspec, P. Centerscope; “Evidence-Based Approaches to Early Childhood Development”; September 2002 Vol 1 No. 1

² Gienapp, Anne and Langley, Kasey. “Building Evidence, Building Capacity: Compatibilities and Conflicts” American Evaluation Association Annual Conference. November 2008.

³ Buysse, V. and Wesley, D. “Evidence-based practice in the early childhood field.” Washington, DC> Zero to Three, 2006.

⁴ These definitions were adapted from current definitions developed by the Institute of Medicine and the American Psychological Association.



Parent Education

- I. Rationale for Parent Education**
- II. Sample Logic Model**
- III. Recommendations**
 - A. Evidence Based Programs**
- IV. Supplemental Resources**

I. Rationale for Parent Education

A stable, secure, nurturing relationship with at least one competent, caring adult is the most important factor in helping young children to be ready for Kindergarten, succeed in school, and overcome later obstacles.⁵ Parent education is designed to develop and strengthen healthy and positive relationships between children and their parents. Additionally, parent education encourages an optimal environment for the health, growth, and development of both parents and children.

In addition to helping assure that children are ready for school, parent education can help prevent child abuse and neglect. The Child Abuse Prevention and Treatment Act, as reauthorized by the Keeping Children and Families Safe Act of 2003, identifies parent education as a core prevention service. Parent education is delivered through a variety of means and a range of dosages from physicians in well-child visits to multi-year home visitation programs. However, for the purposes of this document, parent education is being defined as a mechanism of training that is discrete, generally short term and may be independent of other services received by parents and their children.

Successful parent education programs help parents acquire and internalize parenting and problem-solving skills necessary to build a healthy family. Research has shown that effective parent training and family interventions promote protective factors and lead to positive outcomes for both parents and children⁶. Protective factors include nurturing and attachment, knowledge of parenting and of child and youth development, parental resilience, social connections, and concrete supports for parents.⁷

Program characteristics and specific training strategies are both key considerations when selecting a parent education program. Program characteristics refer to broader aspects of a program, such as theoretical grounding or how the program is structured, staffed, and evaluated. Training strategies refer to specific teaching methods that have been found to be effective in working directly with parents.

Some key characteristics that define successful parent education programs include:

- **Strength-based focus.** A large body of research supports the emphasis on family interventions and education programs that focus on family strengths and resilience instead of family weaknesses. This approach reinforces existing protective factors to prevent the occurrence or reoccurrence of child abuse and neglect.⁸
- **Family-Centered Practice.** Family-centered parent training programs include family skills training and family activities to help children and parents communicate effectively and take advantage of concrete social supports. Family-centered programs also seek to develop training strategies that are culturally appropriate and consistent with the beliefs and principles of families and their communities.⁹

- **Individual and Group Approaches.** Evidence suggests that a combination of individual and group parent training is the most effective approach when building skills that emphasize social connections and parents' ability to access social supports. However, the individual approach was found to be more effective when serving families in need of specific or tailored services.¹⁰
- **Qualified Staff.** Program success is in part dependent on qualified staff. Program staff should have a sound theoretical grounding as well as hands-on experience in the classroom or working with families and groups in different settings. Staff should also be able to provide culturally competent services consistent with the values of the family and the community.
- **Targeted population.** Learning is enhanced when the participants of each program include a clearly defined group of people with common needs or identifying characteristics.¹¹ Group characteristics, such as high risk families or working versus nonworking parents, can also help determine the appropriate program duration and intensity.¹²
- **Clear Program Goals and Continuous Evaluation.** Successful programs maintain individualized and group plans developed in partnership with participants. Progress toward program goals is routinely and effectively evaluated by aggregate analyses using both quantitative and qualitative research methods consistent with the services offered. In addition, these programs have an effective process for gathering consumer feedback and use this information, along with outcome-based evaluation efforts, for continuous quality improvement.¹³

These characteristics are important to all parent education programs. Fortunately, there has been a great deal of research in this area and there are many established, easily accessible evidence based models that can be implemented to help support a variety of families in a community. Selection criteria should include:

- Match program to target population
- Assure model fidelity in delivery of programs' essential components
- Consider facilitator's interpersonal skills and educational background for fit with audience
- Availability of evaluation instruments and ability to collect usable data¹⁴

Parent education can be a relatively low cost strategy delivered by multiple partners, and can reach a high number of parents. Additionally, a variety of trained professionals in different fields ranging from social work, health, to faith based deliver parent education. Numerous organizations prioritize parent support, which broadens the potential for a variety of partners in the community and evolution of a local, coordinated system for delivering parent education.

⁵ Schorr, L.B. & Marchand, V. (2007). *Pathway to children ready for school and succeeding at third grade*. Pathways Mapping Initiative.

⁶ Lundahl, B.W., & Harris, N. (2006). *Delivering parent training to families at risk to abuse: lessons from three meta-analyses*. Columbus, OH: American Professional Society on the Abuse of Children.

⁷ Child Welfare Information Gateway (2008), U.S. Department of Health and Human Services Children's Bureau, & FRIENDS National Resource Center For Community-Based Child Abuse Prevention.

⁸ Center for the Study of Social Policy. (2003). *Protective Factors Literature Review: Early Care and Education Programs and the Prevention of Child Abuse and Neglect*. www.cssp.org/uploadFiles/horton.pdf.

⁹ Colosi, L. & Dunifon, R. (2003). *Effective Parent Education Programs*. Cornell University College of Human Ecology: Parenting In Context. www.parenting.cit.cornell.edu/effective%20Education%20Programs.pdf

¹⁰ Lundahl, B. W., Nimer, J., & Parsons, B. (2006). Preventing Child Abuse: A Meta-Analysis of Parent Training Programs. *Research on Social Work Practice*, 16, 251-262.

¹¹ Colosi, L. & Dunifon, R. (2003). *Effective Parent Education Programs*. Cornell University College of Human Ecology: Parenting In Context. www.parenting.cit.cornell.edu/effective%20Education%20Programs.pdf

¹² Brown, M. (2005). USDA Parent Education and Support Literature Review. University of Delaware Cooperative Extension. [http://ag.udel.edu/extension/fam/professionalresources/parent Ed/2005litreview.htm](http://ag.udel.edu/extension/fam/professionalresources/parent%20Ed/2005litreview.htm)

¹³ Child Welfare Information Gateway (2008), U.S. Department of Health and Human Services Children's Bureau, & FRIENDS National Resource Center For Community-Based Child Abuse Prevention.

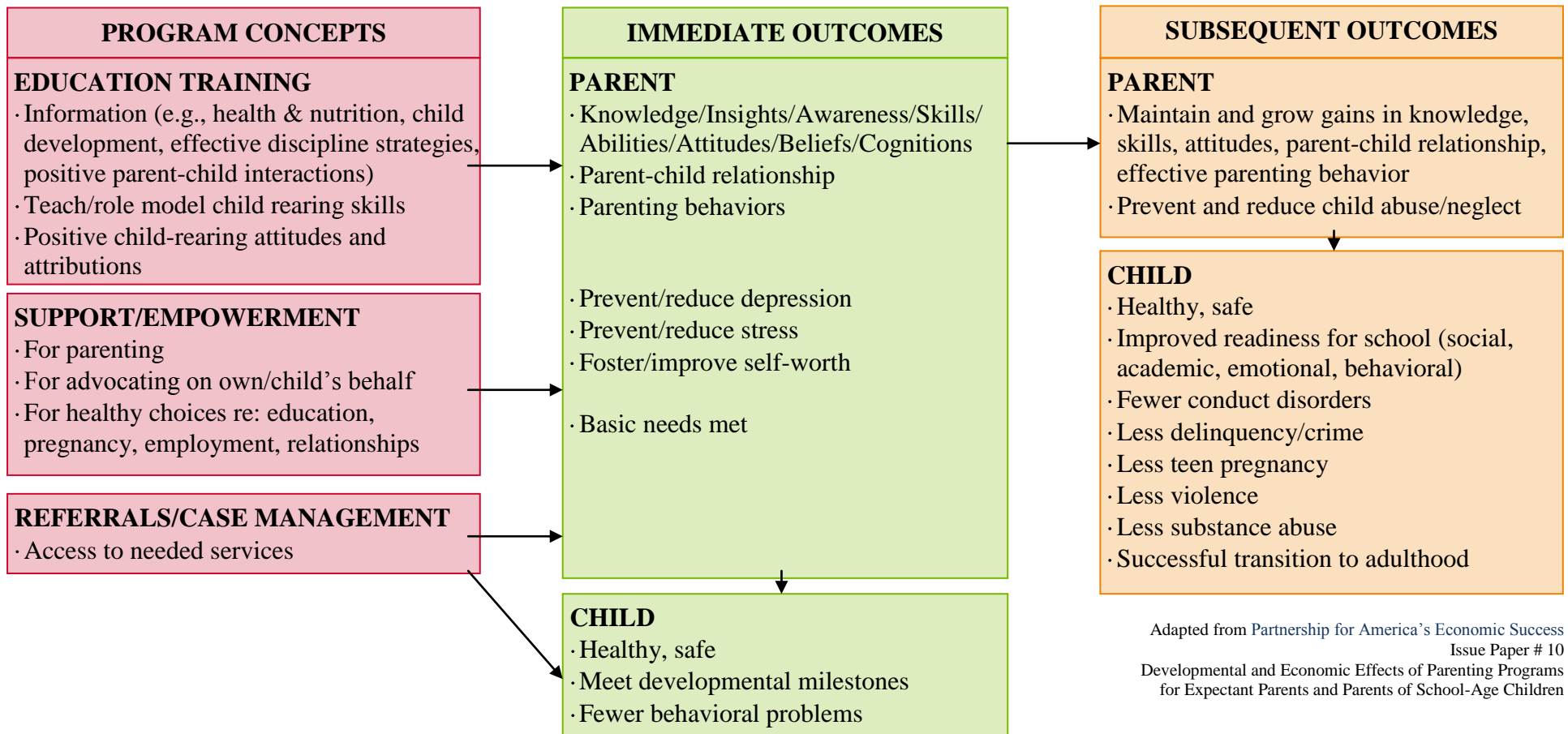
¹⁴ Hein, P. & McMurray, C. "Best Practices in Parent Education." Presentation at VECF Workshop. October, 2009.

II. Sample Logic Model

ULTIMATE GOAL: Children's safety and healthy development.

UNDERLYING ASSUMPTIONS

By targeting parent-related knowledge, beliefs, attitudes and behaviors, parenting education programs give parents the capacity and confidence necessary to effectively meet their children's developmental needs, which better prepares them for adulthood. Some parents may need additional supports, empowerment and referrals to needed services to address and reduce the stresses impinging on their ability to be effective, engaged parents



Adapted from Partnership for America's Economic Success
Issue Paper # 10
Developmental and Economic Effects of Parenting Programs
for Expectant Parents and Parents of School-Age Children

III. Recommendations

A. Evidence Based Programs

Although there are many evidence based and evidence informed practices associated with quality parent education, the Directory focus will be on Evidence Based Programs. The focus on programs is due to the wide assortment of proven and accessible parent education curriculum and well-defined models.

The Incredible Years

Incredible Years is a set of comprehensive, multifaceted, and developmentally based curricula targeting 2 to 12-year-old children and their parents and teachers. The parent, child, and teacher training interventions that comprise Incredible Years are guided by developmental theory on the role of multiple interacting risk and protective factors in the development of conduct problems. The three program components are designed to work jointly to promote emotional and social competence and to prevent, reduce, and treat behavioral and emotional problems in young children.

The parent training intervention focuses on strengthening parenting competencies and fostering parents' involvement in children's school experiences to promote children's academic and social skills and reduce delinquent behaviors. The child training curriculum aims to strengthen children's social and emotional competencies, such as understanding and communicating feelings, using effective problem-solving strategies, managing anger, practicing friendship and conversational skills, and behaving appropriately in the classroom. The teacher training intervention focuses on strengthening teachers' classroom management strategies, promoting children's positive behavior and school readiness, and reducing children's classroom aggression and noncooperation with peers and teachers. The intervention also helps teachers work with parents to support their school involvement and promote consistency between home and school. In all three training interventions, trained facilitators use videotaped scenes to structure the content and stimulate group discussions and problem solving.

Contact Information: Lisa St. George, The Incredible Years;
incredibleyears@incredibleyears.com; 888-506-3562

Additional information about the program can also be found at www.incredibleyears.com, <http://www.cebc4cw.org/program/1#contact>, and http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=131.

Nurturing Parent Program

This program targets at-risk families and includes both parents and their children with the goal of the prevention and treatment of child abuse and neglect. Program sessions are offered in group-based and home-based formats ranging from 12 to 48 sessions. Programs are designed for

parents with young children birth to 5 years old, school-aged children 5 to 11 years old, and teens 12 to 18 years old. Parents and their children meet in separate groups that meet concurrently. Developed to address the known behaviors that contribute to the maltreatment of children, the goals of the curriculum are: 1) to teach age-appropriate expectations and neurological development of children; 2) to develop empathy and self worth in parents and children; 3) to utilize nurturing, non-violent strategies and techniques in establishing family discipline; 4) to empower parents and children to utilize their personal power to make healthy choices; and 5) to increase awareness of self and others in developing positive patterns of communication while establishing healthy, caring relationships. Curricula include lesson guides, DVDs, parent handbooks, assessment inventories.

