

Contract No.: 233-02-0086(14)  
MPR Reference No.: 6107-702

**MATHEMATICA**  
Policy Research, Inc.

**The Enhanced Home  
Visiting Pilot Project:  
How Early Head Start  
Programs Are Reaching  
Out to Kith and Kin  
Caregivers**

***Appendixes***

***January 12, 2006***

***Diane Paulsell  
Debra Mekos  
Patricia Del Grosso  
Patti Banghart  
Renée Nogales***

Submitted to:

U.S. Department of Health and Human Services  
Administration of Children, Youth and Families  
Head Start Bureau  
330 C Street, SW  
Switzer Building, Room 2310C  
Washington, DC 20447

Project Officer:  
Judie Jerald

Submitted by:

Mathematica Policy Research, Inc.  
P.O. Box 2393  
Princeton, NJ 08543-2393  
Telephone: (609) 799-3535  
Facsimile: (609) 799-0005

Project Director:  
Diane Paulsell



# CONTENTS

---

<b>Appendix</b>	<b>Page</b>
A SITE PROFILES .....	A.1
CHILDREN'S FRIEND AND SERVICE, PROVIDENCE, RHODE ISLAND.....	A.3
KENNEBEC VALLEY COMMUNITY ACTION PROGRAM, WATERVILLE, MAINE.....	A.7
NORTHEAST KINGDOM COMMUNITY ACTION AGENCY, NEWPORT, VERMONT.....	A.11
THE ASTOR HOME FOR CHILDREN, RHINEBECK, NEW YORK .....	A.15
CEN-CLEAR CHILD SERVICES, INC., PHILIPSBURG, PENNSYLVANIA.....	A.19
LUZERNE COUNTY HEAD START, WILKES-BARRE, PENNSYLVANIA.....	A.23
MONONGALIA COUNTY BOARD OF EDUCATION, MORGANTOWN, WEST VIRGINIA.....	A.27
NORTHERN PANHANDLE HEAD START, INC., WHEELING, WEST VIRGINIA.....	A.31
ALABAMA COUNCIL ON HUMAN RELATIONS, INC., AUBURN, ALABAMA.....	A.35
MOUNTAIN AREA CHILD AND FAMILY CENTER, ASHEVILLE, NORTH CAROLINA .....	A.39
MAHUBE COMMUNITY COUNCIL, INC., DETROIT LAKES, MINNESOTA .....	A.43
HAMILTON CENTER, INC., TERRE HAUTE, INDIANA .....	A.47

**Appendix**

**Page**

*A (continued)*

COMMUNITY ACTION WAYNE/MEDINA, WOOSTER, OHIO.....A.51

BARAGA-HOUGHTON-KEWEENAW CHILD DEVELOPMENT BOARD, HOUGHTON,  
MICHIGAN.....A.55

EIGHTCAP, INC., GREENVILLE, MICHIGAN.....A.59

REGION 10 EDUCATION SERVICE CENTER, RICHARDSON, TEXAS .....A.63

HUTCHINSON PUBLIC SCHOOLS UNIFIED SCHOOL DISTRICT #308, HUTCHINSON,  
KANSAS.....A.67

NORTHWEST NEBRASKA COMMUNITY ACTION COUNCIL, CHADRON, NEBRASKA.....A.71

COMMUNITY ACTION AGENCY OF SIOUXLAND, SIOUX CITY, IOWA .....A.75

STARPOINT FIRST STEPS EARLY HEAD START, CANON CITY, COLORADO .....A.79

SHASTA HEAD START CHILD DEVELOPMENT, INC., REDDING, CALIFORNIA .....A.83

MARICOPA COUNTY HEAD START ZERO TO FIVE, PHOENIX, ARIZONA .....A.87

MT. HOOD COMMUNITY COLLEGE CHILD DEVELOPMENT AND FAMILY SUPPORT  
PROGRAM, GRESHAM, OREGON .....A.93

**B**    **SITE VISIT PROTOCOLS** ..... **B.1**

INTERVIEW GUIDE FOR PROGRAM DIRECTORS..... **B.3**

INTERVIEW GUIDE FOR COORDINATORS/SPECIALISTS/SUPERVISORS..... **B.15**

**Appendix**

**Page**

*B (continued)*

HOME VISITOR INTERVIEW GUIDE ..... B.25

INTERVIEW GUIDE FOR COMMUNITY PARTNERS ..... B.33

PARENT FOCUS GROUP GUIDE ..... B.39

CAREGIVER FOCUS GROUP GUIDE ..... B.43

CASE REVIEW GUIDE ..... B.49



**APPENDIX A**  
**SITE PROFILES**



---

## **CHILDREN'S FRIEND AND SERVICE**

### **PROVIDENCE, RHODE ISLAND**

Founded in 1834, Children's Friend and Service provides services to vulnerable children statewide through the provision of adoption and foster care, early intervention, family preservation family counseling and other services. A major program of Children's Friend and Service is the Rhode Island Child Development and Education Training System (CHILDSPAN), which provides training and consultation to child care providers statewide. Services offered include training for providers seeking state family child care licensing, the Child and Adult Care Food Program, and other programs to enhance the quality of early childhood and school-age programs. In 2004, Children's Friend and Service served 17,217 individuals.

The agency's first Early Head Start grant was awarded in 1999. As of June 2005, the agency was serving 98 federally-funded Early Head Start children and 102 children in Enhanced Early Start, a program that provides services similar to Early Head Start through another funding source. All children and families are served through the home-based option. The program's service area includes Central Falls and South Providence.

#### **Goals and Design of the Enhanced Home Visiting Pilot**

At the time the grant proposal was submitted, several Early Head Start families were using kith and kin child care; staff felt that these caregivers could benefit from more support. Staff also identified a need for more consistency in caregiving across the parents and kith and kin caregivers. Because CHILDSPAN provided training for child care providers, the agency planned to combine the expertise of Early Head Start and CHILDSPAN staff to develop a support and training program for the caregivers and attempt to improve communication and consistency between parents and caregivers.

The program planned to enroll 10 caregivers in the pilot and provide them with weekly home visits, including an observation and assessment component to identify the specific needs of each caregiver. The program would then provide support services to caregivers such as information on developmentally-appropriate activities to do with the child, and help caregivers with other social service needs. The final phase of the program would be training through CHILDSPAN, including training towards licensing if caregivers were interested. In addition, CHILDSPAN would enroll the caregivers in the Child and Adult Care Food Program, as well as in a lending library.

#### **Community Partners**

The primary partnership for the pilot is between the Early Head Start program and CHILDSPAN, both programs operated by Children's Friend and Service. CHILDSPAN's

Accreditation Specialist provides primary oversight for the program and supervises the pilot home visitor.

### **Pilot Staffing**

Since the program is operated by two different programs within Children's Friend and Service, oversight is shared. The Director of Programs and the Early Head Start director, who oversee Early Head Start, receive regular updates on recruiting and service provision for the pilot. Supervision of day-to-day activities is provided by CHILDSPAN's Accreditation Specialist. The program planned to hire one home visitor for the pilot. Qualifications for the position include fluency in English and Spanish, knowledge of child development, experience in child development programs, and at least an associate's degree in Early Childhood Education or a CDA and relevant work experience. As of June 2005, the position had not been filled, but a bilingual Family Child Care Case Manager at CHILDSPAN was filling the position temporarily.

### **Recruiting Families and Caregivers**

The program has implemented several recruiting strategies. The Early Head Start program's Family Support Workers have attempted to recruit families using kith and kin care. The agency also conducted a survey of Early Head Start families in English and Spanish to help staff identify those using kith and kin child care. In addition, the agency developed a bilingual brochure about the pilot. The pilot home visitor has attended Policy Council and Parent Committee meetings to describe the pilot and recruit interested families.

### **Characteristics of Caregivers**

Since few Early Head Start families were using kith and kin care when operations got underway, in June 2005 the agency had only one caregiver enrolled in the pilot. The caregiver is the child's grandmother.

### **Services Provided Through the Pilot**

The pilot provides caregivers with home visits and training opportunities.

**Home Visits.** The home visitor tries to conduct weekly visits lasting 60 to 90 minutes. She conducted an initial needs assessment using the *Smart Start Caregiver Interaction Scale*. During a typical home visit, the home visitor brings activities for the child and caregiver to do together that target the child's developmental goals. The home visitor draws from several curricula to plan the home visits, including *Parents As Teachers* and the *Creative Curriculum for Infants and Toddlers*. She also brings toys and activities boxes to leave with the caregiver each week.

**Training Opportunities.** The caregiver is invited to attend training workshops provided through CHILDSPAN.



---

## **KENNEBEC VALLEY COMMUNITY ACTION PROGRAM**

### **WATERVILLE, MAINE**

The Kennebec Valley Community Action Program (KVCAP) has provided services to residents of northern Kennebec and Somerset Counties for 40 years—including Head Start and Early Head Start, child care, health services and family planning, parenting and life skills training, support for teen parents, affordable housing programs, energy services, and transportation for medical and social service appointments. The agency has more than 200 employees, half of whom work on Head Start, Early Head Start, child care, and other programs operated through the agency’s child and family services division.

The Early Head Start program has been in operation for six years and is funded to serve 64 children. The program provides child care to 40 children in four center-based locations—and in family child care homes: the Skowhegan Child Development Center, Kennebec Valley Community College, and two vocational centers affiliated with area high schools—and in family child care homes. In partnership with the Maine Department of Youth and Family Services and the Maine Department of Child Protective Services, the agency also provides home-based services to 24 children and families. All families enrolled in this option, known as “SPARK,” are referred by the state child welfare program. SPARK has been operating since 2003.

#### **Goals and Design of Designing the Enhanced Home Visiting Pilot**

KVCAP already provides services to kith and kin caregivers who care for children enrolled in its Head Start program. Known as CareQuilt, this initiative provides home visiting, training, information, and support to kith and kin caregivers. When the Enhanced Home Visiting Pilot grant announcement was released, KVCAP staff viewed it as an opportunity to expand their CareQuilt initiative to serve Early Head Start children, families, and caregivers. KVCAP staff knew that many Early Head Start families used kith and kin child care and could benefit from the services.

KVCAP planned to enroll 16 kith and kin caregivers in the pilot. Staff would provide monthly, 90-minute home visits to the caregivers. In between visits, staff would make informal weekly contacts by telephone. Through the pilot, caregivers would receive free equipment and materials such as outlet covers, car seats, and educational supplies. In addition, the grantee intended to provide monthly “Fellowship and Learning” meetings for caregivers and parents, invite caregivers to Early Head Start group socializations, and provide transportation to these events as needed.

#### **Community Partners**

KVCAP works with three community partners to deliver pilot services.

**Healthy Families.** Also operated by KVCAP, Healthy Families aims to support first-time expectant and new parents in getting their children off to a healthy start. The initiative was started in 1992 by the National Committee to Prevent Child Abuse. It provides home visits, parent trainings, and referrals to other community services. Early Head Start and Healthy Families SPARK partner to offer joint group socialization events to which kith and kin caregivers enrolled in the pilot are invited.

**Vocational Centers.** These centers are affiliated with area high schools and host school-based Early Head Start centers. The vocational centers partner with Early Head Start to provide child care for teenage parents who are attending high school. Some Early Head Start families enrolled in these centers also use kith and kin child care and participate in the pilot.

**Child Development Services (CDS).** This agency is an Intermediate Educational Unit that provides all Part B and C services in its region. CDS works closely with the Early Head Start program to provide developmental screenings and early intervention services to Early Head Start children with developmental delays or disabilities. The agency can conduct screenings, can provide early intervention services to children enrolled in the pilot, and at the parents' discretion can provide some services to children in the caregivers' homes.

### **Pilot Staffing**

The Early Head Start coordinator assistant serves as the pilot coordinator. She supervises two family advocates who provide home visits to caregivers and other pilot services. The family advocates also work with Early Head Start families enrolled in the four center-based Early Head Start sites. KVCAP staff decided to staff the pilot with their existing family advocates because they did not want to have additional staff visiting the families. Instead, staff felt that they could build upon the relationships that families and family advocates had already developed. Both family advocates have extensive prior experience working in Early Head Start and delivering home-based services. Prior to beginning their work on the pilot, the family advocates received an orientation and training from KVCAP's CareQuilt staff. The director of operations for KVCAP's child and family services division serves as pilot director and is available to answer questions and provide support.

### **Recruiting Families and Caregivers**

KVCAP targets families enrolled at its two vocational center sites and the community college center for pilot enrollment. To advertise pilot services, staff designed a brochure and poster for display at the centers. In addition, a letter describing the pilot was sent to all Early Head Start families. Family advocates also approached families using kith and kin caregivers about enrollment and discusses the pilot when enrolling new families in Early Head Start.

---

Caregivers are identified through the families. Early Head Start family advocates either approach the parents and caregivers together or the caregivers separately to describe the pilot. According to family advocates, the most attractive aspect of the pilot for the caregivers is the provision of safety equipment and toys. In fact, one family advocate makes note of the equipment the family needs, then uses that information as a selling point when describing the pilot to parents and caregivers. Staff stress to the caregivers that the pilot is intended to support them and benefit the children.

### **Characteristics of Caregivers**

At the time of the site visit, six families and caregivers were enrolled in the pilot. Three are the children's maternal grandmothers, one is a paternal grandmother, one is an aunt, and one is the mother's boyfriend. Five of the six are employed in addition to providing child care. Caregivers have not expressed interest in becoming licensed or registered family child care providers. However, one caregiver has asked the family advocate about becoming a substitute teacher for Early Head Start.

### **Services Provided Through the Pilot**

The pilot provides regular home visits, group socializations and training events, and home safety equipment and other supplies.

**Home Visits.** Family advocates conduct these visits monthly at the caregiver's home (or in the child's home if the child and caregiver live together). During initial visits, family advocates work on establishing a service plan for the caregiver based on a questionnaire about the caregiver's learning environment, health and safety issues, and relationships with the child and family. Rather than use a formal curriculum, family advocates tailor the home visits to the specific needs of each caregiver. Topics covered during the home visits include information on home safety, developmental stages, age-appropriate behavior management techniques, and other child-rearing issues. One family advocate conducts nearly all of her caregiver home visits with the caregiver, parent, and child because they live in the same home. The other family advocate conducts about half of her caregiver home visits with the parent present.

Beginning in fall 2005, KVCAP planned for caregivers to begin receiving home visits from not only the family advocate but the child's Early Head Start center teacher as well. The teacher's home visits will focus on the child's development and educational activities the caregiver can do with the child, along with services for the caregiver and family. The family advocate is available should the family's service needs be more involved.

**Group Events.** KVCAP has offered several trainings for caregivers on such topics as grandparents providing care, communicating with parents, and early literacy. Caregivers are also invited to monthly parent meetings and group socializations, as well as special events like the end-of-year celebrations. In fall 2005, the program planned to offer support group activities for caregivers, scheduled at a time when most caregivers are available.

**Materials and Equipment.** Caregivers receive free safety equipment such as smoke alarms, safety gates, and car seats, as well as high chairs, booster seats, and potty chairs, toothbrushes, and child-sized eating utensils. Books and educational toys are lent out as well.

---

## NORTHEAST KINGDOM COMMUNITY ACTION AGENCY

### NEWPORT, VERMONT

Since the 1960s, the Northeast Kingdom Community Action Agency (NEKCA) has provided a broad range of services to moderate- and low-income families in northeastern Vermont. Its service area covers more than 2,100 square miles, including communities in Caledonia, Essex, and Orleans counties. The agency offers Head Start, Early Head Start, Reach Up (a welfare employment program), child care, healthy babies, health education, micro business development support, support for victims of domestic violence and sexual abuse, workforce training and development services, youth services, and general outreach and emergency assistance.

A Head Start agency since the 1960s, NEKCA received funding for Early Head Start beginning in 1996. The agency offers home-based services to 72 families with infants, toddlers, and pregnant women.

#### **Goals and Design of Designing the Enhanced Home Visiting Pilot**

Scheduling weekly home visits with working parents is sometimes challenging for NEKCA home visitors. To address this situation, NEKCA staff designed the pilot to redirect some home visits with working parents to home visits with the children's caregivers. Staff felt that home visits to caregivers would be beneficial to the children because they spend so much time with the caregivers; in some families, children and caregivers live in the same home.

When NEKCA received its pilot grant, the Head Start Bureau clarified that it could not reduce the number of home visits provided to parents. Because NEKCA's grant for the pilot did not provide sufficient funds to add a pilot home visitor (and caregivers are geographically dispersed, making a single pilot home visitor impractical), agency managers decided to use pilot funds primarily for resources and incentives for caregivers, rather than to provide regular home visits.

The primary goals of the pilot are to enroll 16 kith and kin caregivers, provide them with resources and safety equipment, and include them in group socialization and training events offered by Early Head Start.

#### **Community Partner**

NEKCA selected the Family, Infant, and Toddler Program of Vermont (FIT), an early intervention services provider, as its community partner for the pilot. NEKCA planned for FIT staff to accompany home visitors on visits to caregivers as needed, help with pilot recruitment, and share resources. This partnership never got off the ground, however, and in June 2005 NEKCA approached two local child care resource and referral agencies about

partnering on the pilot. These agencies will provide training opportunities for kith and kin caregivers.

### **Pilot Staffing**

Two children's services managers oversee pilot recruitment activities and services. The Early Head Start program's eight home visitors are responsible for recruiting and providing services to two caregivers each. In June 2005, five home visitors were working with caregivers. All of the home visitors have associate's or bachelor's degrees; most have been working for the Early Head Start program for at least two years. The children's services managers provided the home visitors with an initial orientation to the pilot, based on material presented at the 2004 pilot grantee meeting. In addition, the managers and home visitors discuss the pilot during monthly staff meetings.

### **Recruiting Families and Caregivers**

To recruit families and caregivers, the program distributed an introductory letter about the pilot to all enrolled families. In addition, Early Head Start home visitors identify families in their caseloads that are using kith and kin care and discuss with them the option of enrolling in the pilot. Most families approached by the home visitors have been receptive to enrolling. Next, the home visitor approaches the kith and kin caregiver to discuss the benefits of the pilot and the equipment and services the caregiver can receive. A few caregivers have declined to enroll because of privacy concerns, but most have been receptive. Home visitors think that the free equipment and incentives attract caregivers to the pilot.

### **Characteristics of Caregivers**

In June 2005, NEKCA had a caseload of 11 caregivers distributed among five home visitors. Most of the caregivers are grandparents; a few are aunts or other relatives. Some live in the same home as the Early Head Start child and family. None of the caregivers are licensed or registered family child care providers. Turnover among caregivers has been very low; only one caregiver has dropped out of the pilot because her grandchild left the Early Head Start program.

### **Services Provided Through the Pilot**

Services provided through NEKCA's pilot include an initial home visit and follow up contacts, materials and equipment, and opportunities to attend group socialization and training events.