Contact: Stephen J. Bavolek, PhD, Family Development Resources, Inc.; sbavolek@yahoo.com; 435-649-9599

Additional information about the program can be found at <http://www.nurturingparenting.com> or <http://www.cebc4cw.org/program/3#contact>.

Parenting Wisely

Parenting Wisely is a set of interactive, computer-based training programs for parents of children ages 3-18 years. Based on social learning, cognitive behavioral, and family systems theories, the programs aim to increase parental communication and disciplinary skills. Parents use this self-instructional program on an agency's personal computer or laptop, either on site or at home, using the CD-ROM or online format. During each of nine sessions, users view a video enactment of a typical family struggle and then choose from a list of solutions representing different levels of effectiveness, each of which is portrayed and critiqued through interactive questions and answers. Each session ends with a quiz. All nine sessions can be completed in 2 to 3 hours. Parents also receive workbooks containing program content and exercises to promote skill building and practice.

Contact: Don Gordon, PhD, Ohio University and Family Works, Inc.; gordon@ohio.edu; 541-201-7680

Additional information about this program can be found at <http://www.familyworksinc.com/>, <http://www.parentingwisely.com>, <http://www.cebc4cw.org/program/4#contact>, and http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=193#replications.

STEP (Systematic Training for Effective Parenting)

STEP is a multi-component parenting education curriculum. The three *STEP* programs help parents learn effective ways to relate to their children from birth through adolescence by using parent education study groups. Also, by identifying the purposes of children's behavior and helping parents learn how to encourage cooperative behavior in their children and how not to reinforce unacceptable behaviors. In addition, *STEP* helps parents change dysfunctional and

destructive relationships with their children by offering concrete alternatives to abusive and ineffective methods of discipline and control. *STEP* is offered in three separate programs covering early childhood, children ages seven through twelve, and teenagers. Each program contains a leader's resource guide, promotional tools, videos and parent handbooks.

Contact information: STEP Publishers, LLC, steppublishers@gmail.com, 800-720-1286

Additional information about the program can be found at <http://www.steppublishers.com> and <http://www.cebc4cw.org/program/7#contact>.

Strengthening Families

The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-16 years old. SFP comprises three life-skills courses delivered in 14 weekly, 2-hour sessions. The Parenting Skills sessions are designed to help parents learn to increase desired behaviors in children by using attention and rewards, clear communication, effective discipline, substance use education, problem solving, and limit setting. The Children's Life Skills sessions are designed to help children learn effective communication, understand their feelings, improve social and problem-solving skills, resist peer pressure, understand the consequences of substance use, and comply with parental rules. In the Family Life Skills sessions, families engage in structured family activities, practice therapeutic child play, conduct family meetings, learn communication skills, practice effective discipline, reinforce positive behaviors in each other, and plan family activities together. Participation in ongoing family support groups and booster sessions is encouraged to increase generalization and the use of skills learned.

SFP materials are packaged for three age groups: 3-5, 6-11, and 12-16 years. Each set of materials is available on CD and includes the SFP implementation manual; manuals for the parent, child, and family group leaders; handbooks and handouts for parents and children; evaluation instruments; and other implementation materials. Implementation requires a minimum of five trained staff: two group leaders for the parents, two group leaders for the children, and a site coordinator.

Contact: **Questions about the Program and Evaluation:**

Karol Kumpfer, Ph.D. karol.kumpfer@health.utah.edu 801-582-1562

Dr. Henry Whiteside hwhiteside@lutrargroup.com 801-583-4601

Additional information can be found at www.strengtheningfamiliesprogram.org, <http://www.cssp.org>, and http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=211.

Triple P- Positive Parenting Program

The Triple P-Positive Parenting Program is a multi-level system of parenting and family support. The goal of the program is to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills, and confidence of parents. It can be provided individually, in a group, or a self-directed format. It incorporates five levels of intervention on a tiered continuum of increasing strength for parents of children and adolescents from birth to age 16. There are separate models for each developmental level. The multi-disciplinary nature of the program allows use of the existing professional workforce in the task of promoting competent parenting.

Contact: Rita T. Bostick, Triple P America, rita@triplep.net; 803-451-2278

Additional information can be found at <http://www.triplep.net/> and <http://www.cebc4cw.org/program/8#contact>.

IV. Supplemental Resources

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) provides child welfare professionals with easy access to information about selected child welfare related programs, <http://www.cebc4cw.org/>.

Center for Study and Prevention of Violence Blueprints for Violence Prevention (BVP) provides summaries and information on parenting and other programs that meet rigorous tests of effectiveness, <http://www.colorado.edu/cspv/blueprints/modelprograms.html>.

Child Welfare Information Gateway provides access to information and resources to help protect children and strengthen families, <http://www.childwelfare.gov>.

FRIENDS National Resource Center for Community based Child Abuse Prevention supplies information on strengthening and supporting families and communities to prevent child abuse and neglect, http://www.friendsnrc.org/download/parent_ed.pdf.

The Foundation for Child Development supports research, policy development, and advocacy to ensure that all families have the social and material resources to raise their children to be healthy, educated, and productive members of society. One article: **How Do Families Matter?** Understanding how families strengthen their children's educational Achievement, October 2009, <http://www.fcd-us.org/>.

Harvard Family Research Project promotes strategies to support family involvement in children's learning and development, <http://www.hfrp.org>.

Office of Juvenile Justice and Delinquency Prevention (OJJDP) assesses information on programs, that among other things, impact the well-being of children, http://www2.dsgonline.com/mpg/program_types_definitions.aspx.

Promising Practices Network (PPN) offers research-based information on what works to improve the lives of children and families, <http://www.promisingpractices.net>.

SAMHSA (Substance Abuse and Mental Health Services Administration) National Registry of Evidence based Programs and Practices is an online registry of interventions that have been reviewed and rated by independent reviewers, to assist in identify prevention and treatment approaches that have been scientifically tested and that can be readily disseminated to the field, <http://www.nrepp.samhsa.gov>.



Home Visiting

- I. Rationale for Home Visiting**
- II. Sample Logic Model**
- III. Recommendations**
 - A. Evidence Based Programs**
 - B. Evidence Informed Programs**
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I. Rationale for Home Visiting

Home visiting is one approach to parent education and support. This method of parent support provides the family with services in the family's home environment for a time frame ranging from weeks to years. Voluntary home visiting has a 25 year history of success in meeting the needs of individual families and producing positive outcomes for young children. While home visiting programs such as Early Head Start, Healthy Families America and Parents as Teachers share similar overall goals of enhancing child well-being and family health, they vary in their program structure, specific intended outcomes, content of services, and target populations. Program models also vary in when they begin, the intensity of services delivered, with the duration and frequency of services varying based on the child's and family's needs and risks.¹⁵

In Virginia, home visiting programs may begin in the prenatal period and continue through the interconceptual period (time between births) and up to age 6. Most focus on persons with significant challenges during the prenatal or early infancy period. Home visiting providers have diverse educational backgrounds and areas of expertise and training, including, but not limited to nurses, social workers, dieticians, physical therapists, occupational therapist, and community health workers. Multiple state reports and studies from Governor Kaine's Health Reform Commission, Virginia's Early Childhood Comprehensive Systems Plan, Smart Beginnings for Virginia Plan, Department of Medical Assistance Services (DMAS) Medicaid Coverage for Substance Abuse Case Management, and the Governor's Urban Policy Report have recommended home visiting as a key strategy for improving outcomes for families and young children.¹⁶

Because of promising outcomes, home visiting has emerged as a strategy through which many states and communities reach out to new parents. It is estimated that between 400,000 and 500,000 young children and their parents receive home visitation services each year nationally.¹⁷ In Virginia, nine different programs built around home visiting serve as many as 14,900 children under the age of 5 every year.

A growing body of research demonstrates that home visiting programs with certain contextual characteristics can be an effective method of delivering services. Home visitation is a key component of a local system of care, and contributes in many ways to school readiness.¹⁸ It is most effective as part of a comprehensive and coordinated system of quality, affordable early care and education, health and mental health, and family support for families prenatally through pre-Kindergarten.¹⁹ Numerous studies have shown that for the most vulnerable children, home visiting combined with a high quality early care setting produces a healthy child ready for Kindergarten. Heather Weiss has stated that parental involvement and support is more important to a child's school success than the quality of early care settings.²⁰

While home visiting models in Virginia each have their own characteristics, most address many of the goals identified in the Pathways Mapping Initiative that are linked to school readiness.²¹ These include:

- healthy, well timed births,

- access to high quality child health care,
- early detection of developmental obstacles and access to early intervention services,
- prevention from abuse and neglect,
- supported services to families (strengthened parenting skills, referral for parents to needed services),
- reduction in poverty and government assistance due to increased parental educational attainment and better employment.

The benefits of home visiting fall into three domains: positive improvements for the child, positive improvements for the family, and decreased short and long-term costs to state and local government. Research has shown that high quality home visiting programs can increase children's school readiness, improve child health and development, reduce child abuse and neglect, and enhance parents' skill in supporting overall development of their child.²²

In Virginia, outcomes of successful programs have included: improved birth outcomes, improved access to health care and on-time immunizations, increased parental understanding of infant and child development, children regularly screened for development and referred as needed, delayed repeat pregnancies, improved Kindergarten readiness, and reduced rates of child abuse and neglect.²³ Programs accomplish these goals by a combination of information, social support, developmental education, developmental screening, linkage to early care and education, referrals, and connections to other ancillary services (see Generic Early Childhood Home Visiting Logic Model). Most are guided by curriculum, and many include group activities for parents in addition to the home visits tailored to the parent's needs.

Much has been learned in the past two decades regarding the structure of effective home visiting programs. Certain attributes characterize the best evaluated and most successful programs:

- A well articulated theory of change linking specific aspects of a program's content, duration, dosage, or service delivery method to specific outcomes,
- A program model showing positive outcomes as a consequence of program participation, along with evidence that these improvements are greater than the change observed among similar individuals not receiving assistance,
- Evidence of internal consistency and that the program has impacts on specific domains,
- Evidence that identifies which participants benefit most and least from the intervention,
- Well trained and competent staff,
- High quality supervision,
- Organizational capacity,
- Low caseloads,
- Consistent implementation of program components,
- Empirical evidence examining the impact of the model on various implementation challenges including staff retention, participant retention, collaborations with other service providers, and stable funding,
- An established methodology to track characteristics of the target population,
- Managing high quality staff.²⁴

In Virginia, nine different programs using home visiting as a strategy came together in 2007 and formed the Virginia Home Visiting Consortium (see Virginia Home Visiting Logic Model). Together, they serve most Virginia communities. While they have differences in duration, target population, governance, and some goals, they all focus on some part of the 0-5 population. Together they create a web of resources for many Virginia parents and young children, and are contributing to the healthy development and Kindergarten readiness of children in all Virginia communities each year. They all offer some degree of state infrastructure and technical assistance. Only one community, Hampton, has dedicated resources to provide home visiting for all qualifying parents. Most programs are unable, due to funding, to serve all interested parents.

Establishing standards for evidence based models and evidence based criteria is far from straightforward. The gold standard of randomized trials has been extensively applied to the Nurse Family Partnership model, with positive outcomes usually found. However, generalizing is challenging and some evidence may become outdated as medical interventions, health and social service systems, and social structures change.²⁵ Within the home visiting models constituting the Home Visiting Consortium, Healthy Families and Head Start have the richest body of research, with largely positive results. For the purpose of this Directory, VECF draws from the distinctions made within the Home Visiting Consortium regarding designation as “Evidence Based” or “Evidence Informed.”

¹⁵ Melmed, M. (2009) Testimony to the Subcommittee on Income Security and family Support of the House Committee on Ways and Means Hearing on Early Childhood Home Visitation.

¹⁶ Bodkin, C. (2007) *Virginia Home Visiting Discussion Group Report and Recommendations* to The Governor’s Working Group on Early Childhood Initiatives. Virginia.

¹⁷ Gomby, (2005). *Home Visitation in 2005: Outcomes for Children and parents. Invest in Kids Working Paper No. 7.* Committee for Economic development: Invest in Kids Working Group. July. 2009. Available at www.ced.org/projects/kids.shtm.

¹⁸ Daro, D. (2009) Embedding Home Visitation Programs within a System of Early Childhood Services. University of Chicago. Chapin Hall Issue Brief.

¹⁹ Melmed, M. (2009) Testimony to the Subcommittee on Income Security and family Support of the House Committee on Ways and Means Hearing on Early Childhood Home Visitation.

²⁰ Weiss, H. (2009) Address at Child Abuse Prevention Conference. Richmond, Virginia.

²¹ Schorr, L. and Marchand, V. (2007) “*Children Ready for School and Succeeding at Third Grade.*” Pathways Mapping Initiative.