**Home Visits and Follow-Up Contacts.** All caregivers receive an initial home visit. At that time, the home visitor provides a welcome letter listing all services available through the pilot, an interest checklist, an incentive request form, and a resource sheet on home safety

---

for infants and toddlers. Also at this visit, caregivers are given the option of requesting additional visits. Home visitors also discuss any child development issues that caregivers raise at that time, such as questions about toilet training, behavior management, or language development. After this initial visit, the home visitors follow up with caregivers at least monthly, usually during telephone calls, visits with parents and children in which the caregiver is also present, or occasional follow-up visits.

**Group Activities.** Caregivers are invited to the group socialization activities and parent training classes offered by the Early Head Start program. As of June 2005, no caregivers had attended training classes, but several had attended group socialization events and outings with the children.

**Materials and Equipment.** When caregivers complete their interest checklists during the initial home visit, they indicate the types of safety equipment they need. The pilot provides smoke detectors, first aid kits, cabinet locks, and outlet covers, as well as books and children's music. Home visitors also give the caregivers backpacks.



---

## **THE ASTOR HOME FOR CHILDREN**

### **RHINEBECK, NEW YORK**

The Astor Home for Children is a behavioral health and child development agency that was founded in Dutchess County, New York, in 1953. The agency became a Head Start grantee in 1978, and an Early Head Start program in 1995. Together, the agency's Head Start and Early Head Start programs serve 550 children in seven locations throughout the county.

The Early Head Start program is funded to serve 125 families with infants, toddlers, and 10 pregnant women. The agency has 85 enrollment slots in its home-based option and 40 slots in center-based care.

#### **Goals and Design of the Enhanced Home Visiting Pilot**

In designing its pilot program, the Astor Home for Children sought to create a "Triad of Trust" around each child, consisting of the parent, the caregiver, and the home visitor. The primary aim of this design was to provide the child with more consistent caregiving across all settings by working with both the parent and caregiver. To facilitate this continuity, the agency decided to assign the same home visitor to both the family and the caregiver. During the home visits to caregivers, the primary focus is on the children's developmental goals rather than on the needs of the caregivers.

The agency is funded to serve 20 caregivers through the pilot. Each home visitor, known as Parent Infant Educator (PIEs), would have a caseload of eight families and two caregivers. Home visits to caregivers would be provided biweekly. In addition, a community partner would provide access to health and safety equipment, and developmentally appropriate toys, books and equipment, distributed through a mobile lending library.

#### **Community Partner**

The Astor Home for Children formed a partnership with the Child Care Council of Dutchess County (CCCD) to provide some pilot services. CCCD is the child care resource and referral agency for Dutchess County and operates a mobile lending library for child care providers. If a caregiver chooses, CCCD conducts a health and safety assessment of the caregiver's home, provides the caregiver with a health and safety kit that includes a first aid kit and fire extinguisher, and visits the caregiver with the mobile lending library at least three times a year.

**Pilot Staffing**

Oversight of the pilot is provided by the agency's assistant executive director, the Early Head Start director, and the pilot coordinator (an Early Head Start center director). Pilot services are provided by 10 PIEs who provide weekly home visits to parents and biweekly visits to caregivers. The site directors at each of the seven Early Head Start centers supervise the PIEs through regular individual supervision, in-field observation, and group meetings. The pilot coordinator is responsible for tracking pilot enrollment and facilitating communication and support for pilot staff across centers.

Eight of the ten PIEs have bachelor's degrees, one has an associate's degree in early childhood education, and one is a nurse. The PIEs' experience includes work in Early Head Start, Head Start, after-school programs, and other education-related positions. Although the PIEs did not receive training specific to the pilot, they all received month-long training in child development and family dynamics before they began their positions as PIEs. Early in the pilot's implementation, six PIEs left their positions; four existing staff working in other positions and two new hires replaced them.

**Recruiting Families and Caregivers**

Caregivers are recruited for the pilot using a two-stage approach. First, the PIE asks each of the families in her caseload whether they use a kith and kin child care provider and, if they do, whether they would like to enroll in the pilot. If the parent agrees, the parent discusses the pilot with the caregiver and introduces the caregiver to the PIE. In general, parents have close relationships with their PIE, which helps establish trust with the caregiver. Some families and caregivers have been reluctant to enroll because they do not want to have contact with the CCCD, the community partner, because this agency is involved with licensing and child care regulation in the county. According to the PIEs, the most successful recruitment tool they have is the offer of a \$25 monthly gift certificate as an incentive for participating in home visits. The agency offers gift certificates to local grocery stores, CVS pharmacy, or Barnes and Noble bookstore.

**Characteristics of Caregivers**

In July 2005, there were 20 families and 19 caregivers enrolled in the pilot. Most of the caregivers were family members—grandmothers, aunts, uncles, and a stepfather. A few were family friends. Nearly all of the caregivers had experience raising their own children, and none had other jobs outside of their roles as caregivers. Only one caregiver has expressed interest in becoming a licensed child care provider; the agency connected her with CCCD for help with the licensing process. Turnover among pilot caregivers has been low; a few caregivers have left the pilot because the family left the Early Head Start program.

---

### **Services Provided Through the Pilot**

Core services provided to caregivers through the pilot are biweekly home visits that center around the child's health, growth, and development, as well as the provision of home safety equipment and other supplies. Pilot staff have found that most caregivers will not attend group training or other group activities because of lack of time, transportation, or interest.

**Home Visits.** During an initial home visit with the parent, child, and caregiver, the PIE reviews the child's developmental goals and the most recent Ages & Stages assessment. After that initial meeting, the PIEs work with the child and caregiver on the same developmental goals they are working on with parents. Typically, a child-caregiver activity is the central focus of each visit. PIEs also try to model developmentally-appropriate interaction with the child, provide the caregivers with child development information, and identify health or safety issues they observe in the caregiver's home.

**Materials and Equipment.** The PIEs lend caregivers some materials related to the children's developmental goals—such as paper and paint, puzzles, books, and other items. In addition, caregivers have access to first aid and safety equipment and a wide range of other items through CCCD's mobile lending library.



---

**CEN-CLEAR CHILD SERVICES, INC.****PHILIPSBURG, PENNSYLVANIA**

For more than 25 years, Cen-Clear Child Services, Inc., (CCS) a not-for-profit agency with over 500 employees, has provided a wide range of pre-school, health, mental health, and support services to families in central Pennsylvania. Programs include Head Start and Early Head Start, Part C, family counseling, mental health and supportive services, life skills trainings, parenting classes, and various health services and screenings. The agency serves approximately 1,700 families and 2,400 children annually across five counties—Blair, Centre, Clearfield, Jefferson and Indiana.

The agency's Early Head Start program was launched in 1998 with 120 funded enrollment slots. The program received expansion funding for an additional 36 slots and an Early Head Start Child Welfare Services grant for another 20 slots, bringing the total number of funded enrollment slots to 176. All children and families are served through the home-based option.

**Goals and Design of the Enhanced Home Visiting Pilot**

CCS drew upon experiences with its Head Start Child Care Partnership—a collaboration with local child care centers that wish to meet Head Start performance standards—to develop the initial pilot design. Based on its experience with the child care centers, program staff members felt that they could support quality child care for families that rely on unlicensed and unregistered caregivers for their infants and toddlers. Upon reviewing the grant announcement, staff concluded that the pilot would be a good opportunity to improve the quality of care in both center-based and home-based environments, particularly family child care providers who serve several children. However, since most Early Head Start families use unregulated caregivers, most enrolled caregivers have been relatives and friends.

The program aimed to support a caseload of 35 caregivers in Centre County. Caregivers would receive biweekly home visits from an enhanced home visiting advisor hired for the pilot. These visits would support and supplement the developmental goals agreed upon by parents and the Early Head Start home visitors. Caregivers would receive developmentally-appropriate toys, games, health and safety equipment, books, and other materials during the home visits through a lending library. Trainings, weekly Early Head Start play groups, and other group socialization events would also be offered to caregivers. The advisor would distribute information on social service resources to caregivers as needed.

**Community Partners**

The agency's primary pilot partner is a consultant from the Office of Human Resources' Worklife Program at Pennsylvania State University. This program seeks to improve the

affordability, accessibility, and quality of child care through training, technical assistance, and accreditation. The consultant was involved in the design phase of the pilot and invited the advisor to attend trainings through the Worklife Program. In addition, the consultant accompanied the first advisor on three home visits and gave feedback as part of her initial training. The consultant also encourages child care providers in her professional network to refer their families to the pilot, and she is available to provide information and guidance to caregivers who express an interest in becoming licensed or registered.

Various other organizations with longstanding partnerships with CCS play small roles in the pilot. These include the Child Development and Family Council (the local child care resource and referral agency), Even Start, and the Mid-State Literacy Council. Caregivers are invited to attend activities already being offered to families served by these agencies, such as ESL classes sponsored by the literacy council.

### **Pilot Staffing**

The director of special projects has responsibility for overseeing the pilot and supervises the advisor. Other pilot staff include the Head Start-child care partnership coordinator, who provides feedback and support to the advisor as needed, particularly with regards to recruitment.

The agency had to replace the original advisor hired for the pilot because she was unable to cultivate rapport with the families and caregivers; this change caused a brief interruption in pilot services. The current advisor has a bachelor's degree in elementary education with a minor in special education. Prior to joining the pilot, she had worked as an assistant director of a child care center and as a substitute teacher. Since joining the pilot, she has received pre-service training in CPR and first aid and in-service training on safety, attention deficit hyperactivity disorder, and the child welfare services program. She also has shadowed Early Head Start staff on several regular weekly home visits to families.

### **Recruiting Families and Caregivers**

Recruitment for the pilot generally begins with the family. Early Head Start home visitors, and to some degree the Head Start-child care partnership coordinator and community partner consultant, help identify families eligible for the pilot. Organizations affiliated with CCS have also placed advertisements in their newsletters, though this approach has been less successful. In most cases, the Early Head Start home visitor first talks to parents about the pilot's services. If there is interest, the advisor attends the family's next weekly home visit and describes the pilot services in more detail. Once the parents agree to participate, the advisor contacts the caregiver to determine if he or she would like to enroll in the pilot; sometimes the parents directly invite their caregivers to join. Families receive free books as an incentive for agreeing to participate.

Most caregivers are receptive to joining the pilot and are especially attracted to the offer of free materials and equipment. Immigrant families with limited English skills appreciate

---

receiving English language materials and books. The advisor thinks the fact that she is from the local community is a key advantage to recruitment. Many families know and recognize her, and thus are more willing to trust her efforts.

### **Characteristics of Caregivers**

In June 2005, there were 27 families and caregivers enrolled in the pilot. While the program initially hoped to target child care centers and family child care providers who care for multiple children, caregivers tend to be relatives, friends, or neighbors who care for a small number of children and often provide 10 hours of care or less per week. Two caregivers operate family child care homes. Most relatives are grandparents, though other family members include an aunt, a cousin, and nonresident fathers. One is a foster parent. Some families served by Early Head Start are foreign graduate students attending Pennsylvania State University; about a dozen of these families are also enrolled in the pilot. Due to their limited English speaking skills, they tend to ask relatives or friends who share their language and culture to care for their children.

Caregiver turnover has been low and is usually due to a change in the family's circumstances, such as dropping out of Early Head Start or no longer needing child care due to unemployment. One family experienced an interruption in child care due to a disagreement between the caregiver and parent, but this was resolved within a few weeks.

### **Services Provided Through the Pilot**

Through the pilot, CCS offers regular home visits, group socializations and training opportunities, health and safety equipment, access to a lending library and mobile lending unit, and referrals to social service resources.

**Home Visits.** Most caregivers receive biweekly home visits, though a small number of caregivers have requested more frequent visits. Visits last from 45 to 60 minutes and are driven by the individualized child development goals established by parents and Early Head Start home visitors. Early Head Start visitors regularly update the advisor so that she can reinforce these goals during pilot visits. She brings toys and books to each visit, models developmentally-appropriate activities, and provides information on child development.

While the advisor does not use a formal curriculum, visits are loosely based on the Parent Child Home Program format, in which the home visitor suggests educational ways that the caregiver can incorporate toys and book into the caregiving environment and monitors progress made at the next visit. At the end of each visit, the advisor and caregiver complete a form that records the issues discussed, the needs of the caregiver and child, and what the caregiver will do before the next visit, such as reading to the child more frequently. Along with supporting child development goals, the home visitor shares health and safety information with caregivers and brings healthy, easy-to-make recipes each month. Children are usually present during the visits, and occasionally parents participate as well.

**Group Events.** Caregivers are invited and encouraged to attend the weekly Early Head Start play groups, as well as a wide range of other special events and trainings sponsored by CCS or other community organizations. None of the activities are exclusively for caregivers enrolled in the pilot. Examples of group events include reading hours in local libraries, English conversation classes, special day trips to the local amusement park, special holiday celebrations, and CPR and first aid training. Caregivers can also attend parent trainings that take place during the weekly Early Head Start group socializations. Interest in training opportunities has been low. However, some caregivers attend special one-time events, and several foreign-speaking caregivers enjoy attending the conversation group and weekly Early Head Start socializations as a way to expose themselves and their children to spoken English.

**Materials and Equipment.** A wide range of resources—books, toys, compact discs and tapes, videos—are available to caregivers through a lending library at the agency’s main office. Because transportation barriers prevent some caregivers from accessing the lending library, a mobile lending unit stops at or near caregivers’ homes and centrally located churches and libraries each month. The advisor also distributes toys and books during home visits. Caregivers receive health and safety items such as gates, first aid kits, fire extinguishers, outlet covers, and potty chairs as needed.

**Referrals.** While home visits center focus on the child’s developmental goals, the advisor provides caregivers with information on how to access other services as needed. For example, she has talked to caregivers about mental health or community wellness activities, which could range from a referral to a mental health provider or information on an upcoming parade or picnic. The home visitor has also helped caregivers access energy assistance, housing assistance, and the WIC program, among other resources.

---

## **LUZERNE COUNTY HEAD START**

### **WILKES-BARRE, PENNSYLVANIA**

Luzerne County Head Start, Inc., has been providing Head Start services to families in Luzerne and Wyoming counties since 1965. All Head Start services are center-based, including 20 slots in four community child care centers. In 2004, the agency served 740 Head Start children and their families.

The agency began operating Early Head Start in 1999. The Early Head Start program operates out of three family centers, in Wilkes-Barre, Hazelton, and Edwardsville; all families receive services through the home-based option. In 2004, the program served 96 infants, toddlers, pregnant women, and their families.

#### **Goals and Design of the Enhanced Home Visiting Pilot**

Luzerne County Head Start maintains a substantial waiting list for Early Head Start; typically more than 100 families are on the list. When the Enhanced Home Visiting Pilot grant announcement was released, agency managers initially viewed it as an opportunity to expand their program to serve more families. They wrote a grant application for the pilot with the assumption that the caregiver would be treated as a child care partner, with services focusing primarily on the caregiver and child rather than on the family. The program planned to hire one staff person to oversee partnerships with 10 child care providers. During the design phase, the agency consulted with local child care agencies and learned that many families in the area use kith and kin care for their infants and toddlers.

Once the Head Start Bureau notified the program that they would need to recruit existing Early Head Start families and provide services to the caregivers in addition to weekly home visits with families, staff members scaled back their plans from weekly to biweekly caregiver home visits. They planned to enroll a total of 14 caregivers. In addition to biweekly home visits, the agency would provide group caregiver meetings and either provide or lend safety equipment, children's books, toys, and early childhood resource materials.

#### **Community Partners**

The agency recruited three community partners for the pilot: Luzerne County Child Care Information Services, the Luzerne County Assistance Office, and Luzerne County Children and Youth Services. Each of these partners had preexisting partnerships with Luzerne County Head Start. All of the agencies offered to promote the pilot to client families using kith and kin care and provide referrals, but by July 2005 only a few referrals had been made.

### **Pilot Staffing**

The Early Head Start program director oversees the pilot and supervises the pilot home visitor, known as the child care coordinator, as well as supervising all Early Head Start staff. The agency reassigned one full-time staff person from within the agency to serve as a home visitor for the caregivers. She has a bachelor's degree in early childhood education. She is also a grandmother and relates well to the pilot caregivers, many of whom are also grandmothers. The home visitor received in-service training at the agency on a range of child development topics, including a 16½-hour training on the Touchpoints model of service delivery. Initially, the program director worked closely with her to plan and discuss home visits.

### **Recruiting Families and Caregivers**

Families are identified for the pilot either by Family Educators (who provide home visits to Early Head Start families) or through referrals from community partners. The agency created a brochure about the pilot that can be used as a recruitment tool. In addition, the program's Policy Council authorized it to give priority for enrollment to families using kith and kin child care until all pilot enrollment slots are filled.

Once a family expresses interest in the pilot, the home visitor contacts the family by telephone to describe the pilot in more detail and the services that would be provided to the caregiver. If permission is granted by the parent, the home visitor then contacts the caregivers directly to discuss enrollment. According to the home visitor, once caregivers realize that the pilot will connect them with resources and support, they are interested in participating. As of July 2005, no caregivers had refused to enroll.

### **Characteristics of Caregivers**

In July 2005, the agency had nine caregivers enrolled in the pilot. Most were grandparents; one was a great uncle, and one caregiver took care of her roommate's two children. Four participants lived with the children they cared for, and two others had lived with the children when they first enrolled in the pilot. Four of the caregivers held jobs outside the home in addition to providing care for the children. None of the caregivers were licensed, and only one expressed interest in pursuing licensing.

### **Services Provided Through the Pilot**

Core services provided to caregivers through the pilot are biweekly home visits, group events and training opportunities, and provision of materials and equipment.

**Home Visits.** During an initial visit with the caregiver, the pilot home visitor provides an orientation on the pilot. In subsequent visits, the home visitor works with the caregiver on the child's developmental goals. She also discusses the availability of community resources and provides handouts to explain the purpose of the activities they do with the

---

child. The agency uses the Hawaii Early Learning Profile and Creative Curriculum for Infants and Toddlers as resources for planning home visits. The home visitor also spends time discussing any concerns the caregiver has about the child and safety issues she observes in the home.

**Group Events.** The agency convenes monthly caregiver meetings in which guest speakers provide information and training on a variety of topics. Meetings have covered such topics as early childhood development, nutrition, language development, airway obstructions, kitchen safety tips, starting recipe boxes, nursery rhymes, and making hand puppets. The agency also held a “caregiver appreciation” picnic. According to the home visitor, a core group of about five caregivers attends these meetings regularly. The agency provides a \$10 stipend as an incentive for attending the monthly meetings.

**Materials and Equipment.** The caregivers receive a kit at enrollment that includes a nursery rhyme book, a set of “hand and finger” plays, a hand puppet for bath time, a book for the caregiver to record special things the child does, a personal item for the caregiver such as a bath sponge, magnets, and a monthly calendar for recording home visit appointments. They also receive “The Basics of Caring for Children in your Home,” which includes newsletters, tips, and activity ideas. In addition, during visits the home visitor provides caregivers with easy, low-cost games, crafts, and toys. All of these materials are provided on loan, but they can be kept for as long as six months. Caregivers receive a *Touchpoints Journal* to keep after completing the group training on T. Berry Brazelton’s Touchpoints model of working with children and families.



---

## MONONGALIA COUNTY BOARD OF EDUCATION

### MORGANTOWN, WEST VIRGINIA

The Monongalia County Board of Education's Head Start program (MCHS) has been operating for 40 years. The agency's mission is to provide quality early childhood experiences for families with young children and to build community and family partnerships in Monongalia County.

MCHS received its first Early Head Start grant ten years ago; it was one of the first 68 programs funded nationwide. Currently, the agency is funded to serve 120 Early Head Start families and children—75 families through the home-based option and 45 families through the center-based option.

#### **Goals and Design of the Enhanced Home Visiting Pilot**

MCHS's primary goal for the pilot was to improve the consistency of caregiving between parents and caregivers. To accomplish this goal, the pilot was designed to offer the same set of tools and information to the caregivers that is provided to Early Head Start parents. Home visits to caregivers would be based on *Parents As Teachers*. Staff thought that the pilot would appeal to Early Head Start families, because many of them do not trust child care centers and prefer to rely on family and friends to care for their children.

The agency conducted a needs assessment to identify families that used or needed child care and surveyed the area for other agencies who provide resources to kith and kin caregivers. Staff used this information to determine the number of enrollment slots to propose for the pilot. The program planned to offer biweekly home visits, monthly group socialization events, literacy information, referrals to the Relatives As Parents (RAP) program, and first aid and safety equipment. These services were designed to provide consistency between the information provided to the parents and caregivers. In addition, the agency planned to invite caregivers to the same group activities that Early Head Start parents attend. MCHS aimed to enroll 20 caregivers in the pilot.

#### **Community Partners**

MCHS selected two community partners for the pilot. Both already had established close relationships with the Early Head Start program and shared the pilot's goal of educating and supporting kith and kin caregivers.

**Even Start.** This home-based family literacy program is the agency's primary community partner for the pilot, and staff are co-located with Early Head Start. Even Start and the pilot provide joint trainings and group socialization events for caregivers and parents enrolled in either of the two programs.

**West Virginia University Extension.** This partner was originally intended to serve as an internal evaluator for the pilot. A representative from the extension service helped MCHS design the pilot and attended the initial pilot grantee meeting in Washington, D.C.

### **Pilot Staffing**

The Early Head Start coordinator provides oversight for the pilot and supervises the two pilot home visitors. The community liaison works on maintaining the pilot's community partnerships and oversees caregiver training. The program hired two part-time home visitors for the pilot. Prior to the pilot, one was a half-time Head Start teacher and the other was an experienced Early Head Start home visitor who wanted to reduce her work schedule to part time. Both are licensed social workers and have degrees in early childhood education.

### **Recruiting Families and Caregivers**

To be eligible for the pilot, Early Head Start families must be using kith and kin child care for a significant part of the day or week. If care is provided by the father, he must be a nonresidential father. Early Head Start home visitors approach families using kith and kin care about enrolling in the pilot. Staff discuss potential recruits—such as families with parents who have recently enrolled in school, started a job, or need child care for another reason—during staff meetings and strategize on the best way to approach them about the pilot. Having the pilot home visitor accompany the Early Head Start home visitor to discuss the pilot with the parents has been an effective recruiting strategy. Once the parent agrees to enroll, the pilot home visitor contacts the caregiver.

### **Characteristics of Caregivers**

In July 2005, each home visitor had a caseload of four caregivers, for a total of eight caregivers enrolled in the pilot. Most caregivers are grandparents who live in the child's home; one is a grandfather who is disabled, and one is an aunt. Only one grandparent has expressed interest in licensing. She would like to obtain a license to care for her own grandchild so that the family can apply for a state child care subsidy to pay her for providing care.

### **Services Provided Through the Pilot**

MCHS provides the following services to caregivers: regular home visits, materials and equipment, and group training and socialization events.

**Home Visits.** The biweekly pilot home visits closely mirror the home visits provided to the parents. MCHS home visitors base their lesson plans for the visits to both parents and caregivers on the PAT curriculum. Typically, the central focus of each caregiver visit is a caregiver-child activity that the home visitor brings. After the activity, the home visitor

---

reviews a handout about the activity with the caregiver. Early Head Start and pilot home visitors coordinate closely to ensure that they are working with parents and caregivers on the same behavior management techniques so that the child receives consistent care in both settings.

**Group Events.** Several training sessions have been held for caregivers on such topics as literacy, fire safety, home safety, and nutrition. Caregivers are also invited to attend the Early Head Start group socialization events, but thus far few have attended. One caregiver is disabled and others lack transportation or time away from caregiving duties to attend these events.

**Materials and Equipment.** According to pilot staff, most caregivers have access to age-appropriate toys because they live in the child's home. Nevertheless, the home visitors lend some books and materials to caregivers, and they give some books and puzzles to caregivers to keep.



---

## NORTHERN PANHANDLE HEAD START, INC.

### WHEELING, WEST VIRGINIA

Founded in 1979, Northern Panhandle Head Start, Inc., (NPHS) provides services to families and young children through Head Start, Early Head Start, the Maternal Infant Health Outreach Worker (MIHOW) program, and pre-kindergarten partnerships with local school districts. The agency employs approximately 136 staff and serves 601 families annually; its Head Start program serves more than 600 children across five counties.

The agency's Early Head Start program has been in operation since 1999 and is funded to serve 48 families with infants, toddlers, and pregnant women in three West Virginia counties: Brooke, Marshall, and Wetzel. All families receive services through the home-based option.

#### **Goals and Design of the Enhanced Home Visiting Pilot**

Since 1995, NPHS staff have been working with family and center-based child care providers of Head Start children to provide training and support quality improvement. When the Enhanced Home Visiting pilot was announced, agency staff viewed it as an opportunity to expand these activities to kith and kin caregivers of Early Head Start children. NPHS conducted a needs assessment using information from a survey of Early Head Start families, parent educators' knowledge and experience with families, and a community assessment database for the three counties in this service area. Based on this information, the program estimated the number of eligible families it could serve through the pilot. The NPHS Policy Council and Board of Directors was also involved in planning and goal-setting for the pilot; some Policy Council members are Early Head Start parents and working mothers who are very aware of the need to support kith and kin caregivers.

The program planned to provide a comprehensive package of services including weekly home visits, training in CPR and first aid, training in positive discipline practices, and support groups for 20 caregivers. An important goal of the program is to improve the safety of the caregiving environment. Staff planned to address safety needs first, then shift the focus to child development activities caregivers could do with the children. The program planned to provide needed safety equipment, books, and toys from its lending library.

#### **Community Partners**

NPHS works with five community partners to deliver pilot services:

- ***Marshall County Starting Points Center.*** This agency provides parent education, play groups, a clothing bank, and a toy and book lending library. It

also operates Parents As Teachers and Teen Parents As Teachers programs. For the pilot, Starting Points provides resources (books, toys, and equipment) and coordinates the group socializations for parents and caregivers.

- ***West Virginia University (WVU) Extension.*** The WVU Extension provides nutrition and healthy eating information to low-income families. For the pilot, the WVU Extension provides training classes on infant-toddler nutrition in two counties as well as individual nutrition training for caregivers during home visits.
- ***Brooke County Public Schools Love and Logic Program.*** *Love and Logic* is a program to help low-income parents develop effective ways of managing their children's behavior through a combination of lecture and role play. This program is offered to the pilot caregivers as a seven-week training course on effective behavior management strategies for young children.
- ***Wheeling Hospital.*** The hospital provides a training class on CPR and first aid to all pilot caregivers and Early Head Start parents.
- ***RAPP.*** RAPP (Relatives as Parents Program) is a grassroots support group for grandparent caregivers. Pilot caregivers are invited to attend RAPP support group meetings, but at the time of the site visits, caregivers had not yet attended.

### **Pilot Staffing**

The Early Head Start coordinator supervises a pilot home visitor. This home visitor has a Child Development Associate (CDA) credential and is working on a bachelor's degree in early childhood education. She is a former NPHS parent who served on the agency's Policy Council and later became an assistant Head Start teacher. Prior to beginning her work on the pilot, she participated in orientation and training on Early Head Start and the pilot, shadowed Early Head Start parent educators on home visits, and conducted initial home visits with the Early Head Start home visitors for the first three months of pilot implementation.

### **Recruiting Families and Caregivers**

Families using kith and kin caregivers were identified through a family survey administered during the pilot's initial design phase. Families who indicated interest in the program were then contacted by the pilot home visitor; she conducted an initial home visit with the parents to describe the pilot in more detail. Early Head Start parent educators were also involved in "selling the program" to families and often accompanied the pilot home visitor on the initial visit.

Once the parents agreed to enroll, the pilot home visitor contacted the caregiver. While many caregivers have been receptive to enrolling, some felt that they did not need the services or were reluctant to have a stranger visit them at home. The most effective

---

recruitment strategies have been involving Early Head Start parent educators in recruitment, since they have already established trusting relationships with families, and offering resources such as books, toys, and car seats as incentives for participating in the pilot.

### **Characteristics of Caregivers**

In June 2005, the pilot home visitor had a caseload of 10 caregivers. Seven were the children's grandmothers, one was an aunt, and two were family friends and neighbors. All of the caregivers took care of the children in the caregivers' homes. The pilot home visitor began with a caseload of 19 caregivers; eight left the pilot because the families of the children they were caring for left Early Head Start. One grandmother has expressed interest in becoming a licensed child care provider, and pilot staff are working with her to meet licensing requirements and complete necessary training hours.

### **Services Provided Through the Pilot**

Core services provided to the caregivers through the pilot are weekly home visits, training and support groups, access to a lending library, provision of safety equipment, and referrals.

**Home Visits.** The home visits take place on a weekly basis and typically last about 90 minutes. The first home visit serves as a time for the home visitor and caregiver to get to know each other and set goals and objectives. Together, they complete a service plan at the end of the first visit that lists the goals and activities they have agreed to work on during subsequent visits. Typical home visits consist of an hour of structured educational activities with the child and caregiver. Most of these activities come from the Parents As Teachers curriculum. The last half hour is usually spent as support time for the caregiver, providing an opportunity for him or her to express concerns, either about the child or about personal issues.

**Group Events.** Several support groups and training sessions have been offered for caregivers and parents through the pilot. The groups range in topics, and most have been based on caregiver's requests. Training sessions include training on infant/toddler nutrition, CPR and first aid training, child-directed activities, and a seven-week course on behavior management.

**Materials and Equipment.** The home visitor usually brings a box of materials related to the developmental activities the caregiver is working on with the child and leaves them at the end of each home visit. In addition, the home visitor provides safety equipment such as smoke detectors and fire extinguishers. Caregivers also have access to a lending library of toys, books, blocks, games, and art supplies.

**Referrals.** The pilot home visitor has made a few referrals each month for caregivers enrolled in the pilot. The types of referrals vary but include referrals for food banks, utilities assistance, lead abatement, and family counseling.



---

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.****AUBURN, ALABAMA**

Operating since 1954, the Alabama Council on Human Relations (ACHR) is a statewide non-profit organization founded to address issues of racial and economic justice and educational opportunity in the state. ACHR began as an outgrowth of the Southern Regional Council, a civil rights group, and initially focused on voting rights and school desegregation. Currently ACHR provides a range of services in Lee and Russell counties, including Head Start, Early Head Start, child care, adult education, case management, a child care food program, a fatherhood program, affordable housing and housing counseling, WIC, weatherization, energy assistance, and emergency crisis intervention.

The Early Head Start program has been operating since 1998 and is funded to serve 152 infants and toddlers. ACHR serves 80 children through the home-based option and 72 children through the center-based option. Two of the agency's centers house nine Early Head Start classrooms. To enroll in the center-based option, parents must be working or attending school.

**Goals and Design of the Enhanced Home Visiting Pilot**

The primary goal of the pilot was to improve the quality of child care services provided to children by kith and kin caregivers. Staff viewed the pilot as an important opportunity to support grandmothers and other family members who were caring for Early Head Start children while their parents were in school or working. ACHR's early childhood coordinator and home visitors used their knowledge of family circumstances and needs to decide what services would be offered to the caregivers.

Initially, ACHR planned to use the Early Head Start home visitors to conduct visits to the caregivers. Instead of providing weekly visits to parents, home visitors would conduct two visits a month with parents and two with caregivers. However, during the grant approval process, the Head Start Bureau clarified that the agency must continue providing weekly visits to parents. As a result, the agency decided to scale back on its enrollment target; instead of enrolling 40 caregivers, ACHR would enroll 20. These caregivers would receive biweekly home visits, opportunities to participate in group socialization events, and materials and safety equipment.

**Community Partner**

ACHR selected the Child Care Resources Center (CCRC), the area's child care resource and referral agency, as its community partner for the pilot. The two agencies already had a strong working relationship and previous experience with partnerships for other initiatives. Caregivers enrolled in the pilot can participate in any training that CCRC offers for child

care providers. Home visitors provide caregivers with monthly schedules of trainings offered by CCRC.

### **Pilot Staffing**

ACHR's Early Head Start coordinator also serves as coordinator for the pilot and supervises the work of the two pilot home visitors. The two staff members who provide home visits to caregivers are trainers for the Early Head Start program and supervise the Early Head Start home visitors. The agency decided to reassign these staff to the pilot, rather than hiring new staff, because they felt that families would respond more readily to staff they already knew and trusted.

One of the home visitors has a bachelor's degree in child development. She has approximately eight years experience at ACHR as an Early Head Start teacher, a home visitor, and a supervisor. The other home visitor has an associate's degree in child development and 20 years of experience working in Head Start and Early Head Start. Prior to implementing the pilot, the two pilot home visitors received an initial orientation to the pilot from the Early Head Start coordinator.

### **Recruiting Families and Caregivers**

To recruit families for the pilot, ACHR developed a brochure and sent letters to Early Head Start families describing the pilot. Early Head Start home visitors followed up with families to discuss the pilot in more detail and to encourage them to enroll. In addition, agency staff now discuss the pilot with new families when they enroll in Early Head Start. Once families agreed to enroll, either the Early Head Start home visitor, the pilot home visitor, or both would meet with the caregiver. To increase interest in the pilot, the agency has also had pilot home visitors accompany Early Head Start home visitors on visits to advertise the pilot. Staff think that caregivers are attracted to the pilot because it provides another adult for them to talk to as well as educational materials and equipment for the children in their care.

### **Characteristics of Caregivers**

In July 2005, ACHR had seven caregivers enrolled in the pilot. Six are grandmothers, and one is an aunt. Some care for multiple children, and some live in the same home as the family and child. Several work outside the home in addition to their caregiving responsibilities.

### **Services Provided Through the Pilot**

Core services provided to the caregivers through the pilot are home visits, group events, and materials and equipment.

---

**Home Visits.** Home visits take place twice a month, with most visits lasting about an hour. and consist of training, support, and guidance to the caregiver. During the initial home visit, the visitor collects some basic information from the caregiver and provides an orientation to the pilot services. During subsequent visits, home visitors cover a variety of topics and do at least one activity with the caregiver and child. For example, if the topic is music, the activity might consist of making a homemade instrument. Home visitors stress the important of reading and talking to the child at every visit. In addition, sometimes home visitors bring healthy snacks to leave with the caregiver. Caregivers also receive weekly Baby Reading, Activities and Growth for Success (RAGS) newsletters that contain activity ideas.

**Materials and Equipment.** Home visitors bring two books per child and toys to loan to the caregiver on each visit. The agency gives some items to caregivers to keep, including an art kit, safety equipment, and dental care items. In addition, they sometimes bring caregivers diapers or other items from the agency's donation center when they are available. Finally, at the time of the site visit, home visitors were in the process of compiling laminated photo albums for the caregivers containing pictures taken during home visits and at group socialization events.

**Group Events.** The agency offers regular Early Head Start socializations such as play groups and guest speakers. Caregivers receive door prizes when they attend these events. CCRC also provides a broad array of training events, but caregiver interest in these events has been low.



---

## MOUNTAIN AREA CHILD AND FAMILY CENTER

### ASHEVILLE, NORTH CAROLINA

After nearly a decade of planning and fundraising by the Swannanoa Valley Voice for Children—a community group formed to address the child care needs of area families—the Mountain Area Child and Family Center (MACFC) opened in January 2001. Within six months, MACFC was enrolled at capacity with 76 full-time children attending the center. The agency provides center-based child care and other services to children and families who live in Buncombe County, North Carolina, focusing on those living in rural areas outside the city of Asheville.

In 2001, MACFC received its first Early Head Start grant to serve 48 infants and toddlers and 12 pregnant women. MACFC classrooms are blended, containing children funded by Early Head Start, state child care vouchers, and private tuition. Since beginning Early Head Start, MACFC has opened two additional centers—the Montmorenci Center housed in a church building and the Reuter Center housed in a local YMCA.

MACFC's Early Head Start program is now funded to serve 100 children and pregnant women—54 children in center-based care and 46 children and pregnant women through the home-based option.

#### **Goals and Design of the Enhanced Home Visiting Pilot**

The grant announcement for the Enhanced Home Visiting Pilot came out at the same time the program was developing its home-based option and preparing to expand from 60 to 100 enrollment slots. Not many of MACFC's Early Head Start families used kith and kin child care, but program staff identified a need to support Early Head Start fathers in their roles as parents. The main goal of MACFC's pilot is to enroll 20 fathers and support them in improving their skills as caregivers. The agency also enrolls a small number of kith and kin caregivers who are not fathers.

The program planned to hire two home visitors to work with the fathers and provide one-on-one mentoring during weekly home visits. The pilot would also provide support groups for fathers and father-child outings. Home visitors would focus their work with fathers on parenting techniques—establishing routines, behavior management, relationship development, and fostering social-emotional development. In addition, the home visitors would individually assess the fathers' needs and link them with needed social services.

#### **Community Partner**

MACFC's community partner for the pilot is the Buncombe County Health Center, which provides parenting classes for fathers and other caregivers. The Center offers a series of classes on topics such as nutrition and meal planning, routines and schedules (such as

sleep routines, toilet training, eating, and the importance of consistency), car seat safety, and smoking cessation. Workshops are provided on each topic in both English and Spanish.

### **Pilot Staffing**

The Early Head Start family services specialist supervises the day-to-day work of the pilot home visitors. MACFC hired two male home visitors to provide pilot services in summer 2004; one of these positions is for a bilingual home visitor who could work with Spanish-speaking fathers. Both home visitors had experience working with families and children in a range of settings and providing social services. Prior to beginning their work with fathers, the home visitors attended the Head Start Fatherhood Conference. In addition, they attended two other training conferences—a training on the National Fatherhood Institute’s 24/7 Dad curriculum and a training on the Center for Successful Fathering’s Successful Fathering curriculum. The bilingual home visitor left MACFC shortly before the site visit, and the program hired a replacement in July.

### **Recruiting Families and Caregivers**

The recruitment process begins when Early Head Start home visitors identify families with fathers who might be willing to participate in the pilot. When a potential family is identified, the Early Head Start home visitor presents the pilot to the mother and asks if she can bring the pilot home visitor on the next home visit. At that visit, the pilot home visitor talks more about the pilot with the mother (and the father if he is present). If the mother decides the pilot will be beneficial to the child’s father, the pilot home visitor obtains contact information for the father and begins trying to schedule an initial visit.