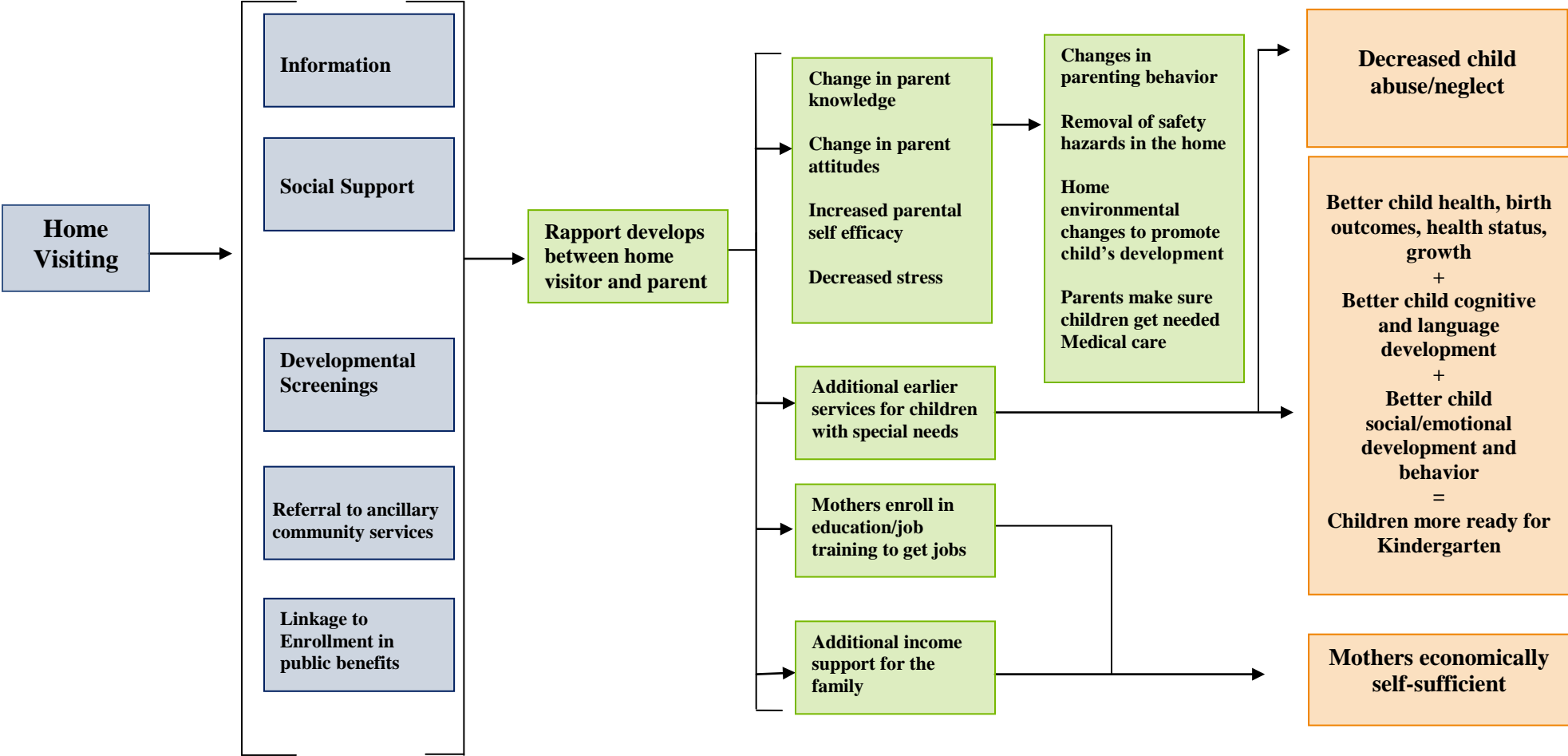
²² DiLauro, E. *Reaching Families Where They Live: Supporting parents and Child Development through Home Visiting.* Washington, DC: ZERO TO THREE. 2009.

²³ Bodkin, C. (2007) *Virginia Home Visiting Consortium Discussion Group Report and Recommendations* to The Governor’s Working Group on Early Childhood Initiatives. Virginia

²⁴ Daro, D. (2006) *Home Visitation: Assessing Progress, Managing Expectations.* Ounce of Prevention Fund and Chapin Hall Center for Children.

²⁵ Daro, D. (2009) Embedding Home Visitation Programs within a System of Early Childhood Services. University of Chicago. Chapin Hall Issue Brief.

II. Sample Logic Model



III. Recommendations

A. Evidence Based Programs

Because Virginia has a number of Evidence Based and Evidence Informed programs already active and supported by state level leadership, only these programs will be listed in this section. No Evidence Based Practices or Evidence Informed Practices will be included.

Head Start/Early Head Start

Head Start is a federally funded community-based program for low-income families started in 1965 to serve children ages 3-5. In 1994, the federal government augmented this program with the creation of Early Head Start. Pregnant women as well as infants and children up to age 3 are served through the Early Head Start Program. There are currently 52 Head Start programs in Virginia. Two of them have Early Head Start only. Eighteen have Head Start and Early Head Start.

The framework of Head Start/ Early Head Start is centered around four areas: child development, family development, community building, and staff development. Head Start/ Early Head Start offer comprehensive services for each child and their family. Home visits are centered on parent education and parent-child activities, comprehensive health and mental health services, and obtaining high quality child care services. A family service worker helps to empower families to develop goals for themselves and their children as part of an individualized family service plan. Families involved in other programs requiring a family service plan receive a single coordinated plan and experience a seamless system of services. The Head Start/Early Head Start programs conduct an assessment of community resources so that they may build a comprehensive network of services to support pregnant women and families with young children.

Contact: Aleta Lawson, Aleta.Lawson@dss.virginia.gov, 804-726-7468, or Maxine McKinney, vahsa@shentel.net, 540-459-8923

Additional information about Head Start in Virginia including program locations can be found at: <http://www.headstartva.org/index.htm>

Healthy Families Virginia

Healthy Families is a nationally established program designed to promote positive parenting, improve child health, promote responsive parent-child interaction, and prevent child abuse and neglect. The Healthy Families model is both an “initiative” and a service model. As an initiative, Healthy Families links with other community entities addressing the needs of pregnant women and families of children under age 5. The intent is to develop a spectrum of prevention supports to parents regardless of their level of need.

As a practice model, Healthy Families offers two services. The first involves a universal screening and assessment process for families pre-natally or shortly after birth. Through this process, parents identify their strengths and needs in preparing for their child, and staff makes appropriate referrals. The second service is voluntary intensive home visiting for the most vulnerable families. Home visiting is available until the child is 3 to 5 years old. Caseloads are small, and all families begin with weekly visits tapering to a less frequent schedule as the family achieves their goals.

The program began in Virginia in 1991 and has since expanded to 38 sites covering 88 localities. The staff consists of a supervisor (often a nurse or social worker), family assessment specialists, and family support workers.

Contact: Johanna Schuchert, jschuchert@pcav.org, 804-359-6166

Additional information about Healthy Families can be found at www.healthyfamiliesamerica.org

Parents as Teachers

Parents as Teachers is the overarching program philosophy of providing parents with child development knowledge and parenting support. The organizational vehicle for delivering that knowledge and support is Parents as Teachers National Center.

The National Center drives that philosophy, or mission, through four approaches: Born to Learn, professional development, Meld and advocacy. All of these program areas work through a strong network of state leaders and partners. The four-part intervention model known as Born to Learn delivers information on child development to parents most often through home visitors or parent educators. The professional development component is delivered directly to professionals. Meld is a facilitated group model that draws on peer support. The advocacy supported by Parents as Teachers works through both public and private sectors to promote positive policies for young families.

In Virginia, Born to Learn is used in 51 different locations as a standalone program in some communities, on military bases, and as a curriculum by CHIP of Virginia, and Healthy Families Virginia.

Contact: Johnette Walker, Walker@peatc.org, 804-819-1999 ext. 103

Additional information about Parents as Teachers can be found at www.parentsasteachers.org.

B. Evidence Informed Programs

BabyCare

BabyCare is Virginia's Medicaid program for high-risk pregnant women and children. BabyCare was created in 1988 to improve birth outcomes by addressing the major barriers of fragmented services and lack of knowledge and ability to access adequate health care.

The BabyCare program includes two types of services provided through Medicaid: expanded prenatal services and Maternal and Infant Care Coordination (MICC). The expanded prenatal services are for high-risk pregnant women and include childbirth and parenting classes, nutrition services, homemaker services for women on bed rest, and substance abuse treatment services.

MICC is a targeted case management program for high-risk pregnant mothers and infants up to age two. After the pregnant woman or infant is screened as high-risk by a medical provider based on medical, social and nutritional risks indicators, a registered nurse or social worker visits the pregnant woman or family of the high-risk infant to conduct a full assessment and to develop a service plan to ameliorate the risks. Through phone calls and at a minimum monthly home visits, the care coordinator works with the family to address identified needs.

To be eligible for BabyCare, enrollees must be eligible for FAMIS, FAMIS Plus, FAMIS MOMS or Medicaid and not currently enrolled in a Medicaid Managed Care Organization (MCO). Medicaid MCOs have their own high-risk maternity and infant programs. Initially operating in 34 of the 35 health districts, BabyCare has declined to half of its peak enrollment across the state due to the establishment of Medicaid Managed Care Organizations (MCOs) services.

Contact: Ashley Barton, Ashley.Barton@dmas.virginia.gov; 804-371-7824

Additional information about BabyCare can also be found at <http://www.vahealth.org/babycare/>

CHIP of Virginia

For 15 years, CHIP (Comprehensive Health Investment Project) of Virginia, a nonprofit network of health-focused home visiting programs, has worked in 30 Virginia communities to ensure children's health. CHIP joins with communities to give children from low-income families a better start in life. CHIP enrolls families with children ages 0-6, and maintains a focus on children in this age group while also providing services to their older siblings (ages 7-18) and their parents. Using a team-based approach, CHIP sends registered nurses and outreach workers to visit low-income families at home. The team approach reflects the need to attack the wide range of problems undermining the health of children in poverty. Home visits allow CHIP staff to develop a rapport with the families they serve and, by meeting families "where they are." CHIP, however, lets parents take the lead in addressing their families' challenges.

CHIP nurses screen children's health and development, teach parents about nutrition, and link families with physicians, who provide a medical home. Building children's health and family wellness is crucial for the families who enroll in CHIP. All enrolled families are low-income (below 200% of the federal poverty level). In addition, almost a fourth of the children and more than a fourth of the mothers in CHIP suffer from chronic medical conditions.

Contact: Lisa Specter-Dunaway, lspecter@chipofvirginia.org; 804-783-2667
Additional information about CHIP can also be found at <http://www.chipofvirginia.org/>

Early Intervention/Infant Toddler Connection

The Department of Behavioral Health and Developmental Services (DBHD) has been designated by the Governor as the lead agency for Part C. Part C refers to the federal legislation that provides partial funding for the special services needed by children birth to age three. In Virginia children who are functioning at 25% or more below their chronological age, show atypical development, or have a diagnosed condition that has a high probability of resulting in a developmental delay are eligible for these services. In Virginia, families have the option to transition their two-year-old children from Part C early intervention services to Part B special education services. Services provided under Part B are funded by a combination of federal, state, and local funds.

DBHD contracts with forty (40) local lead agencies to facilitate implementation of local early intervention (Part C) services statewide. Local interagency coordinating councils (LICCs) have been established statewide to advise and assist the local lead agencies.

All families referred to the Part C system are eligible to receive a multidisciplinary evaluation and assessment, the development of an Individualized Family Services Plan (IFSP), and service coordination *at no cost* to the family. Some services may be delivered in the home. The specific early intervention supports and services that are necessary and appropriate are determined on an individual child and family basis by the IFSP team, which includes the family as an equal member, and are documented on the IFSP.

Contact: Mary Ann Discenza, maryann.discenza@dbhds.virginia.gov, 804-371-6592
Additional information about Infant Toddler Connection can be found at <http://www.infantva.org/>.

Healthy Start/Loving Steps

Loving Steps works to eliminate significant disparities in perinatal health experienced by African-American women and their families in order to prevent infant mortality and low weight births. This is accomplished through community-driven initiatives that include intensive case management services and care coordination by a multidisciplinary team and enhancement of the capacity of the local community's perinatal service system.

Home visiting is a major strategy used in Loving Steps to deliver these services. Loving Steps employs nurses, dietitians, social workers and community health workers to provide services to women and infants who are at risk for poor perinatal outcomes. These professionals screen participants for medical, nutritional, social, economic and environmental risks, identify service gaps and develop a plan of care to address those gaps and improve their health status. Referrals are provided to needed services and resources with ongoing follow-up to assure access to those services/resources.

Currently, Loving Steps services are provided to pregnant women and teens, interconceptual women and teens as well as infants and toddlers in the cities of Norfolk, Petersburg, and in the county of Westmoreland. This program is 100% federally grant funded through the United States Department of Health and Human Services (HRSA). Communities eligible for funding must meet the federal requirements of having at least one racial/ethnic or other disparate group with a three-year average infant mortality rate of at least 10.58 deaths per 1,000 live births. The grant also includes the fetal and infant mortality review (FIMR) and supports a local consortium to address local perinatal issues.

The Richmond City calls their version of this program the Healthy Start Initiative. All of the home visiting services are provided through the other existing home visiting programs. Contact: Linda Foster, LovingSteps@vdh.virginia.gov, 804-864-7764

Additional information about Loving Steps can be found at <http://www.vahealth.org/lovingsteps/>

Project LINK

Project LINK is an interagency, community-based collaborative program funded by the Department of Behavioral Health and Developmental Services (DBHD) and designed to coordinate and enhance existing services to help meet the extensive and multiple needs of women and their children affected by substance use. Eight Project LINK sites provide intensive case management services for pregnant, parenting and “at risk” substance using women and their children. Through the use of linkages, a continuum of care is provided, integrating prevention, early intervention, and treatment services with health care and other human and supportive services.

Project LINK was designed to reduce the barriers to services needed by substance using women and their infants by providing a mechanism to coordinate community resources. Project LINK’s goals include improving communication on behalf of participants, enhancing the knowledge and skills of service providers, and augmenting existing services to address participants’ special needs. Each site provides intensive outreach case management, home visitation, and other support services to women and their families. Services provided by or coordinated through Project LINK include substance abuse prevention and treatment, family planning, prenatal care, well-baby care, general health care, developmental screening, assessment and intervention, family services, child protective services, foster care, parenting education, and public education.

Contact: Martha Kurgans, martha.kurgans@dbhds.virginia.gov, 804-371-2184

Resource Mothers

Resource Mothers is a home visiting program serving pregnant teens 19 and under. Twenty four programs cover 88 out of the 135 Virginia localities. To improve birth outcomes for the teen and the baby, the program encourages early entry into prenatal care, smoking cessation, drug and alcohol avoidance, healthy nutrition, up-to-date immunizations for the teen and the baby, regular health care for the infant, return to school or work for the teen, delay of repeat pregnancy and the development of a stable home for the teen and her baby with the help of her family and the baby's father. Preference is given to first-time pregnant teens without adequate family support.

A "resource mother" is a community health worker who develops a supportive mentoring relationship with the teen and her family. From the prenatal period through the infant's first birthday, the resource mother provides health education, discusses ways to prevent infant injury, models daily living skills, encourages constructive decision making and life planning, connects the teen to community resources and provides guidance to assist the teen in making a successful transition to parenthood. The resource mother has weekly contact with the teen and her family. A full-time resource mother serves 15-25 teens per year, with an average caseload of 12-15. Any pregnant teen is eligible for the program. The program is funded by Medicaid, General Funds and Title V funds.

Contact: Cathy Bodkin, Catherine.Bodkin@vdh.virginia.gov, 804-864-7768

Additional information about Resource Mothers can also be found at <http://www.vahealth.org/resourcemothers/>.

IV. Supplemental Resources

This list represents a small sample of printed and web-based material related to the home visiting field.

Barrett, W.S. "Home Visiting." *The Future of Children* 3.3 (1993): 5.

Barrett, W.S.. "Economic Evaluation of Home Visiting Programs, The Future of Children." *Home Visiting* Winter 1993: 5.

Galano, PhD, Joseph. *Healthy Families America Initiative: Integrating Research, Theory and Practice*. 1 ed. BINGHAMTON, NEW YORK: Haworth Medical Press, 2007.

Gomby, D.S., P.L. Culross, and R.E. Behrman. "Home Visiting: Recent Program, Evaluations." *The Future of Children* 9.1 (1999): 3.

Gomby, D.S. "Home Visitation in 2005: Outcomes for Children and Parents." *Investing In Kids Working Paper* 7 (2005): 3.

"Healthy Families America." *Healthy Families America*. N.P., n.d. Web. 22 Feb. 2010. <http://www.healthyfamiliesamerica.org/home/index.shtml><http://www.healthyfamiliesamerica.org/home/index.shtml>.

"Home Visitation and Maltreatment Prevention Publications." *Chapin Hall University of Chicago*. University of Chicago, n.d. Web. 22 Feb. 2010. <http://www.about.chapinhall.org/research/areas/Home-Visitation-and-Maltreatment-Prevention>.

Karoly, Lynn A., M. Rebecca Kilburn, and Jill S. Cannon. *Early Childhood Interventions: Proven Results, Future Promise*. Santa Monica: Rand Corporation, 2006.

Schorr, Lisbeth B... *Children Ready for School and Succeeding at Third Grade*. Cambridge, MA: Pathways Mapping Initiative, 2007.

"Zero to Three Fact Sheet: "Home Visiting: Supporting Babies and Families Where They Live"." *Zero to Three*. N.p., n.d. Web. 22 Feb. 2010. <http://zerotothree.org>.



Screening and Referral

- I. Rationale for Screening and Referral**
- II. Sample Logic Model**
- III. Recommendations**
 - A. Evidence Informed Screening**
- IV. Supplemental Resources**

I. Rationale for Screening and Referral

Nationally, approximately 16% of all children have some form of disability, including speech and language delays, mental retardation, learning disabilities, and emotional/behavioral problems. The numbers are even higher for low-income children. Taking into account psychosocial problems, between 20% and 25% of all U.S. children may have a developmental or behavioral disorder. In pediatrics, this has been called the "new morbidity."²⁶ Only 30% of these cases are detected prior to school entrance, meaning that there are many missed opportunities to intervene early to address problems.²⁷ According to the Centers for Disease Control and Prevention this figure may reach 50%.

Research has demonstrated that early detection of developmental disabilities and appropriate intervention can significantly improve functioning and reduce the need for lifelong intervention. Without early identification and intervention, significant delays may have already occurred and opportunities for treatment have been missed.²⁸ The consequence is that the child begins school with a greater challenge, and school systems must provide extra resources.

The federal government requires that states establish early intervention programs. Research shows that children who participate in such programs prior to Kindergarten are more likely to graduate from high school, hold jobs, live independently, and avoid teen pregnancy, delinquency, and violent crime.²⁹

Routine and periodic screening may fall in the domain of multiple entities including health providers, infant intervention programs, school based early intervention, Head Start, home visiting programs or community services boards. Often, communities lack a clear plan for screening children 0-5, designated methods, and responsible parties.

The American Academy of Pediatrics (AAP) policy statements and clinical guidelines support developmental services, which includes surveillance and screening, referral to needed services, and care coordination, as core preventive child health services. It is recommended that primary care medical providers:

- Have ongoing contact with young children and families, with opportunities to identify delays during 16 well-child visits between birth and 5 years of age,
- Receive training in child development, and
- Are trusted by families as a source of expertise and guidance.

Yet, fewer than half of pediatricians use a standardized screening tool, and among those who do, few use screening systematically with all patients. AAP policy recommends surveillance (assessing for risk) at all well-child visits, and screening using a standardized tool routinely at 9, 18, and 30 months.

In 2006, following the release of AAP policy statement on developmental surveillance and screening that included an algorithm to aid physician practices in implementation, the AAP simultaneously launched a 9-month pilot project in which 17 diverse practices sought to implement the policy statement's recommendations. The pilot conclusions found that a diverse sample of practices successfully implemented developmental screening as recommended by the AAP. However, practices were less successful in placing referrals and tracking those referrals. More attention needs to be paid to the referral process, and many practices may require separate implementation systems for screening and referrals.³⁰

Several studies report significant gaps between the current guidelines for child health care, the care that parents report their children are receiving, and the services pediatric practices currently offer. In the 1996 *Commonwealth Fund Survey of Parents with Young Children*, parents reported that pediatric health care providers were meeting their children's physical needs but largely ignoring non-medical concerns (Young et al., 1998; Schuster et al., 2000). Parents want more information and guidance on topics such as sleep habits, discipline, learning, and toilet training. The 2000 National Survey of Early Childhood Health (NSECH) confirmed that there is room for improvement in preventive support and developmental services for young children.³¹

Implementation of models for routine screening and referral has been successful in other states. The North Carolina ABCD (Assuring Better Child Health and Development) program increased standardized screening in the population served from 15% to 70%, resulting in increased referrals to Early Intervention from less than 3% to 7%.³² Lessons can be learned from their success, which demonstrates that increasing screening and referral is possible.

Although some communities struggle to provide appropriate, ongoing and accessible early intervention services, better screening is an important first step. Screening is a means for educating parents about development. This step can lead to referral and receipt of needed services. Additionally, increased screening can identify the true need for additional intervention services within a community and help build the case for enhanced capacity.

²⁶ ABCD: Lessons from a Four-State Consortium, Helen Pelletier and Melinda Abrams, The Commonwealth Fund, December 2003

²⁷ Glascoe FP, Shapiro HL. "Introduction to Developmental and Behavioral Screening." May 27, 2004 (revised August 10, 2005). Available online: <http://www.dbpeds.org/articles/detail.cfm?TextID=5>.

²⁸ Centers for Disease Control and Prevention and Interdisciplinary Council on Developmental and Learning Disorders. <http://www.icdl.com/dirFloortime/infant/documents/CDC-ICDLGuidelinesforEarlyID-PreventiveIntervention-11-11-06.pdf>

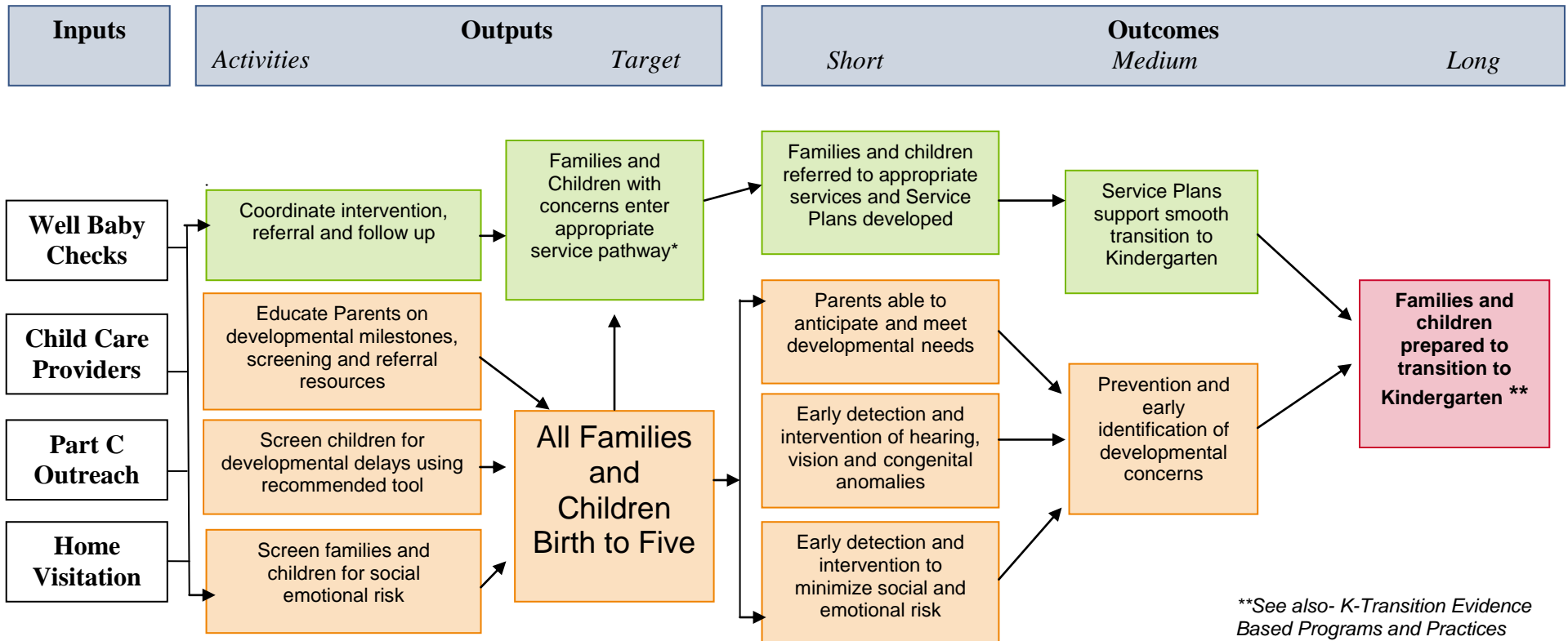
²⁹ States are mandated under Public Law 99-457, also known as the Individuals with Disabilities Education Act, Part C. This law amended Public Law 94-142 by offering services to three- and four-year-old children as well as creating an entitlement program of services to eligible infants, toddlers, and their families

³⁰ Implementing Developmental Screening and Referrals: Lessons Learned From a National Project - DOI: 10.1542/peds.2009-0388 Pediatrics published online Jan 25, 2010; Duncan, Nancy L. Swigonski, Stephanie M. Skipper and Paul H. Lipkin; Tracy M. King, S. Darius Tandon, Michelle M. Macias, Jill A. Healy, Paula M.

³¹ Building a Bridge from Birth to School: Improving Behavioral and Health Services for Children, May 2003 - full text available at www.commonwealthfund.org

³² ABCD: Lessons from a Four-State Consortium, Helen Pelletier and Melinda Abrams, The Commonwealth Fund, December 2003

II. Sample Logic Model



***See also- K-Transition Evidence Based Programs and Practices*

**See Service Pathways*

Assumptions:
<ul style="list-style-type: none"> • A significant number of families and children are impacted by developmental concerns • These concerns impact preparation for transition to Kindergarten • Children have better outcomes when concerns are addressed early.

External Factors:
<ul style="list-style-type: none"> • Access to care • Availability for appropriate intervention services • Time lapse between referral and intervention • Funding for services

III. Recommendations

Evidence Informed Screening

The level of research necessary to establish a particular screening and referral program or model as “Evidence Based” was not found. However, there are some Evidence Based tools like the Ages and Stages Questionnaire (ASQ). In addition, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is an Evidence Informed practice in the state that aligns with the American Academy of Pediatrics recommendations for screening and referral. There is also the Evidence Informed program, Assuring Better Child Health and Development (ABCD) which has been used effectively in Virginia and other states. The descriptions of these and some additional tools and resources can help guide an effective community screening process.

Evidence Based Practice (Tools)

Ages and Stages Questionnaires (ASQ)

Developmental screening and assessment tool used for children from one month to 5 ½ years. It is usually completed by the parent and scored by a health care provider or other professional. ASQ looks at strengths and trouble spots, educates parents about developmental milestones, and incorporates parents' knowledge about their children. The assessment takes 10 to 30 minutes to administer.

Additional information about ASQ can be found at <http://www.agesandstages.com/>.