When contacting fathers for the first time, the home visitor describes the benefits to children of having a father who is involved in their lives, such as higher educational achievement and healthy emotional development. He also tells the father that the pilot can help with employment, education, and a range of other issues and topics. Pilot home visitors feel that their recruitment efforts are more successful when they present participation requirements as flexible. The minimum expectation is at least one contact a month with the home visitor.

### **Characteristics of Caregivers**

The program attempts to recruit fathers who live with their children, noncustodial fathers, and expectant fathers. Of the 46 home-based families enrolled in the program, approximately half have fathers who are potential candidates for enrollment in the pilot. In June 2005, one pilot home visitor had a caseload of 10 English-speaking fathers and two grandmothers who are kith and kin caregivers. Most of the fathers are young and underemployed; many are enrolled in GED preparation courses.

The bilingual home visitor position was vacant at the time of the site visit, and pilot services for Latino fathers were on hold. Before the bilingual home visitor left the program,

---

however, he also had a caseload of approximately 10 fathers. The Latino families tend to be two-parent families, but in most cases the fathers had not been involved in taking care of the children. In addition, many of the Latino fathers have more than one job and work long hours during the week.

### **Services Provided Through the Pilot**

The pilot provides fathers with regular home visits, parent training opportunities, father-child outings, home safety equipment and other supplies, and referrals.

**Home Visits.** Home visiting services are individualized to the needs of each father according to goals established for the visits in the first few weeks after enrollment. Goals might include learning more about child development, learning to hold an infant, promoting language development, finding a job, obtaining a GED, or finding better quality housing. Many of the fathers do not feel comfortable meeting at home; consequently, many of the meetings with fathers take place in the MACFC office, at restaurants, at fathers' job sites, or at other locations. During a typical meeting, the home visitor and father review a handout on child development, talk about the father's goals, and work on personal goals such as job searches or GED preparation.

**Group Events.** MACFC's pilot offers two types of group events for fathers: parenting classes and father-child outings. Parenting classes are offered in both English and Spanish by the Buncombe County Health Center, but only a few fathers have attended. These classes are also open to other Early Head Start families. In addition, the pilot offers father-child outings and activities such as a pumpkin carving event and trips to a nature center and a local pool. Some fathers regularly attend these events with their children and in some cases with their spouses.

**Materials and Equipment.** When the home visitors do a home safety check during an early home visit, they provide equipment such as fire extinguishers, cabinet latches, and outlet covers. In addition, noncustodial fathers often lack the equipment they need for overnight visits with their children. The home visitor helps them find cribs, car seats, infant seats, and other items.

**Referrals.** Home visitors provide fathers with referrals to a range of community services, such as local charities for financial assistance and the community college for GED preparation classes, English as a Second Language classes, and other technical courses such as carpentry. Noncustodial fathers are sometimes referred to a mediation center for help negotiating custody and child support agreements and a visitation center to facilitate visits with their children. Home visitors have also made referrals to mental health providers, the Medicaid dental clinic, and Job Corps.



---

**MAHUBE COMMUNITY COUNCIL, INC.****DETROIT LAKES, MINNESOTA**

Founded over 40 years ago, the Manube Community Council, Inc., (MCC) is a community action agency serving low-income and elderly residents in three counties in rural western Minnesota: Becker, Hubbard, and Mahnommen. Over 4,500 families are served annually. Programs cover a broad range of services, including Head Start and Early Head Start; weatherization; energy assistance; emergency food, clothing, and shelter services; the Retired Senior Volunteer Program; housing assistance; budgeting workshops; and a car loan program. MCC also functions as the local child care resource and referral agency and operates Crisis Care, a program that provides short-term child care to licensed providers on an emergency basis.

MCC's Early Head Start program has been operating since 1997 and is funded to serve 128 families with infants, toddlers, and pregnant women. Families can choose from either the center-based option, the home-based option, or a licensed family child care option. At the time of the site visit, 58 children were enrolled in the home-based option, more than half of the remainder were in licensed family child care homes, and the rest were in center-based care.

**Goals and Design of the Enhanced Home Visiting Pilot**

MCC saw the Enhanced Home Visiting Pilot as an extension of its work in the 1990s on a special grant to build relationships between Head Start and family child care providers. Initially, the agency considered a formal approach to working with caregivers by developing individualized lesson plans for the children, but this is already done by the Early Head Start home visitors. Instead, staff decided that a more flexible, informal approach without a lot of documentation or paperwork would be more effective with kith and kin caregivers, particularly in the beginning stages. The pilot aimed to give caregivers support to enhance the child's development and the quality of care provided, emphasize the important roles that the caregivers play in the children's lives, and enhance their self esteem. The agency is funded to serve 50 children and their caregivers through the pilot.

Originally, MCC planned to have existing Early Head Start home visitors deliver services to both families and caregivers enrolled in the pilot, but eventually staff decided that a combined caseload was too burdensome. Consequently, a home visitor was hired just for the pilot. Planned services included home visits, access to social events and trainings, educational materials and equipment, and referrals to community organizations. While MCC required three caregiver home visits per year, the number of home visits would ultimately be determined based on the needs and interests of caregivers.

### **Community Partners**

To provide services to caregivers, the Early Head Start program collaborates with three primary partners, all of which fall under the umbrella of MCC:

- ***Child Care Resource & Referral Agency (CCR&R).*** An MCC child care specialist refers caregivers to training events sponsored by the agency, promotes the pilot at community meetings, and provides child care for grandparents who attend RAPP support groups (see below). In addition, the child care specialist conducted a well-received Infant/Toddler CPR training for parents and caregivers and plans to provide additional trainings for pilot caregivers in the future.
- ***Crisis Care Program.*** This program trains and maintains a volunteer pool of licensed family child care and foster care providers to make back-up child care on an emergency basis available to families in a self-defined crisis.. Volunteers can provide care for up to 72 hours and receive a small stipend. Two grandmothers enrolled in the pilot have accessed the program—one for medical reasons and one due to scheduling conflicts. One enrolled caregiver who is a retired licensed provider has volunteered with the Crisis Care Program since before the pilot began.
- ***Relatives As Parents Program (RAPP).*** This is a relatively new program that was in place 15 months before the pilot began. It offers a support group for grandparents who care for their grandchildren. Speakers deliver presentations on such topics as housing assistance, weatherization, the 4-H club, income tax preparation, and completing job applications. Transportation and child care are available for participants.

### **Pilot Staffing**

The Kith and Kin Program Coordinator oversees the pilot; she also provides oversight for the CCR&R agency and RAPP. In December 2004, a home visitor was hired to deliver pilot services exclusively to caregivers. Before the pilot home visitor was hired, the coordinator delivered services to all enrolled caregivers and continues to work with three of them. The home visitor has a degree in social work and had previously worked at a youth crisis center and in nursing homes as a recreational therapist. She is a former Head Start parent. After she was hired, the home visitor participated in standard training sessions for new Early Head Start staff members, including an intensive 40-hour infant/toddler training. She also received one-on-one training on the pilot from the Kith and Kin Program Coordinator.

---

## **Recruiting Families and Caregivers**

The agency uses a variety of recruitment methods for the pilot. One of the most effective methods is referral from Early Head Start home visitors and family service workers. Families and caregivers have also learned about the pilot through other programs operated by MCC and at RAPP gatherings. Some have been approached by pilot staff at Early Head Start group socialization events.

In describing the pilot to families and caregivers, staff stress the minimal paperwork burden and the program's flexible format. Home visits and pilot contacts can take place anywhere—in the home, at Early Head Start socializations, or by phone—and caregivers determine the level of support and services that they want to access. This flexibility is appealing to caregivers. Sometimes families or caregivers who initially are not interested decide to join once they learn more about the benefits of the pilot. Having the pilot home visitor accompany the Early Head Start home visitor on a weekly visit to talk about the available services with parents and caregivers has been a useful strategy for generating interest in the pilot.

## **Characteristics of Caregivers**

As of June 2005, 42 caregivers caring for 46 Early Head Start children were enrolled in the pilot. The majority of caregivers were grandmothers, though a range of other relatives were participating as well, including one great-grandmother and one niece. Some children were cared for by multiple family members; one child who was in state custody at the time rotated between four relatives. A few caregivers were friends or neighbors. Since the pilot began, one or two caregivers have expressed interest in becoming licensed or registered caregivers. One grandmother is a retired licensed family day care provider.

For the most part, while some caregivers are reluctant to join the pilot, those who decide to enroll tend to remain in the program.

## **Services Provided Through the Pilot**

MCC's pilot program supports caregivers by providing home visits, training and group event opportunities, home and safety equipment, educational materials, access to a lending library, social service referrals, and transition services for caregivers when children move from Early Head Start to Head Start.

**Home Visits.** Topics covered during home visits are caregiver-driven; no formal curriculum is used. At the first home visit, caregivers complete a partnership agreement that surveys their needs and interests. Common topics of discussion include nutrition, safety, setting limits, and developmental stages; the home visitor models developmentally-appropriate caregiving practices as needed. Caregivers have asked for information about explaining death and dying to children who have recently lost family members, as well as the long-term effects of parental drug use or exposure to the manufacture of methamphetamine in the home.

Caregivers determine the frequency of home visits as well as the topics covered. MCC officially requires three home visits per year, though most participants receive about one visit each month; some caregivers request bimonthly visits, while others opt to meet with the home visitor at Early Head Start socializations on a more sporadic basis.

**Group Events.** Caregivers are invited to attend the weekly Early Head Start group socialization events, along with other trainings and group activities sponsored by MCC. Some grandparents have attended RAPP meetings; one grandmother preferred RAPP to the Early Head Start socializations because she felt more comfortable with other caregivers her age. In addition, the CCR&R agency conducted an Infant/Toddler CPR and first aid training for caregivers; participants received smoke alarms, carbon monoxide detectors, fire extinguishers, and first aid kits. Some caregivers also attended a car seat safety training and received a free car seat, with the option to have it installed for them. One caregiver has completed part of a 40-hour infant and toddler training curriculum.

**Materials and Equipment.** The pilot operates a mobile lending library with toys, books, videos, and other items that the home visitor brings to each home visit; this is a popular resource with caregivers and families. The home visitor prepares activity packets containing art supplies and ideas for art-related activities. These items are made available not only for children enrolled in the pilot but also for other children being cared for in the household. Caregivers can also request home and safety equipment such as cribs, high chairs, safety gates, door knob safety latches, and play pens as needed.

**Referrals.** The home visitor routinely refers caregivers to a range of community resources and social services—many of which are housed within MCC. Caregivers have received information on legal assistance, energy assistance, weatherization, housing assistance, tax preparation, migrant health services, and food banks. In addition, the home visitor can make referrals to behavioral health and mental health specialists who are under contract with MCC if needed.

**Transition Services.** Because MCC strongly believes in a seamless Early Head Start/Head Start service delivery system, the program plans to continue providing limited services to caregivers even when families transition out of Early Head Start. For example, the home visitor will continue to send newsletters about upcoming trainings, conduct home visits in the short term if there is an urgent need expressed by the caregiver, and refer caregivers to the CCR&R agency for additional support. Agency staff think that this service approach is an important step in maintaining their relationships with local families.

---

**HAMILTON CENTER, INC.****TERRE HAUTE, INDIANA**

Founded in 1971, Hamilton Center, Inc. (Hamilton Center) is a non-profit behavioral health agency that serves approximately 10,000 individuals annually in nine Indiana counties: Vigo, Clay, Greene, Hendricks, Marion, Owen, Parke, Putnam, Sullivan, and Vermillion. The agency offers a broad array of services for adults and children. Programs for adults include counseling, addiction counseling, intensive inpatient and residential behavioral services, rehabilitation services, and the Affinity Stress Center. Programs for children include outpatient counseling, family preservation, day treatment, foster care, Healthy Beginnings (early intervention), and Early Head Start.

The agency's Early Head Start program began operating in 1995 as one of the first 68 programs funded. Hamilton Center is currently funded to serve 80 families with pregnant women, infants, and toddlers. The program offers center-based services to 20 families, home-based services to 44 families, and a combination option to 16 families.

**Goals and Design of the Enhanced Home Visiting Pilot**

The primary goals of the pilot are to provide caregivers with information about developmentally appropriate practices, to enhance the learning environment for Early Head Start children, and to foster continuity in caregiving for the child across the home and child care settings. Program staff decided to base the design for the pilot on their design for the Early Head Start and Healthy Families home-based option. Prior to beginning the pilot, the agency conducted a needs assessment—including a family survey and consultation with the Policy Council, staff, and community partners—to determine how many families used kith and kin care. Based on this assessment, the agency planned to enroll 11 caregivers in the pilot.

The program planned to provide home visits to caregivers based on the caregivers' identified needs and interests. Caregivers would have at least two home visits monthly. Caregivers would be invited to attend all Early Head Start group socialization events, and the agency would organize group socializations specifically for the caregivers and children. Training for caregivers would be provided by the agency's community partner. In addition, the agency would purchase developmentally-appropriate toys, books, and equipment for the caregivers and children.

**Community Partner**

Hamilton Center chose Community Coordinated Child Care, known as 4Cs, as its community partner for the pilot. This agency serves as the child care resource and referral agency for Hamilton Center's service area and plays a lead role in the community on initiatives to improve child care quality. The agency provides training for caregivers and

Early Head Start staff on quality caregiving practices and basic information to staff on the steps kith and kin caregivers must take to become licensed child care providers. 4Cs also operates a lending library with educational resources and activities that can be used during caregiver home visits. The agency is also available to provide First Aid and CPR training for caregivers.

### **Pilot Staffing**

The Early Head Start program manager oversees pilot operations and supervises the pilot staff. Five home educators provide home visits to both the families and the caregivers. Agency staff decided that using the same home visitor would help to foster continuity of care across the two settings. When establishing home educators' caseloads, pilot families are weighted as two families to account for the caregiver home visits. When the pilot began, the agency hired one additional home educator to accommodate the home visits to caregivers.

All of the home educators have bachelor's degrees, and four have several years of experience working in Early Head Start. In addition to ongoing staff training activities, Hamilton Center provided home educators with two trainings specifically for the pilot. The first, conducted by a mental health consultant, focused on active listening skills and techniques for facilitating communication. The second training, conducted by 4Cs, reviewed resources in the community that are available to caregivers and the process for becoming a licensed child care provider.

### **Recruiting Families and Caregivers**

To recruit families for the pilot, home educators offer pilot services to families already enrolled in Early Head Start who use kith and kin child care. Once a family agrees to enroll in the pilot, the home educator usually conducts a home visit with the caregiver to discuss the pilot. Staff feel that many of the caregivers are already familiar with Early Head Start and are interested in obtaining additional services for the children. Some caregivers are also attracted to the pilot by the free toys, books, and safety equipment.

In an effort to increase pilot enrollment, Early Head Start staff have also contacted families on the waiting list to identify those that use kith and kin care and prioritize them for enrollment. Due to low enrollment in the initiative, the decision was made to offer enhanced services to those families enrolled in the combination option within Hamilton Center, Inc. Teachers would serve as the primary contact for the family, and a home based educator would be assigned to provide enhanced services to the caregiver. Staff have also encouraged other community agencies to refer eligible families and caregivers to the pilot.

### **Characteristics of Caregivers**

In June 2005, the agency had six caregivers enrolled in the pilot. Each of the five home educators was serving one or two pilot families and their caregivers. Half of the caregivers are the children's grandmothers. One is an aunt, one is a great-grandmother, and one is a

---

family friend who operates a family child care home. At the time of the site visit, she was in the process of becoming licensed with the help of 4Cs. Some of the relative caregivers live in the same home as the family and child.

### **Services Provided Through the Pilot**

Hamilton Center provides pilot caregivers with regular home visits, materials and equipment, and opportunities to attend group socialization events.

**Home Visits.** The home visits occur on a weekly or bimonthly basis and usually last for about 90 minutes. The home educators try to target the needs of individual caregivers. During the initial visit, the home educator gets to know the caregiver and her needs and interests. Initial goals are established, including developmental goals for the child and goals for the caregiver. Caregiver goals may focus on child-caregiver interactions, personal issues such as finding employment or better housing, or communication between the caregiver and parent. During a typical home visit, the home educator follows up on child-caregiver activities discussed the previous week, does a new activity with the child and caregiver, discusses caregivers' questions and progress on goals, and completes a home visit record. To keep the parents informed of program services, the home visit records completed in the caregiver's home are shared with the parents on a regular basis. Home educators use the Hawaii Early Learning Profile (HELP) curriculum as a guide for conducting the visits.

**Materials and Equipment.** The home educators provide the caregivers with health and safety equipment, such as first aid kits, outlet covers, smoke detectors, and safety gates. They also provide caregivers with developmentally appropriate toys and books for the children. Most items are purchased for the caregivers, but some toys and books are loaned.

**Group Events.** The home educators invite caregivers to the bimonthly family days, usually conducted on week nights, organized for Early Head Start families and children. In addition, the pilot has organized two group socialization events specifically for the caregivers and children. Training events for caregivers have not yet been held but are planned for the future.



---

**COMMUNITY ACTION WAYNE/MEDINA****WOOSTER, OHIO**

Community Action Wayne/Medina (CAW/M) has been operating in Wayne and Medina Counties for over 30 years. Services offered include Head Start, Early Head Start, and Triway Preschool; support groups for parents; Building Healthy Families; after-school programs; and male involvement activities. Other services include fire/poison safety; home weatherization assistance programs, emergency home energy assistance; urgent health services transportation; operation HOMES intake; prescription drugs for seniors; food pantry; homeless assistance and prevention; and senior visitation programs.

CAW/M's Early Head Start program, operational since 1998, is funded to serve a total of 112 infants, toddlers, and prenatal mothers. The program operates both a home-based option and a full-year, full-day center for working parents who receive child care subsidies. The Early Head Start program is also involved in the Child Welfare initiative and has partnered with the local child welfare agencies in both Wayne and Medina Counties.

**Goals and Design of Designing the Enhanced Home Visiting Pilot**

Until 1998, the CAW/M Head Start home-based option was designed to offer home visits to any adult who cared for a child. In 1998, the program changed this policy to serve only the children's parents or legal guardians. When the Enhanced Home Visiting grant announcement was issued, CAW/M management staff were attracted to its service delivery approach, because not only was it home-based, but it also reached out to other adults who fit into a broader definition of "caregiver." They saw the pilot as a way to return to working with the other adults who are involved in children's lives. The program envisioned that the pilot would target not only kith and kin caregivers, but foster parents and kinship care providers as well.

The goals of the pilot are to provide additional educational opportunities for the Early Head Start children; identify needs of kith and kin caregivers; increase opportunities for parents and caregivers to form a united bond for the education of infants/toddlers; and increase the quality of educational supports provided by the kith and kin caregivers. In the original design, CAW/M planned to contract with a community partner for home visitors that would conduct home visits with kith and kin caregivers two times per month. CAW/M changed their initial implementation plans once program staff learned that other pilot sites were using the Early Head Start home visitors to conduct visits to caregivers. Other planned services included group socializations and training opportunities that would be jointly conducted by CAW/M and the community partner; invitations to caregivers to attend weekly Early Head start socializations; and use of the Parent Store—a CAW/M facility where Early Head Start parents can purchase a variety of items with points they have accumulated by participating in events home visits or other program events.