Parents' Evaluation of Developmental Status (PEDS)

PEDS is a screening tool developed specifically to address parents concerns about their child's development. Typically the parent completes a 10 question questionnaire about their child in the pediatrician's office and then the clinician scores the responses. It allows the medical provider to differentiate between problems requiring referral and which concerns are best responded to with advice or reassurance to the parent. The tool is geared towards children birth to age 9.

Additional information on this screening tool can be found at <http://www.pedstest.com>

Bayley Infant Neurodevelopmental Screen (BINS)

A practitioner-administered instrument used to identify general developmental delay in the high-risk population. *Currently out of print, but practitioners familiar with it may still use it.*

Evidence Informed Program

Assuring Better Child Health and Development (ABCD)

The Assuring Better Child Health and Development (ABCD) Program is designed to improve the delivery of early child development services for low-income children and their families by strengthening primary health care services and systems that support the healthy development of young children, ages 0-3. The program focuses particularly on preventive care of children whose health care is covered by state health care programs. A key facet to this is establishing a system in which children aged birth to 3 who receive government funded health care receive developmental screenings when they visit the physician. If delays or concerns are indicated by the screening, the physician then refers the child to receive the needed supplemental services.

Contact: Bethany Geldmaker, PhD Bethany.Geldmaker@vch.virginia.gov, 804-864-7687

More information on this model can be found at:

- National Academy for State Health Policy- Virginia ABCD project summary - <http://www.nashp.org/abcd-state/87>
- ABCD Electronic Resource Center is designed to provide state policymakers and health care providers with easy access to research and resources that they can use to promote early childhood health and development. <http://www.abcdresources.org/>

Evidence Informed Practice

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Check-Ups

EPSDT is a program of Medicaid that provides medically necessary health care services to correct or improve physical and mental health conditions for children and youth enrolled in Medicaid (FAMIS Plus). The primary goals of the program are to diagnose health and developmental concerns early through screenings and exams, treat identified problems before they become more complex, and assure that treatment is medically justified.

Contact: Brian Campbell, EPSDT Services Supervisor. (804) 786-0342
brian.campbell@dmas.virginia.gov

Additional information can be found at:

- EPSDT Website : <http://www.dmas.virginia.gov/ch-home.htm#EPSDT>
- Developmental Screening tools memo:
http://www.dmas.virginia.gov/downloads/pdfs/mm-epsdt_tools.pdf

- Developmental Screening Memo: http://www.dmas.virginia.gov/downloads/pdfs/mm-EPSDT_Memo_chart.pdf
- EPSDT Manual: http://websrvr.dmas.virginia.gov/ProviderManuals/ManualChapters/General/epsdt_supplement_gen.pdf
- Bright Futures: <http://www.brightfutures.org/>

IV. Supplemental Resources

Developmental Surveillance & Screening Policy Statement:

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;118/1/405>

Early Intervention Policy Statement:

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/5/1153#R10>

American Academy of Pediatrics: www.medicalhomeinfo.org/screening

ABCD: Lessons from a Four-State Consortium by Helen Pelletier and Melinda Abrams; December 2003 - Commonwealth Fund/ National Academy for State Policy:

<http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2003/Dec/ABCD--Lessons-from-a-Four-State-Consortium.aspx>

Act Early and Developmental Concerns: Washtenaw County, Michigan:

http://www.aap.org/commpeds/resources/teleconf_EI.html

National Early Childhood Technical Assistance Center (NECTAC), contact information for state Part C coordinators and other early childhood resources: <http://www.nectac.org/>

National Dissemination Center for Children with Disabilities (NICHCY), information on disabilities, IDEA, No Child Left Behind, and research-based information on effective educational practices: <http://www.nichcy.org/>

Learn the Signs. Act Early. Provides parent, provider, and child care educational resources on developmental milestones and developmental disabilities.

<http://www.cdc.gov/ncbddd/autism/actearly/>

Providing Developmental Services in Primary Care: The North Carolina ABCD Project

<http://www.commonwealthfund.org/Content/Innovations/State-Profiles/2004/Aug/Providing-Developmental-Services-in-Primary-Care--The-North-Carolina-ABCD-Project.aspx>

Setting the Stage for Success: Implementation of Developmental and Behavioral Screening and Surveillance in Primary Care Practice—The North Carolina Assuring Better Child Health and Development (ABCD) Project by Marian F. Earls, MD, FAAP^a, Sherry Shackelford Hay, BSW:

<http://pediatrics.aappublications.org/cgi/content/abstract/118/1/e183>

Implementing Developmental Screening and Referrals: Lessons Learned From a National Project by Duncan, Nancy L. Swigonski, Stephanie M. Skipper and Paul H. Lipkin

Tracy M. King, S. Darius Tandon, Michelle M. Macias, Jill A. Healy, Paula M.- *Pediatrics* published online Jan 25, 2010;- <http://www.pediatrics.org>



Early Care and Education

- I. Rationale for Early Care and Education
- II. Sample Logic Model
- III. Recommendations
 - A. Quality Rating System: Virginia Star Quality Initiative
 - B. Comprehensive Early Learning Programs
 - C. Family Home Care
 - D. Family, Friend and Neighbor Care
- IV. Supplemental Resources

I. Rationale for Early Care and Education

The need for high-quality early care and education programs is underscored by the fact that 60% of children 0-5 years of age receive care by someone other than a parent.³³ Children with access to high quality early learning experiences are more likely to acquire the skills they need to enter Kindergarten ready to succeed and adapt to new learning and social environments.³⁴

States and the federal government have invested in early care and education programs with an explicit goal of improving school readiness particularly for low-income children. These investments, aimed at strengthening the quality of care and supporting families' access to high-quality settings, are based in part on a confluence of research findings showing a link between program quality and children's outcomes. Specifically:

- Studies of model programs demonstrate that intensive early childhood services delivered over a period of years can improve children's cognitive, academic, and social skills with gains maintained into adulthood.
- Larger and more representative descriptive studies suggest that the effects of early care and education,³⁵ while smaller than family effects, can be maintained when children go to school.

Multiple types of early learning experiences and strategies for improving the quality of early learning exist. This chapter includes a variety of strategies including three categories of early learning settings as well as the Star Quality Rating System in Virginia. The three categories are:

- Comprehensive Early Learning and Family Support programs
- Family Home Care
- Family, Friend and Neighbor Care

The Star Quality Initiative is included as a mechanism for building quality in all types of center-based child care settings including private centers, public centers, IPOP (Inclusive Placement Opportunities for Preschoolers), faith based centers, military programs, Virginia Pre-school Initiative and Head Start. This is an Evidence Based practice. Pilots of infant-toddler classroom standards and Family Home Care standards are additional goals for the Star Quality Initiative. A future edition of this document may also address some of the evidence based practice elements of early learning environments such as curriculum, staffing, and professional development.

Comprehensive Early Learning and Family Support programs create links among services for child care, health care, mental health, substance abuse, developmental assessment and child protection so that they can mobilize specialized help for individual children and families who are isolated, have social, emotional, or developmental difficulties, or otherwise are at high risk. Their goal is to influence all environments encountered by a young child and to create a web of supports to meet both the child's needs and the family needs. These programs usually combined both center based experiences for the child, home visiting and family support, and extended referral and other resources for parents. Several well known Evidence Based programs are referenced and two are described in this document.

KID COUNT data for Virginia indicates that 60% of children 0-5 years of age receive care by someone other than a parent.³⁶ Many of these children receive care in unregulated homes referred to as Family Friend and Neighbor Care (FFN). In some rural areas, there are few or no center based programs. Because the Star Quality Initiative has not yet piloted standards for family settings, there are few resources for building quality. Neither are there many evidence based or evidence informed programs or practices to cite in these two categories. Several practices are included.

³³ VOICES for Virginia's Children, 2009. Online <http://www.vakids.org/>

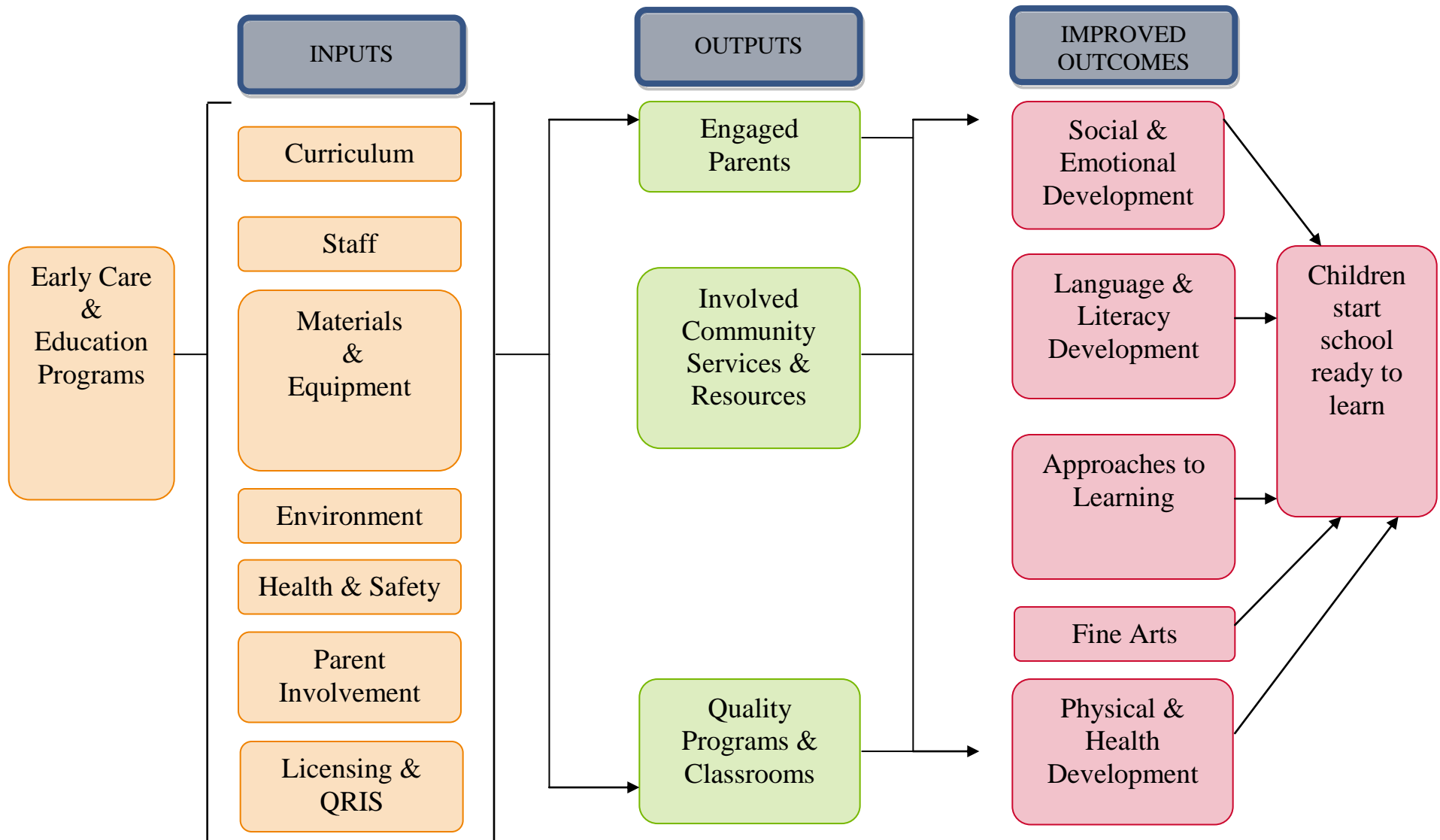
³⁴ The Virginia Star Quality Initiative, Smart Beginnings, Virginia Early Childhood Foundation, 2009.

³⁵ Early Care and Education Quality and Child Outcomes, Child Trends, Publication #2009-15, May 2009. An analysis of research shows moderate to modest connections between quality and outcomes for children.