### **Community Partners**

For the pilot, CAW/M partnered with two Help Me Grow agencies; one located in Wayne County, the other in Medina. Help Me Grow is a statewide program run by the Ohio Department of Health, Bureau of Early Intervention Services. The program is designed to provide home-based specialized services to infants and toddlers who are identified at-risk, experiencing a developmental delay, or diagnosed with a physical or mental condition that is likely to result in a developmental delay.

CAW/M partnered with the Help Me Grow agencies to provide home visitors for delivering services to kith and kin caregivers and to collaboratively conduct group socializations and training events for parents and kith and kin caregivers enrolled in Help Me Grow or the pilot. However, once the director of Early Head Start learned that they were allowed to use the Early Head Start home visitors to conduct visits to both the parent and kith and kin caregiver, it was determined that the Help Me Grow home visitors would not be involved in the pilot. CAW/M still plans to work with Help Me Grow staff to conduct joint training opportunities and socializations.

### **Pilot Staffing**

The Chief Operations Officer of CAW/M is responsible for the start-up of the pilot. She assigned the Early Childhood Education Coordinator the role of overseeing the pilot operations in October 2005. The Early Head Start home visitors are responsible for conducting home visits to parents and kith and kin caregivers. The home visitors are supervised by operations managers. One operations manager is assigned to supervise the home visitors in Wayne County; the other supervises the home visitors in Medina County. Home visitors are required to have a minimum of an Associate's degree in Early Childhood Education, child development, or a related field, and one year of experience working with infants and toddlers. Although staff did not receive specific training for the pilot, the operations managers reported that staff attended trainings on working with teen mothers whose children are in foster care and understanding family dynamics and strategies on negotiating/mediating communication.

### **Recruiting Families and Caregivers**

Due to changes to the pilot design, the implementation of the pilot was delayed. As a result, in October 2005, the program had not yet begun to enroll caregivers and families. However, the Early Head Start home visitors have identified families in their current caseloads who use kith and kin caregivers or who are involved in the foster care system to approach about enrolling in the pilot. Staff reported talking with families about the pilot. If the families expressed interest, staff then encouraged the families to speak to the caregivers or they contacted the caregivers directly. For families involved in the foster care system, staff will attempt to deliver services to either the biological parent, the foster parent, or a kith and kin caregiver. This depends on the person currently enrolled in Early Head Start. Staff expect that communication with a biological mother or foster parents will have to be approved by the local child welfare agencies.

---

### **Services Provided Through the Pilot**

The pilot plans to provide home visits twice per month to caregivers, to invite caregivers to Early Head Start socializations, and to offer group training events and socializations for caregivers and families enrolled in the pilot.

**Home Visits.** The director and home visitors reported that they will conduct home visits to caregivers twice per month. The home visitors reported that they expect the home visits to kith and kin caregivers will be similar to visits conducted to families. The staff see the home visits to caregivers as an opportunity to reach the adults who spend the most time with the Early Head Start children. For families involved in the child welfare system, the home visits are an opportunity for the home visitors to deliver services to the adult not enrolled in Early Head Start. (The adult enrolled in Early Head Start varies by case.) In most cases the foster parent is served and the biological parent does not receive services; however, in some cases, the biological parent receives services, but the home visitors do not have contact with the foster parent.

**Group Events.** The staff reported that kith and kin caregivers will be invited to Early Head Start socializations and parent meetings. The director also indicated that CAW/M plans to partner with Help Me Grow to provide collaborative training events and socializations for the families and caregivers enrolled in the pilot and the families enrolled in Help Me Grow. The agency expects to conduct a needs assessment of the pilot families and caregivers and the Help Me Grow families to determine topics for the training events.

**Materials and Equipment.** The program plans to extend to kith and kin caregivers the opportunity to visit the CAW/M Parent Store, which is described above.



---

**BARAGA-HOUGHTON-KEWEEAW CHILD DEVELOPMENT BOARD****HOUGHTON, MICHIGAN**

Founded in 1974, the Baraga-Houghton-Keweenaw (BHK) Child Development Board is a not-for-profit, early childhood agency that provides comprehensive early childhood education and health and family services to low-income families in the rural, upper peninsula of Michigan. The agency partners with several other organizations in the community to provide the following services: Head Start and Early Head Start, Michigan's 0 to 3 Secondary Prevention Program, Even Start, New Start, Caregiver Club, AmeriCorps, and Adult Education. BHK provides services to approximately 1,500 children each year; services are offered at 23 locations throughout its three-county service area.

BHK operates a seamless Head Start, Early Head Start, and Even Start program. Operating for about five years, the Early Head Start program offers center-based and home-based options for Early Head Start children; approximately half of enrolled families receive center-based care, and half receive home-based services. BHK also provides home-based services to additional Early Head Start-eligible children and families through other state- and federally-funded programs. In 2005, the agency was funded to enroll 321 children in Head Start and 95 infants, toddlers, and pregnant women in Early Head Start.

**Goals and Design of Designing the Enhanced Home Visiting Pilot**

Initially, BHK proposed to enroll 25 Early Head Start children and their caregivers, plus an additional 50 children and caregivers who were enrolled in other programs administered by BHK, in the pilot. Other funding sources would cover the cost of serving these additional families. The agency planned to target three types of caregivers: (1) seniors, such as grandparents and other elderly caregivers; (2) formal and informal caregivers, including regulated family child care homes, friends, and neighbors; and (3) babysitters and other occasional caregivers. Since the pilot was designed however, the agency has reduced the number of families it serves due to funding reductions in several programs. As a result, the target enrollment for the pilot was reduced to 25 Early Head Start and 15 non-Early Head Start children and caregivers.

The agency planned to use existing home visitors to provide bimonthly home visits to caregivers. BHK also planned to hire a senior mentor who would work closely with elderly caregivers and offer support groups for seniors. In addition, while BHK already offered play groups, the agency planned to offer additional play groups specifically for caregivers and children enrolled in the pilot. Caregivers would also have access to four parent resource centers operated by BHK and access to a mobile lending library.

### **Community Partners**

BHK's primary community partner for the pilot is the Keweenaw Family Resource Center (KFRC). BHK and KFRC have a longstanding partnership, working collaboratively on a range of projects for the past 15 years. KFRC is a grassroots organization that provides services to children ages birth to 5 years and their families, including play groups, home visiting, a welcome baby service for new parents, a baby closet of donated clothes and equipment, and early intervention service coordination. At the time of the visit, BHK was contracting with KFRC to provide an Early Head Start playgroup and to supervise three home visitors who worked with families enrolled in Early Head Start, Even Start, and the pilot.

### **Pilot Staffing**

The Enhanced Home Visiting Pilot coordinator has primary responsibility for overseeing pilot operations. She also oversees the agency's toy lending libraries and resource centers. Two home visiting coordinators supervise the work of seven BHK home visitors who provide services to families enrolled in a range of programs. At the time of the site visit, four of the home visitors were working with families and caregivers enrolled in the pilot.

Each home visitor has either a bachelor's degree, an associate's degree, a Child Development Associate (CDA) credential, or a teaching certificate. All of them participated in a one-day initial orientation to the pilot, as well as a half-day training on the pilot in fall 2004. In addition, they take part in regular training sessions for home visitors throughout the year.

### **Recruiting Families and Caregivers**

Most of the families were recruited to enroll in the pilot by their BHK home visitors. Typically, the home visitor has already been working with the family and has established a trusting relationship with them. Once families agree to enroll in the pilot, the home visitor contacts the caregiver. Home visitors try to persuade a caregiver to enroll by explaining that she will be able to come to the caregiver's home, do activities with the caregiver and child, and also show the caregiver new activities to do with the child on her own. Home visitors present the services as "skills building" in an effort to avoid offending the caregiver or criticizing her skills as a caregiver. BHK staff have encouraged other organizations in the community to refer families and caregivers to the pilot. In addition, the pilot coordinator has made presentations to a number of parent meetings sponsored by BHK to encourage families to enroll.

### **Characteristics of Caregivers**

In July 2005, 15 caregivers were enrolled in the pilot. Of these, eight provided care for Early Head Start children. Four were enrolled in other BHK home visiting programs, and

---

three were not receiving other BHK services. For example, one caregiver learned of the pilot from another caregiver and asked to enroll. Most of the caregivers are grandparents, but the agency's caseload also includes one aunt, one friend, and one boyfriend of the child's parent.

### **Services Provided Through the Pilot**

Services provided through the pilot include biweekly home visits, socialization opportunities, training opportunities, and provision of materials and equipment through a lending library:

**Home Visits.** Caregivers receive home visits twice a month; each visit typically lasts about an hour. During the initial visit, the home visitor provides an orientation packet that includes a home visit checklist, a resource guide, a service plan, and a family contact form. The home visitor and caregiver also discuss the caregiver's interests and needs. Subsequent home visits are individualized to the needs of each child and caregiver. Topics covered during the visits include child development, behavior management, toilet training, health and safety, and other topics. Home visitors use a variety of curricula, including the Hawaii Early Learning Profile and Bounce, an infant-toddler curriculum developed by BHK staff.

**Group Events.** Caregivers are invited to a range of group socialization, training, and support group events offered by BHK. These include weekly play groups, special playgroups for pilot caregivers and children, and other group socialization events. Caregivers can also attend a support group for fathers, babysitting classes offered by the Red Cross, parenting classes offered through Even Start, and CPR classes.

**Materials and Equipment.** Materials such as books, toys, videos, and other resources on childrearing and child development are available to caregivers through four lending libraries and a mobile lending unit operated by BHK.



---

**EIGHTCAP, INC.****GREENVILLE, MICHIGAN**

EightCAP, Inc., a community action agency established in 1966, seeks to promote the health, education, and welfare of residents in its service area. Currently, the agency provides services in four Michigan counties: Gratiot, Ionia, Isabella, and Montcalm. The agency offers a wide range of services including K-6 public education, housing programs, a foster grandparents program, Head Start and Early Head Start, a school readiness program, a welfare employment program, and other social services.

The agency provides early childhood education services to approximately 850 children enrolled in Head Start and 150 children enrolled in its school readiness program. EightCAP began operating its Early Head Start in 1997 and currently serves about 198 Early Head Start children annually. Almost all Early Head Start children and families receive services through the home-based option. The agency offers center-based care to 20 Early Head Start children through a collaboration with the local child welfare services agency.

**Goals and Design of the Enhanced Home Visiting Pilot**

In recognition of the growing number of infants and toddlers in both kith and kin and foster care in its service area, the agency designed its pilot to improve the quality of care these children receive by supporting their caregivers. In addition, the agency sought to reduce the number of foster care placements that young children experience by supporting the foster parents in their roles as caregivers. The primary target population for EightCAP's pilot is foster parents.

Prior to applying for the pilot, EightCAP had already received a state grant to operate a foster parent support program in one county. Agency managers modeled their pilot on this initiative and planned to extend it to all four counties in their service area. The program planned to deliver pilot services to the foster parents of the same children whose biological parents were receiving services from Early Head Start. This design would allow the pilot home visitor to focus on the children's and caregivers' needs while the Early Head Start home visitor worked with the parents. Services would include biweekly home visits, monthly caregiver meetings, play groups, and a resource van. Training offered through the pilot would be counted toward training hours needed to maintain the foster parents' licensing. Initially, EightCAP planned to serve up to 40 children and foster parents. Because there were fewer than 40 foster care placements in the agency's service area, however, the pilot has been able to enroll only about 25 caregivers.

**Community Partners**

The agency partnered with the Department of Human Services' (DHS) child welfare agency, also its partner for the foster parent support program. DHS caseworkers make pilot

referrals to foster parents or parents whose children are in child protective services and are being cared for by a relative. Members of DHS were involved in designing the pilot and met several times with Early Head Start staff to discuss the pilot's goals and objectives.

### **Pilot Staffing**

The Head Start manager and Early Head Start coordinator provide general oversight for the pilot, and a pilot supervisor provides day to-day supervision of two pilot home visitors, known as Caregiver Advocates. Both of them have bachelor's degrees; one was previously an Early Head Start home visitor and the other worked as an Early Head Start intern. The advocates received training from DHS on child welfare law, the foster care system, and foster care licensing in preparation for their work on the pilot. In addition, they received the same in-service training as the Early Head Start home visitors, and they attended a training sponsored by Michigan State University on relative and kinship care.

### **Recruiting Families and Caregivers**

Program staff identify families by targeting DHS foster families and families whose children are in child protective services who meet the Early Head Start eligibility requirements. In addition, families already enrolled in Early Head Start who are using kith and kin caregivers are generally receptive to the pilot because they want their caregivers to receive the same resources that they receive. Some biological parents are required by court order to enroll in Early Head Start and the Enhanced Home Visiting pilot in order to regain custody of their children. An incentive for foster parents to enroll is that training they receive counts towards training hours for their foster care license. One issue that has affected recruitment is a lack of foster families in the service area.

### **Characteristics of Caregivers**

In August 2005, EightCAP had 21 caregivers enrolled in the pilot, including 16 foster parents and five kith and kin caregivers. The kith and kin caregivers were grandparents; most of them were caring for grandchildren placed with them by DHS. By law, foster parents must be licensed and registered to serve as foster parents. In general, the grandparents have had no interest in licensing.

### **Services Provided Through the Pilot**

Through the pilot, caregivers receive regular home visits, materials and equipment, and group events such as trainings, play groups, and support groups.

**Home Visits.** Child Advocates conduct 90-minute, biweekly home visits that are individualized based on the children's and caregivers' needs. The Child Advocates administer developmental assessments and work with the caregivers to address the children's needs. For example, they help the caregivers to establish routines for the children and

---

suggest developmentally-appropriate behavior management strategies. Attachment disorders are common among the Advocates also provide information and training on attachment disorders, which are common among children.. In addition, they make appropriate referrals to address the caregiver's personal goals, such as attending school.

**Group Events.** The program offers various training and group events, including support and play groups. Play groups are usually held two to four times per month, while support groups occur about once a month. Topics that are covered during the support group meetings are driven by interests expressed by caregivers and have included subjects such as brain development and behavior management. Attendance at these meetings counts toward the training hours needed for foster care licensing.

**Materials and Equipment.** The Child Advocates bring materials and equipment that caregivers request to the home visits. The most requested item thus far has been car seats. Foster parents also ask for children's clothing, and grandparents primarily request cribs. In addition, safety equipment such as plug covers and cabinet locks are provided.



---

## **REGION 10 EDUCATION SERVICE CENTER**

### **RICHARDSON, TEXAS**

The Region 10 Education Service Center (Region 10 ESC) is one of 20 regional service centers in the state of Texas that provide a wide range of technical assistance, training, and support services to local school districts with the overarching goal of improving student achievement. This region serves 81 public school districts, 31 charter schools, and numerous private schools across eight counties in north Texas.

Region 10 ESC has been a Head Start grantee for 13 years and received its first Early Head Start grant in 1999. It partners with three local school districts to operate Early Head Start and gives priority for enrollment to pregnant and parenting teenagers, families that meet income eligibility guidelines, and children with disabilities. Funded to serve 120 Early Head Start families in three counties, over 150 are served annually in one of three Early Head Start centers or through the home-based option.

#### **Goals and Design of the Enhanced Home Visiting Pilot**

The pilot's goals are to improve the quality of child care provided by kith and kin caregivers, expand literacy opportunities for children, and support cognitive development of infants and toddlers so they can be successful in center-based and school-based programs in the future. Staff also work to increase continuity in caregiving across the various settings where children receive care. To determine the number of families it would serve, the agency surveyed all Early Head Start families enrolled in the home-based option. Approximately 10 families expressed interest in the pilot.

Based on this feedback, the Region 10 ESC decided to hire three additional Early Head Start home visitors, bringing the total number of home visitors on staff to six. All of them would provide home visiting services to both families and their caregivers enrolled in the pilot. Home visitors would conduct separate weekly visits to parents and caregivers, as well as monthly joint visits to discuss the child's goals. The pilot would also offer group meetings for caregivers, monthly two-hour training seminars for families and caregivers, and a range of resources and material support.

#### **Community Partner**

Region 10 ESC selected Early Childhood Intervention (ECI) of LifePath Systems, the Part C provider for Collin and Rockwall counties, to serve as its community partner for the pilot. ECI provides the same services to families enrolled in the pilot as it does for all Early Head Start families—developmental assessments, early intervention services, counseling, and service coordination. The early intervention specialist continues to work closely with the home visitors and families but is also available to meet with caregivers during the pilot home

visits if needed. For the most part, the home visitor shares information from ECI with the caregivers on the ways they can support the children's developmental goals.

### **Pilot Staffing**

A project manager oversees the day-to-day operations of the pilot and is supervised by the Early Head Start coordinator. Required qualifications for the manager position are a master's degree in early childhood education and mentoring experience. A manager was hired when the pilot began but left the position after six months. At that time, the agency hired an education consultant, who used to work for the Region 10 ESC and helped launch the Early Head Start program, as a part-time interim project manager.

A total of six Early Head Start home visitors, three of whom were hired for the pilot, provide home visits to the families and caregivers. Each home visitor works with one or two caregivers. Minimum qualifications for this position include a GED or high school diploma, ability to earn a Child Development Associate credential within one year of hire, and English and Spanish (preferred) language skills. Two home visitors are working on their bachelor's degrees, and three had previous home visiting experience before joining Early Head Start. Prior to beginning the pilot, home visitors received a one-day orientation session from the pilot project manager and attended a training on the Parents As Teachers (PAT) curriculum. The home visitors meet individually with the interim project manager to discuss issues and concerns each week; pilot staff meet as a group monthly. There has been some turnover among home visitors since the pilot began, which has affected consistency of service provision for some caregivers.

### **Recruiting Families and Caregivers**

Staff do not discuss the pilot with families who are new to Early Head Start during enrollment. Instead, home visitors wait until they have developed an initial level of trust with families, usually after the third or fourth home visit. At that point, home visitors briefly mention the availability of pilot services, leave a brochure (available in English and Spanish) that describes the pilot, and follow up during the next home visit. If the family is interested, home visitors then approach the caregivers. In addition, some teen parents have learned about the pilot from their family service specialists during the school year when they receive center-based Early Head Start services.

Once families have agreed to enroll in the pilot, caregivers are usually willing to enroll. From time to time, however, caregivers prefer to observe a home visit before making a decision. Staff think that using the same individual to provide home visits to parents and caregivers helps convince some families and caregivers to enroll, because the family is already comfortable with the home visitor.

## **Characteristics of Caregivers**

In July 2005, 12 families and their caregivers were enrolled in the pilot. Most caregivers are relatives; some care for the children of teen parents. For two families, the home visitor works with two caregivers who share child care responsibilities—two grandmothers in one case, and a grandmother and non-custodial father in the other. Very few caregivers have expressed an interest in becoming licensed. Staff reported that state licensing requirements in Texas have become more stringent and that becoming licensed can be prohibitively expensive for some families.