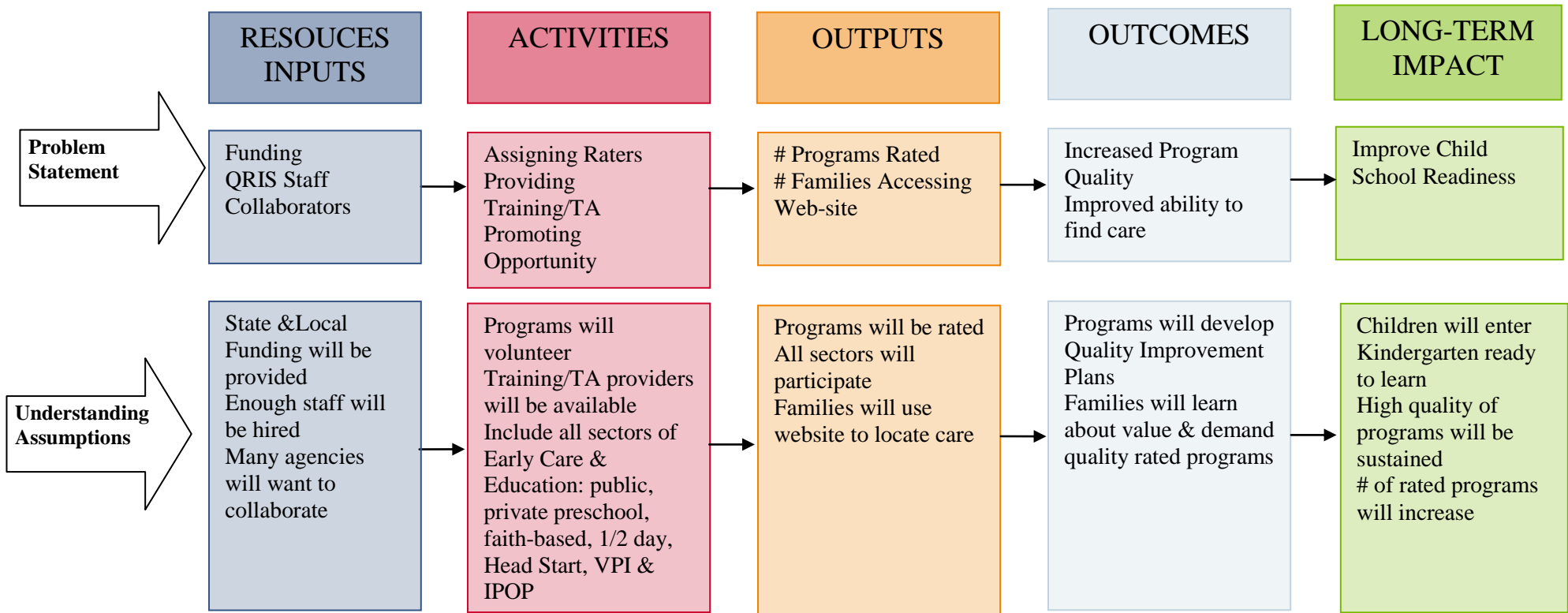
³⁶ Frank Bylotte, VOICES for Virginia's Children, 2009. Available online at <http://www.vakids.org/>

II. Sample Logic Model

FOCUS: Out-of-Home care for children 0-5 year in public and private centers, homes, Pre-Kindergarten, Head Start and "Family, Friends and Neighbor Care."



General QRIS Logic Model



Contextual Factors

Necessary Resources: funding, QRIS staff, collaborators came to the table
 Rater and assessment tool reliability Mentor Skills Goals met for program enrollment
 Director/Administrators able to appropriately self assess programs

Evaluation

Did quality levels improve? Did Families have more opportunities to locate quality programs? Did Children's well being improve?
 Did program staff professional development /training improve?

III. Recommendations

A. Quality Rating Systems

Evidence Based Practices

Virginia Star Quality Initiative

To improve the quality of care received in non-parent care arrangements, 18 states had adopted a statewide Quality Rating and Improvement System (QRIS) by January 2009 (Colorado, Delaware, District of Columbia, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Mississippi, Montana, New Hampshire, New Mexico, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, and Vermont); 27 were in some phase of QRIS development.³⁷

Both National Child Care Information and Technical Assistance Center (NCCIS) and the National Association for the Education of Young Children (NAEYC) have identified common components of Evidence Based quality programs. These components are the following:

- A system that moves the focus away from ratings to an emphasis on continuous quality improvement.
- Standards
- Accountability
- Technical assistance and resources to improve quality
- Professional development
- Consumer and public awareness of quality³⁸

See page 43 for Star Quality Initiative logic model.

Since 2008, Virginia has implemented the Star Quality Initiative, an Evidence Based statewide QRIS that incorporates the above six components. Standards and a rating process are currently available for toddler and preschool classrooms. One, two, three, four or five stars are awarded to programs based on achievement in four quality standards: 1) education, qualifications, and training of teaching staff; 2) interactions between teachers and students; 3) staff to child ratios and classroom group sizes; and 4) learning environment and instructional practices.³⁹

An important underpinning of a quality system is alignment with professional competencies and child development milestones. In Virginia, the Quality Rating and Improvement System (QRIS) was an outgrowth of the Alignment Project (2007) that developed the Milestones of Child Development and Competencies for Early Childhood Professionals. Additionally, completion of a thorough review of the research literature and best practices, and an analysis of QRIS in other states guided Virginia's process. A document describing the research basis for the Virginia Star Quality Initiative can be found online at www.smartbeginnings.nonprofitoffice/index.asp.⁴⁰ In the future, QRIS for infant classrooms and for home based settings will be piloted. A draft of home based standards has been developed.

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B. Comprehensive Early Learning Programs

Evidence Based Programs

Two examples of comprehensive programs, Chicago Child-Parent Centers and Head Start, are highlighted to represent this category. Additional, well researched Evidence Based programs such as the Abecedarian Project and Harlem Children's Zone exist and also represent this category.

Chicago Child-Parent Centers

The Chicago Child-Parent Center (CPC)⁴¹ program was founded in 1967 to serve families in high-poverty neighborhoods that were not being served by Head Start or similar programs. The centers are part of the Chicago Public School system and they are traditionally housed in preschool facilities in neighborhoods that qualify for Title I.

Operating five days a week, the CPC provides comprehensive educational support and family support to economically disadvantaged children and their parents. The guiding principle of the program is that by providing a school-based, stable learning environment during preschool, in which parents are active and consistent participants in their child's education, scholastic success will follow. The program requires parental participation, and parents must commit to volunteering at a CPC classroom on a weekly basis. The parent program has a focus on child growth and development, literacy, readiness skills, parenting skills, health, safety and nutrition. The childcare program uses best practices to provide comprehensive educational services for children. Students begin to develop age appropriate reading, writing, and math skills and there is an emphasis on child-centered, individualized approach to social and cognitive development.

Evaluations of the CPC program began in 1986. The Chicago Longitudinal Study (CLS), followed 1,539 low-income minority students (of whom 95 percent are African-American, and 5 percent are Hispanic). Participation in the Child- Parent Center Program for different lengths of time has been found to be significantly associated with higher levels of school achievement into adolescence, with higher levels of consumer skills, with enhanced parent involvement in children's education, and with lower rates of grade retention and special education, lower rates of early school dropout, and with lower rates of delinquent behavior.⁴²

Contact: Velma Thomas or Pamela Stevens 773-535-1995
Department of Early Childhood Education Chicago Public Schools

Head Start

Also listed in the Home Visiting chapter, Head Start is an example of an Evidence Based program that combines center based experiences with parent support. In many ways, it is similar to the frequently cited High/Scope Perry Preschool Project.

Head Start is a federally funded community-based program for low-income families started in 1965 to build school readiness of young children.⁴³ In 1994, the Secretary of Health and Human Services formed an Advisory Committee to expand upon the services provided to infants and toddlers already being served through Parent Child Centers, Comprehensive Child Development Centers and Migrant Head Start programs with the creation of Early Head Start. Pregnant women and children under age three are served through the Early Head Start Program. There are currently 52 Head Start programs in Virginia. Two of them house Early Head Start only. Eighteen of them offer Head Start and Early Head Start.

The framework of Head Start/ Early Head Start centers around four areas: Child Development, Family Development, Community Building, and Staff Development. Head Start/ Early Head Start offer comprehensive services for each child and their family. Home visits are centered on parent education and parent-child activities, comprehensive health and mental health services, and obtaining high quality child care services. A family service worker helps to empower the families by developing goals for themselves and their children in an individualized family service plan. Families involved in other programs requiring a family service plan receive a single coordinated plan and experience a seamless system of services. The Head Start/Early Head Start programs conduct an assessment of community resources so that they may build a comprehensive network of services to build support for pregnant women and families with young children.

Contact: Aleta Lawson, Aleta.Lawson@dss.virginia.gov, 804-726-7468, or Maxine McKinney, vahsa@shentel.net, 540-459-8923

Evidence Based Practices

***Al's Pals: Kids Making Healthy Choices*⁴⁴**

Al's Pals: Kids Making Healthy Choices is a nationally recognized, resilience-based early childhood curriculum and teacher training program that develops social, emotional and behavioral skills in children 3 to 8 years old.

The *Al's Pals* curriculum has 46 lessons, and is taught over a 23-week period. Designed specifically for the early childhood years, the lessons use guided creative play, brainstorming, puppetry, original music, role play, and movement to influence development of social-emotional competence. The curriculum aligns with the Competencies for Early Childhood Professionals and the CLASS assessment instrument.

Lessons are rooted in resilience-specific learning objectives. Between the lessons, educators use teaching approaches learned in the *Al's Pals* training to help children practice and generalize skills in daily classroom interactions. An *Al's Pals* classroom – with posters, photographs, music, "Al's Place," and other reminders of positive social behavior – becomes a caring environment of cooperation, respect, responsibility, and healthy decision-making. Ongoing communication with parents is built into the *Al's Pals* curriculum. Teachers regularly send home curriculum letters from Al to update parents about skills the children are learning

and suggest home activities reinforcing these concepts.

In a published study, preschool children demonstrated measurable gains after participating in *Al's Pals*. Preschoolers in *Al's Pals* change 7 times more on teacher ratings of positive social behavior than children who do not receive the program.⁴⁵

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Mary Lynn White mlwhite@wingspanworks.com, 804-967-9002

C. Family Home Care

There are 1,819 licensed Family Day homes in Virginia serving numerous children and families. Family Home Care is a vital resource to families in the state and may be the prevalent mode of child care in many rural areas. While licensed homes have committed to meeting professional standards, no quality rating system is yet available. Proprietors consider themselves as both child care professionals and business persons.

Evidence Based Programs

There are no evidence based programs to recommend at this time. However, there are several practices including one tool and an accreditation system that are described. No evidence informed programs or practices are included.

Evidence Based Practices

***The Family Child Care Environment Rating Scale–Revised Edition (2008)*⁴⁶**

The Family Child Care Environment Rating Scale–Revised Edition (FCCERS–R) is a thorough revision of the original Family Day Care Rating Scale (FDCRS, 1989.) In order to define and measure quality, the FCCERS–R draws from three main sources: research evidence from a number of relevant fields (health, development, and education), professional views of best practice, and the practical constraints of real life in a family child care setting. The requirements of the FCCERS–R are based on what these sources judge to be important conditions for positive outcomes in children both while they are in the program and long afterward.

The FCCERS–R uses a broad definition of environment including organization of space, interaction, activities, schedule, and provisions for parents and provider. The 38 items are organized into seven subscales: Space and Furnishings, Personal Care Routines, Listening and Talking, Activities, Interaction, Program Structure, and Parents and Provider. Since family child care homes frequently enroll a wide age range of children, this scale is designed to assess programs serving children from birth through school-agers, up to 12 years of age, including the provider's own children if present. Therefore, the FCCERS–R contains items to assess provision in the environment for a wide age range, to ensure protection of children's health and safety, appropriate stimulation through language and activities, and warm, supportive interaction.

- Space and Furnishings
- Personal Care Routines
- Listening and Talking
- Activities
- Interaction
- Program Structure
- Parents and Provider

Contact: Lisa Waller, Frank Porter Graham Child Development Center,
waller@mail.fpg.unc.edu

National Association for Family Child Care (NAFCC)⁴⁷

Accreditation is a process many different industries use to identify exemplary practices in that particular field. Accreditation is both a status and a process. NAFCC sponsors the only nationally recognized accreditation system, designed specifically for family childcare providers. This system was designed by hundreds of providers, parents, and early care and education experts in an effort to create a quality indicator for family child care programs across the country.

NAFCC Accreditation is recognized as the highest indicator that a family childcare program is a quality environment. In states where Quality Rating Systems have been implemented, NAFCC Accreditation is often the “top” level in the rating system. Standards relate to the following areas:

- Relationships
- The Environment
- Developmental Learning Activities
- Safety and Health
- Professional and Business Practices

Contact: National Association for Family Child Care, 801-886-2322,
 Email: nafcc@nafcc.org

D. Family, Friend and Neighbor Care

Out-of-home childcare with family, friends and neighbors is the most common arrangement for children under age five whose parents are working. National census data indicates that approximately 47% of the children being cared for by non-parents are in informal childcare arrangements with family members, friends or neighbors.⁴⁸

A consortium of national child development organizations collaborated to study family, friend and neighbor care and the characteristics of successful models. The results of their research were published as the Sparking Connection. Some of the participating organizations were: United Way of America, Annie E. Casey Foundation, BUILD Initiative, North Carolina Smart Start

National Technical Assistance Center, National Child Care Information Center; and Zero to Three. The consortium found that FFN care is fundamentally different from regulated center-based or family childcare. This type of care is informal and embedded in relationships between caregivers and parents. Many caregivers consider themselves as extended family or surrogate parents, not as professional childcare providers.⁴⁹

One Evidence Based Program and one Evidence Informed Practice are included in this section.

Evidence Based Programs

Parents as Teachers

Parents as Teachers (PAT)⁵⁰ is the overarching program philosophy of providing parents with child development knowledge and parent support. The organizational vehicle for delivering that knowledge and support is Parents as Teachers National Center in St. Louis Missouri. The National Center drives that philosophy, or mission, through four program areas: Born to Learn, Professional Development, Meld and Advocacy.

The PAT program has applied its basic concepts and home visiting practices to Family, Friend and Neighbor Care as a way to support these providers who do not readily respond to regular professional development methods. Providing FFN care providers with essential child development information and supporting them to improve the quality of care and enhance the environment in which children are being raised help ensure that children are stimulated during their most important time of brain development.

Supporting Care Providers through Personal Visits (SCPV) is an effective tool that addresses areas frequently deficient in Family, Friend and Neighbor homes: health, safety, language and literacy. Providers are encouraged to be less dependent on TV, to “baby-proof” and keep the environment safe for children, and limit exposure to neurotoxins (such as cigarette smoke.) These quality issues have a particularly strong impact on children of less educated mothers and on those from lower-income families, both of whom are more likely to rely on FFN care.⁵¹ Research was conducted to evaluate the effectiveness of PAT with Family, Friend and Neighbor care by The Caring for Quality Project at Cornell University. Researchers found that care provider visits using the Parents as Teachers Supporting Care Providers through Personal Visits curriculum significantly increased the quality of care. When the curriculum was used with care providers, the results showed:

- Increased overall quality of the care setting
- Increased language and reasoning experiences and learning activities and
- Increased social development.⁵²

Contact: Jill Bailey, 314-432-4300, Jill.Bailey@parentsasteachers.org

Evidence Informed Practice

Child Care Assessment Tool for Relatives **Bank Street College of Education**

A review of the research related to child outcomes and the quality of care received in family home environments indicated that “family, friend and neighbor care’ is fundamentally different from regulated center-based or family childcare. There was general agreement that existing instruments, like the FCCER-R, might not be appropriate for evaluating these kinds of childcare arrangements. Bank Street College undertook development of a specialized assessment tool that resulted in the Child Care Assessment Tool for Relatives (CCAT-R). The tool can be used to measure program impact on child outcomes and in identifying areas needing improvement to inform caregiver mentoring and training. The assessment can be completed in three hours and includes observation and an interview. It includes the:

- Summary Behavior Checklist,
- Action/Communication Snapshot,
- Health and Safety Checklist,
- Materials Checklist, and
- Caregiver Interview.

After extensive piloting, it was found that the CCAT-R was reliable from a scientific perspective, had content validity based on review by childcare researchers, and inter-rater reliability to a criterion of .80 exact agreement. These properties compare favorably with a number of existing instruments, which means that the CCAT-R can be used with confidence.⁵³

Contact: Toni Porter or Rena Rice Institute for a Child Care Continuum,
<http://www.bankstreet.edu/iccc>

³⁷ NCCIC Quality Rating Systems and the Impact on Quality in Early and School Age Care Settings, February 2008: Online <http://nccic.acf.hhs.gov>

³⁸ Elevating the Field, National Association for the Education of Young Children, Public Policy Report, January 2009

³⁹ Quality Matters, Smart Beginnings, Virginia Early Childhood Foundation, 2009.

⁴⁰ Milestones of Child Development and Competencies for Early Childhood Professionals, Virginia Department of Social Services, Online: <http://www.public.dss.state.va.us/cgi-http://www.public.dss.state.va.us/cgi-bin/htsearch?words=competencies;page=1>

⁴¹ Parent Child Centers, Chicago Public School System, 2007, Online at <http://www.cps.edu/Schools/Preschools/Pages/Childparentcenter.aspx>

⁴² Arthur J. Reynolds, Chicago Longitudinal Study, Journal of School Psychology, 1999.

⁴³ Karoly, L. A., Kilburn, M. R., and Cannon, J. S., Early Childhood Interventions: Proven Results, Future Promise. RAND Corporation, 2005.

⁴⁴ Mary Lynn White, phone conversation March 2010. Al’s Caring Pals, Wingspan Works, http://www.wingspanworks.com/educational_programs/about_als_pals.php#A

⁴⁵ Lynch, K.B., Geller, S.R., & Schmidt, M.G. (2004). Multi-year evaluation of the effectiveness of a resilience-based prevention program for young children. Journal of Primary Prevention, 24, (3), 335-353

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- ⁴⁶Thelma Harmes, Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill, 2008. Online: <http://www.fpg.unc.edu/~ECERS/>
- ⁴⁷ Accreditation Standards, National Association for Family Child Care, Salt Lake City, Utah. Online: http://www.nafcc.org/accreditation/about_accreditation.asp
- ⁴⁸ (Federal Interagency Forum on Child and Family Statistics 2005. Online: www.childstats.gov/amchildren05/index.asp)
- ⁴⁹ Multi-Site Evaluation of Community Based Strategies to Support Family, Friend and Neighbor Caregivers, 2006, Sparking Connections, Families and Work Institute.
- ⁵⁰ Parents as Teachers Supports Quality Home Visiting for Family, Friend and Neighbor Care, 2009, National Center, St. Louis, Missouri. Online: www.parentsasteachers.org/atf/cf/{00812eca-a71b-4c2c-8ff3-8f16a5742eea}/Parents%20as%20Teachers%20Supports%20FFN_Feb_2009.pdf
- ⁵¹ Early Head Start National Resource Center (2006). *Family, Friend, and Neighbor Care in Early Head Start: Strengthening Relationships and Enhancing Quality*. Technical Assistance Paper No. 11, Washington, D.C.
- ⁵² McCabe, L.A. & Cochran, M. (2008). Can Home Visiting Increase the Quality of Home-based Child Care? Findings from the Caring For Quality Project. *Cornell Early Childhood Program Research Brief*. No. 3.
- ⁵³ Assessing Quality in Family, Friend and Neighbor Care: The Child Care Assessment Tool for Relatives (CCAT-R), Bank Street College of Education, New York, 2006.

IV. Supplemental Resources

Quality in Early Childhood Care and Education

Classroom-Based Programs

Center for Evidence-Based Practices at the Puckett Institute. The Orelena Hawks Puckett Institute is a not-for-profit organization engaging in activities that enhance and promote healthy child, parent and family functioning. <http://www.puckett.org>

Childcare & Early Education Research Connections. Offering a comprehensive, up-to-date, and easy-to-use collection of more than 16,000 resources from the many disciplines related to child care and early education. <http://www.researchconnections.org>

Child Trends. Child Trends is a nonprofit, nonpartisan research center that studies children at all stages of development. <http://www.childtrends.org>

ERIC-Education Resources Information Center. Education Resources Information Center is an online digital library of education research and information. <http://www.eric.ed.gov>

National Association for the Education of Young Children. Founded in 1926, NAEYC is the world's largest organization working on behalf of young children with nearly 90,000 members, a national network of over 300 local, state, and regional Affiliates, and a growing global alliance of like-minded organizations. <http://www.naeyc.org>

Child Care Information Center, Resources and Organizations. This is a service of the Child Care Bureau that, is a national clearinghouse and technical assistance (TA) center that provides comprehensive child care information. <http://www.nccic.org>

The National Early Childhood Technical Assistance Center. NECTAC is the national early childhood technical assistance center supported by the U.S. Department of Education's <http://www.nectac.org>

National Private Schools Accreditation Alliance. The National Private Schools Accreditation Alliance accredits Private Schools and Certifies Private School Teachers. <http://www.npsag.com>

Research to Practice. The agency goal is to implement a coordinated and advanced program of applied research on knowledge and practice that improves interventions associated with the healthy mental, behavioral, communication, preliteracy, social-emotional, and interpersonal development of infants, toddlers, and preschoolers with or at risk for developmental disabilities.

<http://www.researchtopractice.info>

U.S. Department of Health & Human Services, Administration for Children & Families, Head Start. The Administration for Children and Families (ACF), within the Department of Health and Human Services (HHS) is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities.

<http://www.acf.hhs.gov/programs/ohs>

Zero to Three. ZERO TO THREE is a national nonprofit organization that informs trains and supports professionals, policymakers and parents in their efforts to improve the lives of infants and toddlers.

<http://www.zerotothree.org>

Family, Friend and Neighbor Child Care

Alliance for Family, Friend and Neighbor Child Care. This is a work group of individuals and organizations that share a common interest in family, friend, and neighbor child care. It consists of a diverse group of practitioners, researchers, and policy makers who are at the forefront this work.

<http://www.bnkst.edu/naffncc/>

Assessing Initiatives for Family, Friend and Neighbor Child Care: An Overview of Models and Evaluations. A compilation of models and programs created by Bank Street College for the Family, Friend and Neighbor Care (Research-to-Policy Connections Brief No. 5).

http://www.nccp.org/publications/pdf/text_718.pdf

Child Care Bureau. The Bureau is a federal agency that addresses and funds all aspects of early childcare, including Family, Friends and Neighbor care.

<http://www.acf.hhs.gov/programs/ccb/>

The Child Care Assessment Tool for Relatives (CCAT-R) Institute for Child Care Continuum 2004, Bankstreet College of Education

<http://www.bankstreet.edu/gems/ICCC/Description.pdf>

Child Care Resources. This Washington State resource and referral program maintains a website with a variety of useful material.

<http://www.childcare.org/>

Child Trends. Child Trends is a nonprofit, nonpartisan research center that studies children at all stages of development. <http://www.childtrends.org/>

Human Services Policy Center. The Center seeks to improve the lives of children, families, and communities, with a special emphasis on addressing the needs of those who are disadvantaged. They pursue research and ideas that work to strengthen sound public policy and management.

http://hspc.org/publications/educating_caring.aspx

National Association for Child Care Resource and Referral Agencies. NACCR&R is the national center that supports resource and referral programs.

<http://www.naccrra.org/>

National Center for Children in Poverty. The National Center for Children in Poverty (NCCP) is the nation's leading public policy center dedicated to promoting the economic security, health, and well-being of America's low-income families and children

<http://www.nccp.org/>

National Child Care Information Center, Resources and Organizations. This is a service of the Child Care Bureau that, is a national clearinghouse and technical assistance (TA) center that provides comprehensive child care information.

<http://www.nccic.org>

National Scientific Council on the Developing Child. Established in 2003 at Harvard, this group is a multi-disciplinary collaboration of scientists and scholars from universities across the United States and Canada designed to bring the science of early childhood and early brain development to bear on public policy.

<http://www.developingchild.net/>

Research Connections. Child Care & Early Education *Research Connections* promotes high quality research in child care and early education and the use of that research in policy making.

<http://www.childcareresearch.org>

Sparking Connections. A group of national experts published an analysis of information available about Family, Friend and Neighbor Care.

<http://familiesandwork.org/site/research/reports/sparking.pdf>

Strategies for Supporting Quality in Kith and Kin Child Care: A 2004 evaluation; by Early Head Start of 24 Family, Friend and Neighbor homes.

<http://www.mathematica-mpr.com/publications/PDFs/kithkinquality.pdf>

Understanding Family, Friend and Neighbor Care in Washington State: Developing Appropriate Training and Support. Brandon, R. N., Maher, E., Joesch, J., Battelle, J. M., & Doyle, S. (2002). Seattle, WA: University of Washington.

http://hspc.org/publications/pdf/FFN_report_2002.pdf

Zero to Three. ZERO TO THREE is a national nonprofit organization that informs, trains and supports professionals, policymakers and parents in their efforts to improve the lives of infants and toddlers.

<http://www.zerotothree.org>

Quality Rating and Improvement System:

National Association for the Education of Young Children. Founded in 1926, NAEYC is the world's largest organization working on behalf of young children with nearly 90,000 members, a national network of over 300 local, state, and regional Affiliates, and a growing global alliance of like-minded organizations. Provides resources and support for systems-building approaches to improving the quality of early childhood programs at the state and local level. Developed and distributes a QRIS Toolkit.

www.naeyc.org

National Child Care Information and Technical Assistance Center. This is a service of the Childcare Bureau. Information provided includes: an overview of the differences between QRS and QRIS; a sample of resources with research about the impact of QRS on early learning and school age care; state-specific QRS/QRIS information.

<http://nccic.acf.hhs.gov/>

Child Trends. Child Trends is a nonprofit, nonpartisan research center that studies children at all stages of development. Provides a number of Research-to-Policy, Research –to-Practice briefs regarding QRIS research studies.

<http://www.childtrends.org/>



Kindergarten Transition Activities

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I. Rationale for Kindergarten Transition Activities

Twenty percent of children in Virginia are not ready to meet the academic challenges of Kindergarten.⁵⁴ In addition to this concerning statistic, teachers, in a large national sample, reported that 48 percent of children have moderate to serious problems making the transition to Kindergarten.⁵⁵ Though approximately a quarter of a child's difficulties in the early elementary years are accountable to findings related to low academic and cognitive abilities at the start of Kindergarten, the greater causation is contextual factors like the needed development of relationships that can support a smooth transition to Kindergarten.⁵⁶

Thus, the need to facilitate positive relationships between home, school, pre-school, and other programs serving young children is integral to providing the foundation needed to foster a successful transition to Kindergarten.⁵⁷ Though in some ways, the transitioning to Kindergarten arguably begins at birth, this research and the ideas suggested in this document focus on activities that occur during the year prior to the start of Kindergarten to the first weeks of Kindergarten.

The link between Kindergarten transition activities and child outcomes has been confirmed by longitudinal research. Children who, usually with their parent, participated in Kindergarten transition activities were found to perform better at the end of Kindergarten than those who had not been involved in transition activities. In addition, the more activities the child and his family participated in the better the student performed on Kindergarten assessments, with the greatest strides made by children with low socioeconomic status.⁵⁸

Conclusive research on the effectiveness of particular Kindergarten transition programs is not available. However, Kindergarten readiness and child development research clearly indicates that successfully transitioning a child into their first year of school involves the development of relationships and the transfer of information about Kindergarten expectations between the students, parents, pre-Kindergarten service providers, Kindergarten teachers, and school administrators. Most Kindergarten transition activities appear to have positive results as measured by parents, teachers, and standardized tests. However, this seems especially true for those that occur prior to the student's first day of Kindergarten, and those targeting children from low socio-economic backgrounds.

Though there is much written on the importance of a smooth Kindergarten transition and its relation to a positive first year of schooling which is then linked to future success in school, there is not a body of literature that evaluates the various programs that can be instituted to help with transition. Thus, it should be noted that there are not any Evidence Based programs related to Kindergarten transition in this document.