## **Services Provided Through the Pilot**

For its pilot program, Region 10 ESC offers regular home visits to caregivers, joint visits with caregivers and families, access to a book and toy lending library, socializations/play groups, participation incentives, and referrals to community resources. Group trainings were slated to begin in August 2005.

**Home Visits.** Home visitors conduct weekly or biweekly visits to caregivers that typically last 60 to 90 minutes; children enrolled in the pilot are expected to be present. Lesson plans are prepared for each visit and draw upon the PAT curriculum, though they are individualized according to the children's developmental goals. Home visitors model a different developmental activity at each visit, such as how to do infant massage, and provide information on developmental stages. They also explain how caregivers can make homemade toys with everyday household products and give them ideas for activities to do with the children. Caregivers receive a notebook to keep all educational materials that they receive. While caregivers do not receive safety equipment, one home visit is dedicated to a home safety "walk-through" of the home using a PAT checklist; during this activity home visitors discuss how to make adjustments to the physical environment as appropriate.

**Joint Visits.** Early Head Start staff also try to schedule a monthly joint home visit with caregivers and families—this is in addition to the pilot home visits and the regular weekly visits to families. These sessions provide an opportunity to facilitate communication between those directly involved in caring for the children, review child's goals and discuss new ones, and enhance service coordination and consistency of caregiving across the two settings.

**Materials and Equipment.** Through the pilot, caregivers have access to a lending library that contains books, toys, puzzles, and blocks. Caregivers also earn "baby bucks" by participating in the pilot, which can be exchanged for incentive items such as diapers. The pilot does not provide health or safety equipment directly to participants—only information on effective practices—though sometimes staff obtain in-kind cribs and car seats from other community resources. Home visitors also distribute donated clothes and shoes as needed.

**Referrals.** Caregivers have asked home visitors for information on a range of community resources. For example, home visitors have made referrals to Temporary Assistance for Needy Families (TANF), Legal Aid, budgeting assistance, transportation

assistance, WIC food pantries, GED and ESL classes, programs that offer housing vouchers, and doctors and dentists who accept Medicaid. In addition, home visitors inform caregivers about free upcoming social events being offered in their communities.

**Group Events.** There have been no group events or trainings organized for caregivers; these were to begin in August 2005. While caregivers are invited to attend the Early Head Start play groups and other group socialization events, few have attended due to transportation barriers and busy schedules.

---

## **HUTCHINSON PUBLIC SCHOOLS UNIFIED SCHOOL DISTRICT #308**

### **HUTCHINSON, KANSAS**

The Hutchinson Public Schools Unified District #308 (HSP) is the third largest school district in the state of Kansas. It serves more than 5,000 students from pre-school through twelfth grade. The district enrolls children from a 14 square mile area in the city of Hutchinson. Its Head Start and Early Head Start programs serve a total of six school districts throughout Reno County.

While the Head Start program has been in operation since 1965, the district received its first Early Head Start grant in January 2004. Together, the two programs serve 274 families. Early Head Start is funded to serve 50 families with infants and toddlers and 10 families with pregnant women. Nearly all of these families (48 of 60) are served through the home-based option. Through partnerships with two child care centers, 12 center-based slots are available for parents who work at least 30 hours per week or who attend high school.

#### **Goals and Design of the Enhanced Home Visiting Pilot**

The design phase of the pilot coincided with the startup of the Early Head Start program. During the implementation phase for Early Head Start, staff learned that many families did not want to use center-based care for infants and toddlers and relied much more on kith and kin child care. Consequently, HSP decided that the pilot would enable them to better meet the needs of local families by improving the quality of care from these types of caregivers. The program is funded to serve 20 caregivers.

HSP planned to offer 90-minute weekly or biweekly home visits to caregivers based on WestEd's Program for Infant and Toddler Caregivers (PITC) modules. Promoting early literacy was one of the overarching goals of the pilot, and a lending library housed at the Early Head Start would be one available resource for literacy promotion. Other planned services included monthly trainings for caregivers, a stipend for caregivers who participate in the home visits and trainings, special group socializations for caregivers, and free materials and equipment.

#### **Community Partners**

HSP selected Child Care Links Association (CCLA), the local child care resource and referral agency, as its community partner for the pilot. CCLA agreed to provide an Infant/Toddler Specialist to conduct monthly caregiver trainings for 10 months each year. Trainings are offered twice (an evening session during the week and a repeated Saturday morning session) to better accommodate caregivers' schedules. Each training lasts two hours and focuses on a topic from PITC or from trainings offered to child care providers through the Kansas Department of Health and Environment. A Provider Feedback Survey, administered to participating caregivers by the pilot home visitor, also helps guide the

selection of training topics to best meet the caregivers' needs. Sometimes the pilot home visitor also makes suggestions to CCLA for training topics based on issues she encounters on the home visits. During the design phase, CCCLA played an important role in developing a framework for the trainings, and the Infant/Toddler Specialist attended one of the grantee meetings in Washington, D.C.

### **Pilot Staffing**

The Home-based Services/Child Care Partnership Coordinator oversees the pilot and supervises the pilot home visitor. Initially, the three Early Head Start home visitors were to provide home visits to both families and caregivers. However, staff decided to hire a home visitor exclusively for the pilot after they heard about how well this structure was working for other pilot grantees. There was a staffing transition a few months after the pilot began when the original pilot home visitor became an Early Head Start home visitor and needed to be replaced. This change interrupted pilot services for a few months.

The current home visitor has an associate's degree in early childhood education and previously worked as a Head Start teaching assistant. Training for the pilot mirrors the training that HSP provides its Early Head Start home visitors, which includes training on Born to Learn: Parents As Teachers and Partners in Parenting Education Program (PIPE), a ZERO TO THREE training, and an orientation on the Head Start performance standards. Monthly staff trainings on various topics serve as ongoing professional development, and the coordinator meets with the home visitor every other week to discuss pilot operations.

### **Recruiting Families and Caregivers**

Recruitment for the pilot begins with the Family Services Workers, who are responsible for recruitment and intake for Early Head Start. If they determine that a family is eligible for the pilot, they contact the pilot home visitor who in turn approaches the family. In most cases, she accompanies the Early Head Start home visitor on a regular weekly home visit to talk to parents about the benefits of the pilot and services offered. If the family is interested, she usually asks them to discuss the pilot with the child's caregiver, and then she meets with the caregiver and parents together to enroll them. Most caregivers have been receptive to joining the pilot and are particularly attracted to the offer of free materials.

### **Characteristics of Caregivers**

In July 2005, HSP had six caregivers enrolled in the pilot. Three caregivers are grandmothers, and one is a family friend. Two caregivers are registered family child care providers, and both are in the process of being licensed. Another caregiver had expressed interest in becoming registered or licensed. The grandmothers each cared for less than four children, but the family child care providers cared for approximately 10 children each, the majority of whom were not enrolled in the pilot. The family friend cared for nine children, including six of her own, one child enrolled in the pilot, and his older brother. There has been very little turnover among caregivers since the pilot began. Only one family dropped

out because the parent stopped working and the family subsequently moved outside of HSP's service area.

### **Services Provided Through the Pilot**

HSP provides a range of services to caregivers through the pilot, including regular home visits; monthly trainings; health, safety, and educational materials; access to the Early Head Start lending library; and stipend payments.

**Home Visits.** Caregivers usually receive biweekly home visits, which last about 90 minutes. During the first home visit, the home visitor collects enrollment information, but primarily she uses this time to begin developing a relationship with the caregiver and the children in care. Services provided during the pilot home visits target the needs of the Early Head Start child rather than the caregiver. The home visitor uses the Parents as Teachers curriculum as an informal guide. Each home visit includes a child-caregiver activity (for example, arts and crafts), reading, and one physical activity. Because most caregivers care for other children aside from those enrolled in the pilot, the home visitor tries to engage all children during the visit. However, she tries to give some individualized attention to the enrolled child. For example, she might read a book to all children but then will read to just the enrolled child while the caregiver plays with the other children. In addition, the home visitor spends some time discussing a particular health or safety topic with the caregiver or modeling a developmentally-appropriate practice or activity. She also informs caregivers about other available community resources and services.

**Group Events.** The primary group activity offered through the pilot is the monthly training led by the Infant/Toddler Specialist from HSP's community partner, CLLA. These trainings are held for ten months out of the year; each session is offered twice a month. Early Head Start child care partner staff and the Early Head Start home visitors are also invited to attend the trainings, which focus on a different topic each month. To encourage participation, the program provides child care and transportation. Furthermore, if caregivers participate in the home visits and attend the monthly training, they receive a stipend of \$1.00 per hour for each child enrolled in the pilot who is in their care. A few caregivers regularly attend the CLLA trainings, and staff think that offering the same training twice a month to accommodate schedules has helped increase participation. HSP also invites caregivers to monthly Child Development Associate (CDA) trainings, which are geared towards center-based child care providers. One caregiver regularly attends the CDA trainings. HSP had not yet sponsored group socialization events specifically for caregivers because it is difficult to find a convenient time when they can meet.

**Materials and Equipment.** The home visitor distributes toys, games, compact disks, and books to the caregivers, most of which they can keep; sometimes items are loaned and then replaced with new items. She tries to select materials that are developmentally appropriate for the children enrolled in the pilot as well as other children in the home. In addition, the home visitor is developing "exploration packets" with materials to target the individual needs of the child. For example, if one goal is independent eating, then the caregiver would receive a packet including bibs and spoons. Caregivers receive first aid kits,

and they frequently receive an incentive at a monthly training that reinforces the content covered. For example, caregivers received sunscreen at a session on sun safety, and toothbrushes and toothpaste at an oral health training. A book-lending library is also available to caregivers through the Early Head Start program.

---

## NORTHWEST NEBRASKA COMMUNITY ACTION COUNCIL

### CHADRON, NEBRASKA

The Northwest Nebraska Community Action Council (NNCAC) was formed in 1965 to help needy families and individuals in five rural Nebraska counties: Box Butte, Cherry, Dawes, Sheridan, and Sioux. Services offered include Head Start and Early Head Start; housing and weatherization; the Retired Senior Volunteer Program; emergency rent and utility assistance payments; food resources; donated clothing and household items; the Foster Grandparents Program; the Child Care Initiative; and the Early Development Network, which supports families with children ages birth to three who have a disability or qualify for special education services through a local school district. NNCAC serves over 1,500 families annually.

NNCAC has provided Early Head Start services since 1999 in Box Butte and Dawes counties. The Early Head Start program is funded to serve 18 children through the home-based option in each county (36 total), and there are waiting lists of about 20 families in both counties.

#### **Goals and Design of Designing the Enhanced Home Visiting Pilot**

Prior to receiving the grant, Early Head Start staff had been involved with NNCAC's Child Care Initiative (CCI) to support local child care providers in improving child care quality. Encouraged by some early successes, they saw the pilot as a way to continue this work, targeting both kith and kin providers as well as licensed family child care providers. In addition to caregivers of Early Head Start children, staff initially planned to serve caregivers of children in its Early Development Network who were Early Head Start-eligible, but they learned from the Head Start Bureau that this was not permitted. The pilot is funded to serve 20 caregivers in Box Butte and Dawes counties.

The overarching goal of the pilot is to improve the quality of care for children in home child care environments. NNCAC hired two pilot home visitors—one for each county—who would conduct weekly, 60-minute home visits to caregivers. Services and activities would be individualized and would reinforce the child's goals developed by the Early Head Start home visitors and families. Home visitors would model developmentally-appropriate practices and provide materials that could be used to enhance learning experiences for the children. Caregivers would also be invited to biweekly Early Head Start socializations and other group activities.

#### **Community Partners**

The program's most active community partner for the pilot is CCI. Started three years ago in close partnership with Early Head Start, this initiative provides resources, support, and training to family child care providers (mostly licensed) to enhance child care quality for

infants and toddlers in Box Butte and Dawes counties. Through the pilot, CCI is also reaching out to kith and kin caregivers. CCI offers a range of services to caregivers enrolled in the pilot. It sponsors training sessions, covers the costs of substitutes when caregivers attend trainings, and helps caregivers acquire supplies and equipment. The CCI manager is available to make home visits to caregivers who need extra support in improving the home environment (for example, advice on room arrangement to create a more play-friendly space).

NNCAC can also link caregivers with its other established partners as appropriate. Through a contract with the Panhandle Mental Health Services, a mental health specialist can participate in a home visit and up to three additional visits per year that focus on mental health and well-being for caregivers or family members. Additionally, a family advocate from the Western Community Health Center is available to help caregivers clean their homes to improve the quality of the care environment. As of June 2005, caregivers had not yet accessed these services.

### **Pilot Staffing**

The Head Start/Early Head Start director is responsible for the pilot's day-to-day operations. The pilot coordinator supervises the Early Head Start home visitors and one pilot home visitor for Box Butte County, and the family development/health program manager supervises the Early Head Start home visitors and one pilot home visitor in Dawes County. NNCAC hired the two pilot home visitors in May and October 2004, respectively; one replaced an original home visitor who did not work out. One home visitor is a former Head Start parent who is working on an associate's degree in special education. The other is a former Head Start teacher and a former licensed family child care provider with an associate's degree in early childhood education. In preparation for the pilot, the home visitors attended Head Start/Early Head Start in-service trainings and a Parents As Teachers training, and they shadowed Early Head Start staff on some home visits. One home visitor completed two one-week home visitor trainings in Omaha, Nebraska; the other visitor is scheduled to take this training in fall 2005.

### **Recruiting Families and Caregivers**

In most cases, Early Head Start home visitors approach families that use kith and kin child care to see if they would like to join the pilot. They then invite the pilot home visitor to accompany them on a regular weekly visit to talk about the services and to play with the children. This preliminary face-to-face contact helps establish a relationship between pilot staff and families. If the family agrees to join, the parents complete a partnership agreement and either contact the caregiver directly or give permission for pilot staff to contact the caregiver. Outside organizations also make referrals to the pilot, and pilot home visitors have attended local child care provider meetings to advertise the program.

---

## **Characteristics of Caregivers**

In July 2005, the pilot had four active caregivers in Box Butte County (two additional caregivers have not been active) and three in Dawes County. On average, about half of the pilot caregivers enrolled at any given time are licensed family child care providers who receive compensation for child care services. These caregivers tend to provide full-time care to multiple children; one cares for ten children at any one time. The other caregivers are relatives, usually grandmothers or aunts. The relative caregivers have not expressed an interest in becoming licensed.

Caseloads have fluctuated over the course of the pilot. Several caregivers dropped out, usually due to a change in family circumstances such as moving, loss of employment, or transitioning out of Early Head Start. One grandmother dropped out because her husband did not feel comfortable with the home visits.

## **Services Provided Through the Pilot**

Pilot services offered by NNCAC include weekly home visits, access to a lending library and participation incentives, opportunities to attend trainings, opportunities to participate in Early Head Start socializations and Head Start/Early Head Start group activities, and community referrals.

**Home Visits.** Home visiting services begin with caregivers completing a partnership agreement, a needs assessment, and an interest survey. Visits are conducted each week and last between 60 and 90 minutes. They are based on an informal lesson plan that the home visitor and caregiver developed at the previous visit. During a typical visit, the home visitor shares information on whatever topic is of interest to the caregiver (for example, language development or motor skills); models techniques, such as cuddling infants; and gives activity ideas that the caregiver and children can do together. Pilot staff also reinforce developmental goals for the children that families have developed with their Early Head Start home visitors. Sometimes the home visitor organizes a group activity for all children in the home, like an art project or making cookies. Home visitors do not use a formal curriculum, though from time to time they draw upon information from PAT or other resources. In addition, a portion of each visit is spent discussing the caregiver's questions or concerns. Staff also spend some time playing with the children to give caregivers respite.

**Group Events and Individualized Trainings.** Caregivers are invited to the bimonthly Early Head Start socializations and all Head Start/Early Head Start group activities, such as Family Fun Nights. Relatives are more likely to attend these events than family child care providers. The pilot also provides training opportunities through CCI and other organizations. Some caregivers have attended a CPR/first aid training, a two-day early childhood conference sponsored by a local college, and a state food program presentation. In addition, NNCAC obtained special permission from the regional child care licensor to allow the technical assistance that occurs during the home visits (for example, if the visitor spends 30 minutes discussing car seat safety) to count toward the required 12 hours of annual training to maintain licensure.

**Materials and Equipment.** Caregivers have access to a lending library with books, toys, and videos. CCI has helped caregivers obtain supplies such as books, soft furniture, and car seats. NNCAC offers books and toys from its collection of donated items from the Hallmark Company as incentives to join the pilot.

**Referrals.** Pilot home visitors have referred caregivers to various community resources, many of which are housed within NNCAC. These have included maternal and child health services, a food program, WIC, tax preparation and household budgeting, weatherization, and legal counseling. Frequently home visitors gather information on behalf of caregivers, especially the licensed providers, since it is difficult for them to leave their homes during regular business hours. One caregiver received referral information on school readiness for a non-Early Head Start child with special needs in her care.

---

## COMMUNITY ACTION AGENCY OF SIOUXLAND

### SIoux CITY, IOWA

Founded in 1971, the Community Action Agency of Siouxland (CAAS) provides a broad range of services to low-income members of the greater Sioux City community—including Head Start and Early Head Start, food, clothing, and other emergency assistance, shelter for the homeless and a shelter for women and children, weatherization services, the child care food program, low-income heating assistance, and a food bank. The agency serves approximately 14,000 community members annually, two-thirds of whom have incomes below poverty.

The agency's Early Head Start program began in 1999. It is funded to serve 85 children and pregnant women through the home-based option. At the time of the site visit, however, the agency was serving 102 children because several families had multiple children enrolled in the program.

#### **Goals and Design of the Enhanced Home Visiting Pilot**

CAAS maintains a lengthy waiting list for its Early Head Start program. Initially, in an effort to serve more eligible children in the community, the agency planned to enroll non-Early Head Start children who were in kith and kin child care arrangements in the pilot. When the program received its grant for the pilot, however, the Head Start Bureau clarified that only current Early Head Start families were eligible for enrollment. The program was funded to enroll 20 children and their caregivers in the pilot.

The program planned to hire two child care specialists to conduct weekly, 90-minute home visits with caregivers. The visits would be conducted using the same approach that is used with home visits to parents. The main focus of the visits would be activities for the child and caregiver to do together. Activities would be based on the developmental goals set for the child by the parent(s) and the family's Early Head Start home visitor to ensure continuity in activities done with the child across the two settings. The program also planned to conduct regular group training workshops with caregivers.

#### **Community Partners**

CAAS's Early Head Start program works with three community partners to deliver pilot services:

**Even Start.** The pilot collaborates with Even Start, a federally-funded family literacy program operated by the local school district, to provide a monthly *First Books* event for parents, caregivers, and children. Books and suggested learning activities are provided for these events by Iowa Public Television as part of its *Ready To Learn* program. At a typical

event, participants read the book and do a related activity or craft. In addition, each participant receives a book to take home.

**Western Hills Area Education Agency, Region 12.** This state agency provides support for school districts and all early intervention services for infants and toddlers in its region. The agency has partnered with the Early Head Start program since its inception to coordinate services for children with disabilities and their families. The agency provides services to some children enrolled in the pilot and sometimes provides early intervention services to children in the caregivers' homes. In addition, caregivers are able identify children with suspected disabilities or delays and through the pilot refer them for early intervention services.

**Child Care Resource & Referral (CCR&R).** Child care specialists refer caregivers to training events sponsored by the CCR&R and sometimes pay caregivers' registration fees. CCR&R staff members are also available to help caregivers with the process of becoming a registered family child care provider.

### **Pilot Staffing**

The Early Head Start Education Manager oversees day-to-day work on the pilot and supervises pilot staff. The program hired two full-time child care specialists in May 2004 to conduct home visits and provide other services to the kith and kin caregivers. Both specialists have degrees in early childhood education and were trained through Wested's Program for Infant-Toddler Caregivers. In addition, one of the specialists has prior experience as a family child care provider, and the other has worked as an Early Head Start home visitor. Prior to beginning their work with the caregivers, both specialists attended a training sponsored by Parents As Teachers (PAT) on the primary curriculum the program uses for the caregiver home visits—*Supporting Child Care Providers Through Personal Visits*.

### **Recruiting Families and Caregivers**

Program staff identify families who are using kith and kin care during the enrollment process. In addition, Early Head Start home visitors identify currently enrolled families that are beginning new kith and kin child care arrangements. The recruitment process begins when home visitors present the option of enrolling in the pilot to the families during home visits. If a family agrees to enroll, the home visitor passes on the caregiver's contact information to the education manager, who assigns the caregiver to one of the child care specialists.

The child care specialists then contact the caregivers to set up an initial visit. If the caregiver is reluctant, the specialist suggests participating in a single visit and then deciding whether to continue. Occasionally either parents or caregivers are initially reluctant to participate in the pilot, but they sometimes change their minds after they get to know the specialists during group socializations or other program events. According to staff, parents

are important advocates for the pilot; if they are excited about the services, they often help to convince the caregiver to participate.

### **Characteristics of Caregivers**

In July 2005, the pilot had an active caseload of 12 caregivers. Of these, seven caregivers were related to the children. Most were grandmothers, but the caseload included one great-grandmother and one aunt. In addition, the pilot had recently enrolled one noncustodial father who cares for his child overnight on a regular basis. Five caregivers were registered child care providers who were not related to the children. Since the program's inception, only one of the relative caregivers has expressed interest in pursuing registration.

The program has experienced substantial turnover in caregivers; 31 caregivers had enrolled in the pilot since it began in May 2004, but of these only 12 remained by July 2005. The main reasons that caregivers left the pilot was that the child and family moved out of the Early Head Start program's service area, the child transitioned out of Early Head Start, the parent stopped attending school or work and no longer needed child care, or the parent and caregiver ended the caregiving relationship because of a dispute.

### **Services Provided Through the Pilot**

Core services provided to caregivers through the pilot are weekly home visits, group training opportunities, group socialization activities for caregivers and children, first aid supplies and home safety items, access to a toy lending library, and referrals.

**Home Visits.** The child care specialists conduct weekly home visits to most caregivers; only a few have requested less frequent schedules. Most visits last about an hour. *Supporting Child Care Providers Through Personal Visits*, developed by PAT, is the primary curriculum used for the visits, although the specialists individualize visits to the needs of the child and interests of the caregiver. The main focus of the visit is a child-caregiver activity, such as matching game, a creative project, a fine motor exercise, or another age-appropriate activity. Specialists select these activities based on the developmental goals established for each child. If the caregiver has other children in the home, the specialist brings age-appropriate activities for them as well. The specialist usually leaves at least one activity for the caregiver and child to work on during the week and follows up on their experience with the activity the following week.

During the visit, the specialists talk with caregivers about goals they have established, review handouts for that week's lesson, and provide information about upcoming program and community events. Specialists also make referrals to CAAS services such as energy assistance and the food bank, as well as other community resources. Caregivers have access to the EHS mental health consultant as needed.

**Group Events.** Initially, the pilot planned to offer regular group training events, but staff members learned that most of the caregivers do not want to attend group training.

Instead, staff began inviting caregivers to attend the group socialization events for families and children that are offered to all Early Head Start families. Many of the relative caregivers attend these events with the children and sometimes with the children and parents. Caregivers are also invited to a monthly *First Books* event cosponsored by the local Even Start program. Specialists also inform caregivers about training offered by the local child care resource and referral agency and sometimes pay for caregivers to attend first aid, CPR, and other relevant training courses for caregivers. If necessary, Early Head Start will pay for a substitute to provide child care in the caregiver's home while he or she attends training.

**Materials and Equipment.** When specialists do a home visit lesson on home safety, they provide each caregiver with a first aid kit for the home, a fanny pack filled with first aid supplies to take on outings, and some home safety supplies (such as outlet covers) as needed. Caregivers also receive a free children's book as an incentive at the end of each month if they complete all scheduled home visits. The pilot also maintains a toy lending library for the caregivers that includes manipulatives, blocks, puzzles, music CDs, science exploration kits, dramatic play kits, book and puppet sets, storytelling sets, and children's books. Specialist sometime give caregivers additional items—such as child-sized furniture or snow boots for a particular child—that they obtain from donations to the program or yard sales.

---

## STARPOINT FIRST STEPS EARLY HEAD START

### CANON CITY, COLORADO

Developmental Opportunities, more commonly known as Starpoint, has served adults with developmental disabilities since 1976 and functions as the Part C provider for Fremont County. The organization oversees a range of programs for children and families, including First Steps Early Head Start, First Steps Parents as Teachers (PAT), the SPIN Early Childhood Care and Education Center, the Fremont County Family Center, support services for teen parents, and Early Childhood Health/Education Outreach (Project ECHO) developmental screening clinics. Starpoint serves approximately 1,000 families across 130 square miles in rural Colorado.

Starpoint's Early Head Start program began in 1996. Currently, it is funded to serve 55 families through the home-based option and 10 families in the full-day/full-year center-based option at the SPIN Early Childhood Care and Education Center. To enroll in the center-based option, parents must be employed or in school, receive a state child care subsidy, and place the child in care for a minimum of 20 hours per week.

#### **Goals and Design of the Enhanced Home Visiting Pilot**

Through its extensive involvement as a Consolidated Child Care Pilot (CCCP)<sup>1</sup> and as a member of the Project ECHO Interagency Council, Starpoint has demonstrated its commitment to advocating for high quality child care services for infants and toddlers. Program planners saw the grant as a way to improve the quality of care delivered by kith and kin caregivers by increasing their knowledge of developmentally-appropriate practices and by providing licensing opportunities. The agency also hoped to strengthen relationships between caregivers and families. Starpoint estimated that it would support between 10 and 12 caregivers.

To implement the pilot, Starpoint decided to use First Steps Parents As Teachers (PAT), one of its community partners, to provide key staff and deliver services. The agency used the Bank Street College model of informal support groups to design the pilot's training component, in which caregivers could socialize and learn from each other. Caregivers could opt for three home visits each month and attend the support group or choose four home visits if they elected not to participate in the support group. The grantee would also provide stipends for attending the support group trainings, educational materials, and \$300 cash each fiscal year to purchase additional supplies as needed. Based on its past experience with CCCP, Starpoint staff decided that monetary compensation was a critical means of acknowledging caregivers' time and effort.

---

<sup>1</sup> This child care initiative was launched by the Colorado General Assembly in 1997 in response to welfare reform to help meet families' needs for full-day, full-year quality early childhood services.

## **Community Partners**

Starpoint Early Head Start works with two community partners to deliver pilot services:

**First Steps Parents as Teachers (PAT).** Like Early Head Start, PAT is administered by Starpoint and is housed in the Fremont County Family Center. Its mission is to provide families with home visitation and parental support through trainings, play groups, and support groups. PAT is responsible for core service delivery to pilot caregivers, including providing weekly home visits, conducting the support group trainings, and distributing supplies and equipment. This is the first time that First Steps Early Head Start and PAT have collaborated formally as partners on a project.

**ECHO and Family Center Early Childhood Mental Health Action Team.** This community collaborative project, called Crib to Kindergarten provides mental health services on an as-needed basis. Early childhood mental health specialists, who are employed by the Canon City Schools, West Central Mental Health and Rocky Mountain Behavioral Health, provide comprehensive behavioral and emotional health assessments and intervention services to children from birth to age five and their families in home and classroom settings. The Childcare Support Team led by an Early Childhood Special Educator provides support for children with challenging behaviors in childcare centers and homes.

## **Pilot Staffing**

Starpoint serves as the fiscal administrator for the grant and coordinates Part C services with pilot home visitors as needed. Staff from PAT implement most pilot services in addition to their regular PAT duties. The co-coordinator for PAT also acts as the home visit coordinator to oversee the pilot and supervises three home visitors who work with kith and kin caregivers. Two home visitors began working on the pilot in June 2004, while a third replaced a visitor who left the program and began in June 2005. Early Head Start staff help with recruitment. To encourage communication and service coordination, pilot staff meet with Early Head Start staff for an hour every week to discuss issues that emerge during home visits and to share information.

All three home visitors have extensive home visiting experience, either with PAT or Early Head Start, and they continue to deliver PAT home visits and other services. One home visitor has a bachelor's degree in psychology, and two have the state credential equivalent of a Child Development Associate (CDA) credential. Prior to working with kith and kin caregivers, the home visitors attended a three-day PAT training, a two-day early childhood education training delivered by the Colorado Department of Education (CDOE), and a 10-day train-the-trainers course on the Expanding Quality in Infant/Toddler Care program, which is the state's modified version of the WestEd model, also delivered by CDOE. They received training on the ITERS, ECERS, and Ounce assessment tools. In addition, staff trained in the CCAT-R provided an orientation on serving kith and kin caregivers which was based on materials from Bank Street College. CCAT-R raters are staff employed by Starpoint.

---

## Recruiting Families and Caregivers

The Early Head Start home visitors help recruit families and caregivers for the pilot. They identify current and new families who use kith and kin caregivers to ascertain interest. It is also common for families and caregivers to learn about the pilot from PAT staff, and sometimes caregivers convince the families to enroll in Early Head Start so they can qualify for pilot services. Once a family enrolls, the Early Head Start coordinator assigns the caregiver to a pilot home visitor. They spend a portion of the first visit explaining in detail the services and benefits of the pilot to caregivers and building connections with the caregivers and children.

## Characteristics of Caregivers

In July 2005, three home visitors shared a caseload of eight caregivers. All were relatives—grandmothers, great-grandmothers, and an aunt. Home visitors emphasize opportunities for licensure when working with the caregivers, but most are not interested in this option. One unlicensed child care provider had recently left the pilot because the parents switched to a friend who moved back to the area for their child care needs. At the time of the site visit, she was trying to find another family who would be eligible for Early Head Start services so that she could reenroll and continue working toward obtaining her child care license.

Overall, there has been low caregiver turnover; seven out of nine caregivers who have joined the pilot remain active. A bigger challenge is families who drop out of Early Head Start, which may affect whether a caregiver can continue to receive pilot services. In some cases, the pilot home visitor and caregiver have found another family to enroll in Early Head Start so that the caregiver can remain in the pilot.

## Services Provided Through the Pilot

Starpoint provides caregivers with regular home visits, support group trainings that count toward becoming a licensed family child care provider, training stipends, access to a lending library, and cash to purchase additional supplies and equipment as needed.

**Home Visits.** Caregivers must select one of two options for home visiting services. They can either receive weekly one-hour visits, or they can opt for biweekly, one hour visits while attending the two biweekly support group classes.<sup>2</sup> At the first visit, caregivers receive a welcome packet, complete paperwork, and talk about goals that they would like to work on. A needs assessment is conducted within the first few visits and is periodically updated.

---

<sup>2</sup> Initially caregivers could choose to receive three home visits and one support group class instead of weekly home visits. However, support group classes were shortened and held twice a month at the caregivers' request. Consequently, they could choose to receive two home visits and two support group meetings each month instead of weekly home visits.

Pilot staff utilize the PAT curriculum to help inform the content of the visits, either using it as a reference to draw on for ideas and information or following its lesson plans in order. Visits are typically split between engaging in educational activities with the children and listening and offering social support to the caregivers. Educational activities have included reading, making play dough, and taking nature walks with a magnifying glass. Two packets of handouts related to the activity are provided each week—one for the caregiver and one for the family. Home visitors model developmentally-appropriate practices and share activity ideas that the caregivers can do with children, which they collect in a notebook for future reference.

In addition, home visitors regularly distribute pamphlets on different resources available through the Fremont County Family Center. One home visitor helped refer one grandmother to early intervention services for her grandson, which have been invaluable.

**Group Events.** A core element of the pilot is to offer biweekly, two-hour support group trainings (also called “fellowship classes”) using the Expanding Quality for Infants/Toddlers Care curriculum, an 80-hour course developed by the CDOE and based on WestEd’s Program for Infant/Toddler Caregivers. Started in October 2004 and led by the pilot home visitors, classes originally were half-day sessions but caregivers expressed a preference for shorter classes twice a month. After completing the 12-month series, caregivers are eligible to apply for licensure. While most are not interested in obtaining a child care license, most caregivers regularly participate in the training series and enjoy the classes, both for the learning opportunities and social support that the classes provide. They receive a \$15 stipend for each class they attend and taxi vouchers as needed. Caregivers must receive a home visit in lieu of any class they miss.

**Materials and Equipment.** Caregivers receive \$300 per fiscal year to purchase supplies and equipment based on their individual needs. Home visitors, who usually accompany the caregivers on shopping trips, disburse the funds on a monthly prorated basis (for example, if a caregiver is enrolled for six months, she would be eligible for \$150) and try to distribute it quarterly as opposed to all at one time. Items purchased have included children’s books, educational toys, outdoor fences, playground equipment, car seats, safety items, play pens, diapers, high chairs, and booster seats. In addition, caregivers have access to books, toys, and videos from the PAT resource library.

---

**SHASTA HEAD START CHILD DEVELOPMENT, INC.****REDDING, CALIFORNIA**

Shasta Head Start Child Development, Inc. (SHSCD), a private, non-profit organization, has been a Head Start grantee since 1965. The agency serves over 800 Head Start and Early Head Start families annually across three rural counties in northern California: Shasta, Siskiyou, and Trinity.

The Early Head Start program began in 1997 and offers center-based, home-based, and family child care options. Two of its centers target teen parents, and another center operates on a college campus. In June 2005, the Early Head Start program was serving 192 children, 100 of whom were receiving home-based services.

**Goals and Design of the Enhanced Home Visiting Pilot**

The pilot's overarching goals are to improve the quality of care provided by kith and kin caregivers by offering mentoring, training, and resources; to help strengthen relationships between caregivers and families; and to offer opportunities for caregivers to become licensed child care providers. In consultation with the Shasta County Office of Education, a community partner for the pilot, and the program's Policy Council, the agency prioritized aspects of child care quality that would be addressed by the pilot. Health and safety would be the top concern, followed by promoting early literacy, promoting a learning environments in the home, and reducing television watching. Initially, SHSCD planned to enroll 20 caregivers.

The program planned to hire one full-time home visitor to deliver home visits based on the Creative Curriculum for Family Child Care, which would reinforce and complement the family home visits that use the Partners for a Healthy Baby curriculum. Staff envisioned a process that would provide services in three phases and potentially lead to Community Care Licensing and Accreditation. Caregivers could opt not to pursue licensure but still access various training opportunities. In addition, materials and incentives would be made available. Referrals to community resources as needed would be another key component of the pilot.

**Community Partner**

SHSCD selected the Shasta County Office of Education's Early Childhood Services (ECS) as its community partner; the two organizations have a long collaborative history. In addition to acting as the local child care resource and referral agency, ECS administers numerous nutrition, health, and early education services for families and young children. Caregivers participating in the pilot can access ECS's lending library and attend workshops offered through the Early Child Care Initiative. An early childhood specialist is also available to assist caregivers who want to become licensed or eligible to receive a child care subsidy.

### **Pilot Staffing**

The Head Start/Early Head Start director supervises a full-time pilot home visitor and is responsible for overseeing pilot operations. The home visitor, who was reassigned from her prior position as an Early Head Start home visitor, takes the lead on all implementation components. She has extensive experience in delivering home visits and has a bachelor's degree in psychology. In July 2004, she became certified in WestEd's Program for Infant/Toddler Caregivers (PITC). Since the pilot began, the home visitor has participated in monthly training and case conferencing with the Early Head Start home visitors. She meets formally with the director and Early Head Start home visitors on a monthly basis and is also in close contact with Early Head Start staff as specific issues arise with caregivers and families. Moreover, the home visitor meets quarterly with ECS's early childhood specialist to plan and coordinate training opportunities.

### **Recruiting Families and Caregivers**

Early Head Start home visitors play a key role in identifying families who use kith and kin caregivers and who might be interested in enrolling; most families learned about the pilot from their home visitor. As a first step, Early Head Start staff describe the pilot to families and provide a brochure about it. Once families express interest and give written consent to enroll, the Early Head Start home visitor passes on the relevant contact information to the pilot home visitor. The pilot home visitor then calls the caregivers, and requests an in-person meeting to discuss the pilot in more detail. In addition, the pilot home visitor networks with various organizations and posts flyers in the community, which has resulted in some referrals from outside of Early Head Start. The pilot's incentives and training stipends have appealed to many caregivers.

### **Characteristics of Caregivers**

In June 2005, 11 caregivers caring for 10 Early Head Start children were enrolled in the pilot (a husband and wife team enrolled in the pilot together as caregivers for their niece). The majority are relatives, over 50 years old, and caring for either one child or one child and a sibling. One caregiver is a friend and neighbor. Turnover among caregivers has been relatively low. Two child care arrangements ended due to disputes between the parents and caregivers, both of whom were relatives.

Only one caregiver has expressed an interest in becoming a licensed or subsidized child care provider. The home visitor speculated that limited space and resources would make bringing many of their homes into compliance with state regulations prohibitively expensive for caregivers to pursue this option.

---

## Services Provided Through the Pilot

Core pilot services offered by SHSCD consist of regular home visits, training opportunities and stipends, safety equipment and other supplies, participation incentives, a lending library, and referrals to community resources.

**Home Visits.** The pilot home visitor delivers biweekly, 90-minute home visits to most caregivers, though one family receives visits every week. Children are present during approximately half of the sessions. Hours spent in home visits count toward earning a portion of the \$150 training stipend described below. At the first home visit, the home visitor completes a needs assessment, determines the caregiver's interest in accessing toys and books from the lending library, explains the training opportunities and stipends, conducts a health and safety checklist, and distributes a resource binder.

Staff originally planned to base caregiver visits on the Creative Curriculum for Family Child Care and include extensive information in the resource binders. The home visitor soon realized, however, that focusing a visit on a single topic was more effective with the caregivers. Home visits have addressed topics such as age-appropriate behavior, language development, reading, preparing healthy meals, alternatives to television, and ideas for educational games to play with children. As these topics are discussed, materials are added to the resource binder.