However, there is a vast array of literature on the types of contextual practices that appear to be linked to quality Kindergarten transition. This literature is informed by what is known in general about the developmental transitioning of children, the positive relationship between parent involvement in school and student success, and survey responses of teachers and parents about the transition experience of Kindergarten children with whom they have contact. As a result, this section includes Evidence Informed practices derived from this information.

⁵⁴ *Virginia School Readiness Indicators Initiative: No Time to Waste: Indicators of School Readiness 2004 Data Book.* www.gettingready.org

⁵⁵ Pianta, R. C., Cox, M. J., Taylor, L., & Early D. M. (1999). Kindergarten teachers' practices related to the transition to school: Results of a national survey. *Elementary School Journal*, 100, 71-86.

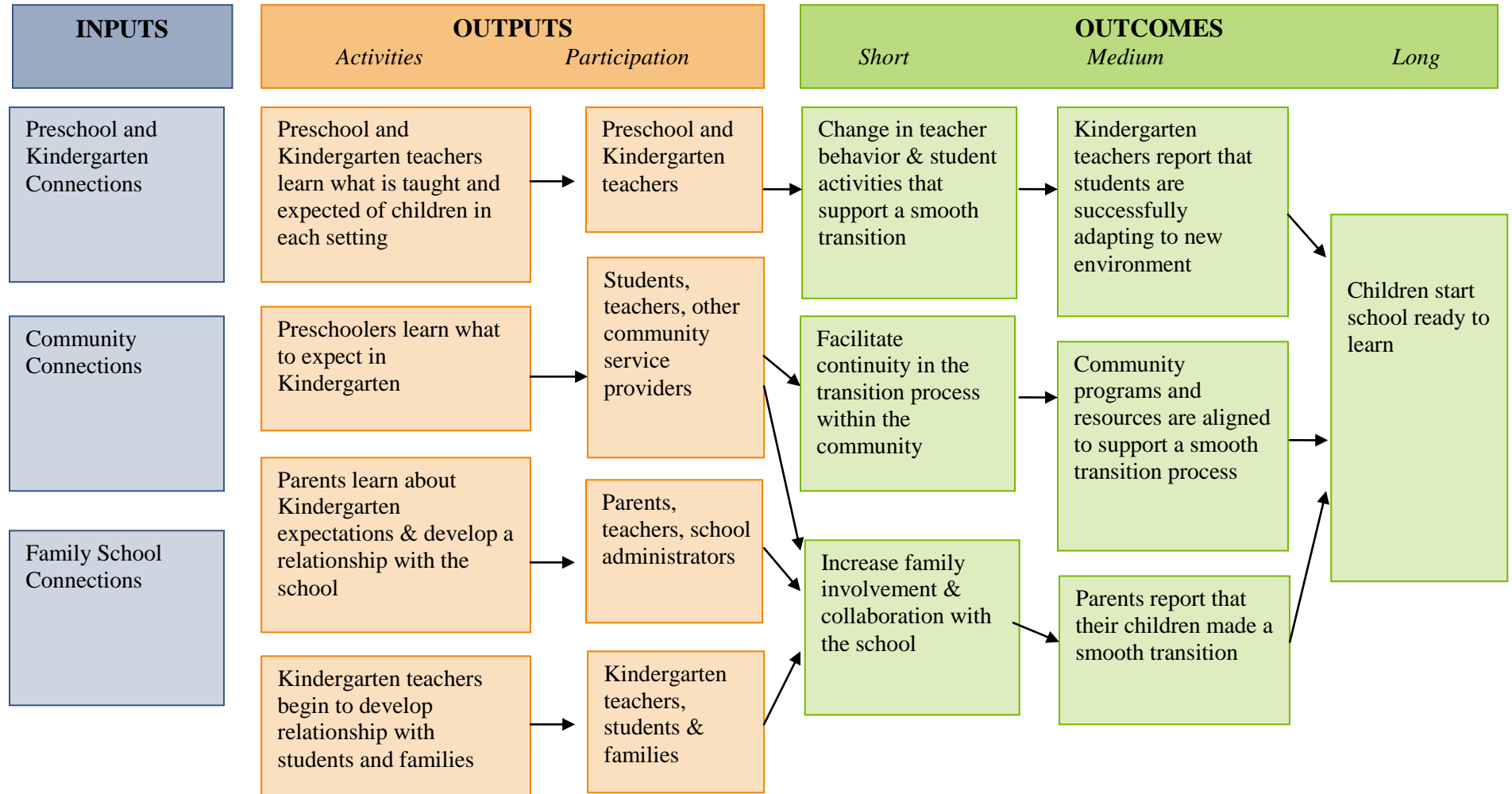
⁵⁶ LaParo, K.M.; & Pianta, R. C. (2000). Predicting children's competence in the early school years: A meta-analytic review. *Review of Educational Research*, 70, 443-484

⁵⁷ Pianta, R.C., & Kraft-Sayre, M. (2003). *Successful Kindergarten transition: Your guide to connecting children, families, and schools.* Baltimore: Brookes.

⁵⁸ Schulting, A.B., Malone, P.S., & K.A. Dodge (2005). The Effect of School-Based Kindergarten Transition Policies and Practices on Child Academic Outcomes. *Developmental Psychology*, 6, 860-871.

II. Sample Logic Model

Activities that help prepare pre-schoolers for Kindergarten.



Assumptions Parents, preschool teachers and others working with young children are educated regarding the expectations of Kindergarten children.

External Factors Developmental delays or health problems that inhibit a child's readiness for Kindergarten.

Table A
Family-School Connections⁵⁹

Menu activity	How	Who Initiates	When
Contact families during first few days of preschool and Kindergarten	Telephone calls, visits	Teacher, principal	First week of preschool and Kindergarten
Assess family needs	Interviews	Transition coordinator	First 2 weeks of preschool and Kindergarten
Maintain periodic contact with the family	Telephone calls, notes, newsletters, home visits	Teacher, transition coordinator	Ongoing
Connect the family to community resources	Telephone calls, notes, newsletters, home visits	Family, teacher, transition coordinator	As needed
Encourage family participation in home learning activities	Materials and/or instructions sent home	Teacher, transition coordinator	Ongoing, particularly during summer between preschool and Kindergarten
Encourage family participation in the classroom and at school events	Telephone calls, notes, newsletters, home visits	Family, teacher, principal, transition coordinator	Ongoing, particularly at the start of the school year
Conduct regular family meetings at school	Lunches, family nights	Teacher, principal, transition coordinator	Ongoing and at regular intervals
Coordinate sharing of information about individual children among the family, preschool teacher, and Kindergarten teacher	Conferences	Transition coordinator	Preschool spring or summer
Create newsletters and resource materials	Transition packets, tips handouts	Transition coordinator	Ongoing
Conduct parent orientation after preschool and Kindergarten start	Back-to-school nights	Principal, transition coordinator	First 2 weeks of preschool and Kindergarten

Table B Child-School Connections			
Menu activity	How	Who Initiates	When
Establish a connection between the preschool child and Kindergarten teacher	Visits to the Kindergarten classroom by the child or visit by Kindergarten teacher to the preschool classroom	Teachers, transition coordinator	Preschool spring
Create a connection between the child and the Kindergarten using special school functions	School fairs, assemblies, playground parties	Principals, transition coordinator	Preschool spring and summer
Have children practice Kindergarten rituals in preschool	Practice behaviors, sing songs, read stories	Preschool teacher	Preschool spring
Incorporate preschool activities into the Kindergarten year	Read a favorite book, have similar centers	Kindergarten teacher	Kindergarten fall
Encourage the preschool teachers to stay in contact with their former students	Letters, school visits	Teachers	Kindergarten fall
Encourage Kindergarten support staff to visit preschool children	School or home visits	School social workers, guidance counselors, transition coordinator	Preschool spring or summer

Table C Peer Connections			
Menu activity	How	Who Initiates	When
Establish peer connections within the preschool class	Purposeful classroom assignments	Principal, transition coordinator	Summers before preschool and Kindergarten
Establish peer connections outside of school	Play dates	Family, teachers, transition coordinator	Ongoing, particularly during the summer
Establish connections with peers who will be in Kindergarten	Activities with other preschools	Transition coordinator	Ongoing, particularly during the preschool spring and summer
Establish preschool peer connections with Kindergarten peers	School visits, summer school	Teachers, transition coordinator	Preschool spring and summer
Coordinate group-based peer connections	Social skills groups	Guidance counselor, transition coordinator	Kindergarten fall

**Table D
Community Connections**

Menu activity	How	Who Initiates	When
Build useful policies related to transition	Policy coordination, discussion of classroom practices	Transition coordinator administrators	Ongoing
Foster inter-school collaboration about programs and classroom practices	Policy coordination, discussion of classroom practices	Policy makers, administrators	Ongoing
Identify and communicate curriculum and community expectations for children	Development of goals and definition of skills	School administrators, transition coordinator	Ongoing
Create inter-school connections about a specific child	Telephone calls, conferences	Teachers, transition coordinator	Preschool spring, summer, and Kindergarten fall
Establish policy coordination through inter-agency connections	Policy coordination, service coordination	School administrators, transition coordinator	Ongoing
Establish child-specific coordination through inter-agency connections	Policy coordination, service coordination	School administrators, transition coordinator	Ongoing

⁵⁹ Pianta, R.C. & Kraft-Sayre, M.E. (2003). *Successful Kindergarten Transition: Your Guide to Connecting Children, Families, & Schools*. Baltimore, Maryland: Paul H. Brookes Publishing Co.

III. Recommendations

A. Evidence Based Programs and Practices

At this point, there are many Evidence Informed Practices to list, but no comprehensive models or Evidence Based Programs or Practices. In this section of the Directory, therefore, only Evidence Informed Practices are included for Kindergarten Transition.

B. Evidence Informed Practices

While there is research to confirm that in general Kindergarten transition activities do have a positive impact on the successful adjustment and achievement of kindergartners, there does not appear to be conclusive research identifying that particular Kindergarten transition activities meet the highest standard of an Evidence Based program. Instead, there is significant research on child development, the positive impact of parent involvement in their children's schooling, and parent and teacher surveys that identify numerous Evidence Informed practices that appear to help transitioning.

Collaborative Model of Kindergarten Transition

The activities most cited in research as linked to improving Kindergarten transition are rooted in the importance of having the people, including the children themselves, and institutions that are working with children (during the year prior up to the first months of Kindergarten) collaborating to make connections between what the child is accustomed to and the nature of the new experience of Kindergarten. Numerous websites, books, and articles articulate and give examples of this approach. However, it appears that the most comprehensive and user-friendly overview is provided by Robert C. Pianta and Marcia Kraft-Sayre in their book, Successful Kindergarten Transition: Your Guide to Connecting Children, Families, & Schools. They place these collaborations in four categories as follows: family-school connections, child-school connections, peer connections, and community connections. Attached are tables that describe activities that are recommended based on Pianta and Kraft-Sayre's research. The information in these tables was excerpted from pages 38–39 of their book.

Others have done work in this area as well and additional resources can be found in the supplemental resources section. Much of this work is also based on the research of Pianta and Kraft-Sayre.

The goal of “family-school connections” is to get the family more involved with the school and the transition process. Children benefit when these connections are made at both the pre-school and elementary school. A large component of this is having the school send home feedback about the child at school as well as information about services and opportunities at school. Also, important is the encouragement of families to share information about the child with the school. Some examples are provided in Table A.

The “child-school connections” are needed to get the children familiar with the Kindergarten setting. Ideally children have an opportunity to meet their Kindergarten teacher prior to the first day of school but even if that is not possible they can be told of what a Kindergarten teacher will expect. The same is true for the Kindergarten classroom. Some of the activities in Table B suggest having the child visit the classroom prior to the start of Kindergarten. However, there are other ways to acquaint children with the atmosphere of a Kindergarten classroom without actually making the visit.

Kindergarten teachers report that children who have poor relationships with their peers are significantly hindered when it comes to Kindergarten success. Thus, it’s important to support “peer connections” that are positive. Table C lists a variety of activities to develop this type of relationship. They include things that happen outside of the class like a play date with a fellow classmate after preschool as well as things that happen within the school day like having Kindergarten children serve as mentors to pre-school children.

Finally, “community connections” are critical in making sure that children transition smoothly through an early childhood “system.” Ensuring that community organizations serving children build policies that help children transition is important. Table D provides some examples of this type of planning.

IV. Supplemental Resources

The National Early Childhood Transition Center website provides lists of activities and relationships that can help with Kindergarten transition. These are linked to the same Evidence Informed practices cited by Pianta and Kraft-Sayre.

<http://www.hdi.uky.edu/NECTC/practiceresearch.aspx>

The Harvard Family Research Project website also offers additional information on how to build relationships especially with families to ease Kindergarten transition.

<http://www.hfrp.org/family-involvement/projects/school-transition-study-completed-project>

Fairfax County has used Bob Pianta and Marcia Kraft-Sayre's research to develop their Neighborhood Partnerships. These Partnerships bring together pre-school and Kindergarten teachers, parents, school administrators, and other providers of services to young children to develop Kindergarten transition activities designed to smooth children's transition to Kindergarten. The Fairfax County Office for Children put together a document to help other communities that wanted to do something similar. *Paving the Way to Kindergarten: Building Neighborhood Partnerships to Support Young Children's Smooth Transition to School*. The contact for this project is Betsi Closter, betsi.closter@fairfaxcounty.gov, 703-324-8053.