**Group Events.** During the visits, caregivers receive training calendars that list upcoming training opportunities that are either led by the home visitor or are classes held at ECS. CPR/first aid classes and workshops on brain development have been popular with caregivers. The home visitor offers informal biweekly support groups specifically for caregivers who are grandparents; caregivers from the wider community who are referred by ECS attend these meetings as well. Caregivers are also invited to attend regular Early Head Start socializations and any other group activities sponsored by SHSCD; several of them attend with parents and children. A van is available for caregivers who need transportation to the events.

In July 2005, the home visitor began conducting monthly trainings at ECS for the Family Child Care Association (FCCA) that are also open to caregivers enrolled in the pilot. SHSCD will purchase \$35 FCCA memberships for kith and kin caregivers who attend, enabling them to participate in future FCCA trainings and activities for free.

**Materials, Equipment, and Participation Incentives.** After the home visitor conducts a home and safety checklist, she brings any items the caregiver needs, such as fire extinguishers, outlet covers, or car seats, to the second visit. She also brings developmentally-appropriate toys and books from the lending library, which caregivers can keep as long as they need.

In addition, caregivers are eligible for various participation incentives, depending on how long they participate in the pilot. Early on, they receive small gift certificates to stores like Toys "R" Us, Target, or Home Depot to purchase items for enhancing the care environment. In addition, caregivers receive \$150 for every 18 hours of combined training,

home visits, and support group meetings that they complete. Incentive payments beyond the first 18 hours of training are covered by an outside funding source, California's First Five initiative. After the first ten months of the pilot, three out of ten caregivers had completed 18 hours of training. Caregivers who choose to pursue licensure are eligible for higher education incentive stipends for earning college credit or professional development hours, though none of the enrolled caregivers have fallen into this category.

**Referrals.** The pilot home visitor provides a list of local community resources and makes specific referrals as needed. Caregivers and families have accessed physical and mental health services, Part C services, anger management training, a fatherhood involvement conference, and automobile assistance, and other services.

---

**MARICOPA COUNTY HEAD START ZERO TO FIVE  
PHOENIX, ARIZONA**

Housed within the Education Division of the Maricopa County Department of Human Services, Head Start Zero to Five became a Head Start grantee in 1965. It serves the fourth largest and fastest growing county in the United States. Its Early Head Start program began in 1996 and is funded for 191 families in home-based and center-based options; full day/full year programs are located in four high schools. Priority is given to teen parents and homeless families living in transitional housing; parents in the center-based option must be working or in school.

In addition, the Early Head Start program has operated a locally designed home-based model for incarcerated pregnant teens and teen mothers since 2003 and a similar program for incarcerated teen fathers since 2004. The agency is funded to serve 12 families through this option at two juvenile facilities—the Black Canyon School for Girls and the Adobe Mountain School for Boys—but in June 2005 was serving 17 families.

### **Goals and Design of the Enhanced Home Visiting Pilot**

Through its experience implementing the locally-designed option for incarcerated teens, staff learned that caregivers—sometimes a grandparent, aunt, or the other parent— needed support services during the teen’s incarceration. To address this need, Zero to Five planned to offer seven pilot slots for families with incarcerated teen fathers. At the Head Start Bureau’s request, the grantee expanded the program to include 12 families with incarcerated teen mothers or fathers.

Zero to Five planned to have pilot two home visitors work with caregivers while two Early Head Start staff worked with incarcerated parents. Goals of the pilot would be to educate caregivers about developmentally-appropriate early childhood practices to reinforce what the parents learned through Early Head Start, to lay the groundwork for a successful reunification when teens are released, to help caregivers access health care services for children, and to work with all caregivers in the household to promote consistent caregiving routines. The grantee envisioned the pilot home visitors acting as liaisons between caregivers, incarcerated parents, and Early Head Start staff so that information on the child would be shared with everyone involved. Caregivers would receive weekly home visits, access to a lending library, equipment and supplies, support groups, trainings, and referrals.

### **Community Partners**

Three community partners collaborate with Zero to Five to deliver pilot services:

**Arizona Department of Juvenile Corrections (DJC).** DJC partnered with Zero to Five for the first time in 2003 on the locally-designed option for incarcerated teen mothers. Due to the special population that it serves, DJC was key in helping design this original

initiative, enabling Early Head Start to gain access to the juvenile facilities and to continue its work on the pilot to extend its services to kith and kin caregivers. DJC provides referrals to the pilot and provides space for the bimonthly group socialization events for parents, caregivers, and children at the juvenile facilities. The department also offered input during the design phase of the pilot.

**Association of Supportive Child Care (ASCC).** Since 1976, ASCC has served as the child care resource and referral agency for half of Arizona; the agency has offered support group trainings to kith and kin caregivers since 1999 through the Kith and Kin Care Project. The project, which operates in Maricopa and Pinal counties, is based on the Bank Street model; it seeks to improve the quality of kith and kin care through a 14-week support group and training program. Caregivers enrolled in the pilot are invited to attend these trainings. ASCC is also available to help caregivers who express interest in becoming licensed.

**Office of Child Protective Services (CPS).** Because of the pilot's unique target population, Zero to Five expected that it would need to coordinate with CPS as it worked with parents, children, and caregivers. Case workers, judges, and attorneys refer incarcerated teen parents to Early Head Start and the pilot, and CPS gives official permission for caregivers to attend the bimonthly socializations with parents and children.

### **Pilot Staffing**

Two pilot home visitors work with the caregivers and extended family members living in the household, while two Early Head Start home visitors work with the incarcerated parents. One pilot home visitor was hired in August 2004, and one was hired in March 2005 to replace a staff member who left the program. All four home visitors have bachelor's degrees (two in elementary education, one in early childhood education, and one in criminal justice) and are all working on master's degrees in social work or counseling. Two had prior experience as Zero to Five home visitors, and two were former Head Start classroom teachers. One pilot home visitor has worked at a juvenile detention center with incarcerated teen parents.

Before working on the pilot, the home visitors received an orientation from Early Head Start staff on mandatory DJC policies and procedures in working with incarcerated teen parents. They received 16 hours of Early Head Start pre-service training, a two-day Parents As Teachers (PAT) training, a two-day training on cultural diversity and fatherhood, a half-day orientation from ASCC on available resources for kith and kin caregivers, and a 40-hour training from the Arizona Early Intervention Program on services for special needs children. In addition, staff have attended a state child abuse conference and conferences on juvenile justice.

The infant/toddler area coordinator and Early Head Start program specialist supervise the home visitors and oversee day-to-day pilot operations. Supervisors meet with the home visitors and teachers individually and as a group on a weekly basis, conduct in-field

---

observations three to four times a year, and observe a group socialization event at the juvenile centers each month.

### **Recruiting Families and Caregivers**

Caregivers are recruited through a combination of the Early Head Start teen parent, the Early Head Start home visitor, the pilot home visitor, and DJC. Officials from DJC refer any incarcerated teen who is a parent or who is expecting a child for services; those suffering from mental illnesses or with a history of sexual offenses are ineligible. When parents are first brought to the facility, Early Head Start staff members deliver an orientation session about Early Head Start services and the pilot. If teen parents express interest and have a kith and kin caregiver who might be willing to join, the pilot home visitor contacts the caregiver to discuss the pilot. Once families and caregivers decide to enroll, Early Head Start notifies CPS that the family will participate.

Parents are usually eager to enroll in the pilot because it enables them to maintain a connection with their child and the caregiver; they have to enroll in the pilot to participate in the bimonthly group socializations with children and caregivers. When pilot enrollment is full, eligible parents are placed on a waiting list and participate in a weekly PAT support group until a slot opens up.

In contrast, a few caregivers have been reluctant to join the pilot because they fear the pilot home visitor will report them to CPS, the time commitment is too great, or they resent the teen parent for becoming incarcerated and leaving them to care for the child. Several strategies have helped overcome these obstacles. Staff stress that the pilot will help the child and the parent. If a caregiver's initial response is no, then the home visitor mails the caregiver a newsletter and information about caring for infants and toddlers; sometimes she also includes a picture of the teen. The teen parent then either calls the caregiver or writes a letter urging him or her to join the pilot. This approach has been successful in changing the minds of some caregivers.

### **Characteristics of Caregivers**

In June 2005, eight caregivers for children of teens at the Black Canyon facility and 13 caregivers for children of teens at the Adobe Mountain facility were being served through the pilot. Most caregivers are relatives—primarily grandparents, biological mothers or fathers, or aunts—with foster parents comprising a small percentage. Two children were in CPS custody. In many cases, there were multiple caregivers in the same household receiving pilot services, such as the maternal grandmother and the child's mother. Since the pilot began, one caregiver who raises her six grandchildren and works as an assistant at a child care center has expressed interest in becoming a licensed child care provider.

There has been some turnover among families and caregivers. As of June 2005, 17 of 25 families who had enrolled in the pilot were still enrolled. While teen parents do not drop out of the pilot while incarcerated, some have done so upon being released. In a few cases

when the teen parent ran away and left the child with the caregiver, the caregiver asked if he or she could remain in the pilot; Zero to Five transferred these families to the regular Early Head Start program. One family changed caregivers when the children were removed from the aunt's care and placed in a shelter. Two other caregivers dropped out of the pilot. One great-grandmother became overwhelmed when her granddaughter was transferred to an adult facility and faced a long sentence; another great-grandmother dropped out for similar reasons, and her great-grandchildren were placed in foster care.

### **Services Provided Through the Pilot**

Zero to Five offers a range of services through the pilot, including weekly home visits for caregivers, support groups for caregivers, bimonthly Early Head Start socialization events, access to a lending library, health and safety equipment, community referrals, and assistance in facilitating the reunification process.

**Home Visits.** Caregivers receive weekly home visits that typically last 90 minutes. Information and training provided during these visits is consistent with the services teen parents receive from Early Head Start staff. At the first visit, the home visitor discusses goals and distributes a parent handbook; a needs assessment is conducted on the next visit that covers health, safety, child development, and family service needs. Home visitors draw upon a variety of curricula to guide their work with caregivers, including the Creative Curriculum for Infants and Toddlers, Parents As Teachers, Hawaii Health at Home, and Partners for a Healthy Baby. Visits typically include discussion of what happened over the previous week, a planned activity with the child (such as reading, playing with blocks, or art projects), modeling developmentally-appropriate practices, and discussing developmental stages. Home visitors also complete weekly observation forms that record developmental milestones observed and distribute handouts with ideas for activities to do with the child between visits. If the incarcerated teen is pregnant, home visits focus on preparing the home environment for the infant's arrival. One expectant grandmother and home visitor made blankets, books, and infant clothes. Approximately three to six months before an incarcerated teen parent is released, the home visitor starts to discuss how family dynamics will be affected and helps caregivers prepare for this transition.

**Group Events.** Bimonthly socialization events are held at the juvenile facilities for incarcerated teens, caregivers, and children. The room is spacious and cheerful with comfortable furniture and toys. Caregivers regularly attend these sessions with the children, which provide the only time when parents can have physical contact with them and their children (unlike family visitations). The socializations are very popular, and many pilot participants would like to see them offered more frequently.

In addition, the pilot offers support group meetings for caregivers at ASCC. Four had been held as of June 2005, including an orientation to ASCC's 14-week program for kith and kin caregivers in the wider community (see below), a health and safety training, and a workshop on child development. A luncheon was also held for caregivers. A handful of caregivers have attended, though transportation and geographic dispersion often hinder participation. Beginning in fall 2005, ASCC plans to hold the first 14-week support group

---

training series for caregivers participating in the pilot at Zero to Five's central office. They will co-facilitate the trainings with Early Head Start staff; transportation, child care, and incentives will be offered to encourage participation.

**Materials and Equipment.** When pilot home visitors conduct home safety checks, they identify safety items that caregivers need, such as baby gates and car seats. Staff also bring children's books, toys, blocks, games, art supplies, and other educational materials from Zero to Five's lending library to each visit.

The pilot also provides materials so that caregivers and teen parents can make items for children during the socializations and separately on their respective visits, such as blankets, books, blocks, and other toys. For example, a teen parent might make a toy that the home visitor then brings to the caregiver's home. The home visitor might then take a picture of the child and caregiver playing with the toy to the parent. Pilot participants also make scrapbooks to hold photographs and mementos of the bimonthly socializations. These activities aim to help strengthen the parent-caregiver-child relationships and prepare families for reunification.

**Referrals.** Caregivers receive referrals for a variety of community resources, including health services, Medicaid, GED and vocational education programs, family counseling, legal aid, and housing assistance. Home visitors also remind caregivers about children's upcoming immunizations and doctor's appointments.



---

## MT. HOOD COMMUNITY COLLEGE CHILD DEVELOPMENT AND FAMILY SUPPORT PROGRAM

### GRESHAM, OREGON

Mt. Hood Community College (MHCC) Child Development and Family Support Program operates a range of grant-funded programs to support children and families in middle and east Multnomah County, including the city of Gresham, and the eastern portion of the city of Portland. Head Start is the agency's largest program, serving more than 600 children in both part- and full-day options. Early Head Start is the second largest program, serving 92 children. Other programs include Head Start, Community Placements Child Care, the Child Care Network, Even Start, and Parents as Teachers.

MHCC's Early Head Start program has been operating June 2002. It is funded to enroll 92 families and children—72 children and 12 expectant parents in the home-based option and 8 children in center-based care.

### Goals and Design of the Enhanced Home Visiting Pilot

MHCC staff viewed the pilot as an opportunity for Early Head Start to better meet the child care needs of enrolled families by working with kith and kin caregivers on quality improvement. Specific goals of the pilot include improving the quality of care, reducing social isolation of caregivers, gaining a better understanding of caregivers' strengths and needs, providing support to the caregiver, and helping families move toward self-sufficiency by supporting caregivers. MHCC planned to enroll 20 caregivers in its pilot program.

The program planned to provide caregivers with at least two program contacts per month; at least one contact would be a home visit. MHCC planned to use the Parents As Teachers (PAT) curriculum to guide home visits. The agency would also offer group activities for caregivers including craft activities, child development training classes, English as a Second Language (ESL) classes, field trips, and social events. Health services for the children, such as developmental screening, vision and hearing screening, dental screening, and nutrition assessments, would be offered. MHCC also planned to provide materials and equipment through a lending library; consumables such as art supplies; and access to a telephone, fax, computer, and sewing machine at the program office.

### Community Partners

MHCC collaborates with three community partners to operate the pilot:

- **Family Child Care Network.** This network is comprised of several organizations and 25 providers that care for more than 165 children in the county; it is coordinated by MHCC. The network and the pilot offer joint

training sessions on infant-toddler caregiving and child development for pilot and network caregivers.

- **Community Health Nurse.** The community health nurse provides some health services to enrolled caregivers.
- **Library System.** The library system has a large outreach program that offers literacy training in English, Spanish, Vietnamese, and Russian for family child care providers. The library also operates a book-lending program for caregivers, including those enrolled in the pilot.

### **Pilot Staffing**

The child care coordinator supervises a pilot home visitor, a program assistant, and a bus driver/child care provider. The full-time pilot home visitor has 17 years of experience working at MHCC. She has experience providing preschool services and training for child care providers. She has a bachelor's degree in home economics and graduate credits in early childhood education. She also completed PAT training and Social Services Competency-Based Training (SSBCT). A half-time program assistant is responsible for data management and providing materials and supplies. A bus driver/child care provider also works part-time on the pilot; she has had child development training and attended Early Head Start trainings on infant feeding and health screening.

### **Recruiting Families and Caregivers**

Families are usually identified for pilot enrollment by Early Head Start home visitors. The home visitors present information to families using kith and kin child care and provide a flyer about the pilot. Often, the pilot home visitor accompanies the Early Head Start home visitor on a visit to discuss pilot services with the family. The home visitor shows the parent the caregiver activity calendar and pictures of group activities. Sometimes the caregiver is also present for these meetings; in some cases, the parent informs the caregiver about the opportunity to enroll in the pilot. Once a family agrees to participate, the pilot home visitor asks the parent about the best way to approach the caregiver sets up a caregiver home visit. The pilot home visitor also developed a family questionnaire to help identify those who might be interested in the pilot.

### **Characteristics of Caregivers**

In June 2005, MHCC had 12 caregivers caring for 13 Early Head Start children enrolled in the pilot. Most of the caregivers are grandmothers, and some of them live in the same home as the parent and child. One father is enrolled in the pilot, and several caregivers are family friends or neighbors. So far, only a few caregivers have expressed interest in becoming licensed child care providers.

---

## Services Provided Through the Pilot

MHCC offers a range of services through the pilot for families, including monthly home visits, a range of group activities, and materials and equipment.

**Home Visits.** The home visits take place once a month and usually last about 90 minutes. The first visit includes a discussion of the caregiver's needs and goals and a home safety assessment. The home visitor also provides the caregiver with a community resource directory in English, Spanish, or Russian. During early visits, the pilot home visitor works on establishing a relationship with the caregiver. After the initial visit, the home visits are tailored to the individual needs of the children and caregivers. The home visitor uses PAT to guide the home visit activities and covers topics such as language development, sleep routines, music activities, or behavior management. During a typical visit, the home visitor, caregiver, and child do an activity together, and the home visitor usually gives the caregiver at least one handout on child development. During home visits, caregivers ask for information about a variety of issues, including toilet training, hygiene, diapering, toothbrushing, and sleeping.

**Group Events.** The pilot offers group activities for caregivers at the Early Head Start center twice a week. Topics covered during these events include arts and crafts, cooking activities, videos on child development, and speakers. Some of these activities are designed for caregivers and children to attend together; parents are also invited to attend. A two-day training was offered at the center for caregivers on setting up the caregiving environment. In addition, the pilot has also used the program's bus to go on field trips such as to the Scholastic Book Warehouse to purchase books at discounted prices.

**Materials and Equipment.** The home visitor assesses the caregivers' needs for equipment during the first home visit. The pilot has provided such items as car seats, clothing, money for diapers, booster seats, and a humidifier. Caregivers can also check out books and toys from a lending library. In addition, the pilot provided summer first aid packets to caregivers containing Band-Aids, sunscreen, insect repellent, and information on water safety.



**APPENDIX B**  
**SITE VISIT PROTOCOLS**



**ENHANCED HOME VISITING PILOT PROJECT EVALUATION**  
**INTERVIEW GUIDE FOR PROGRAM DIRECTORS**

**INTRODUCTION (2 MINUTES)**

Thank you for agreeing to participate in this interview. My name is \_\_\_\_\_ and I work for [MATHEMATICA POLICY RESEARCH/URBAN INSTITUTE], an independent research firm/organization. We are conducting a study for the Head Start Bureau to learn about Early Head Start programs' experiences implementing the Enhanced Home Visiting Pilot Project. What we learn may be used to help other Early Head Start programs develop similar pilot projects.

Everything you tell me/us is confidential. I/we would like you to feel comfortable giving your opinions and impressions. The information we gather will be used to write a report for the Head Start Bureau about programs' experiences implementing the Enhanced Home Visiting Pilot Project, including successes, challenges, and lessons from the first year of pilot operations. Our report will describe the experiences and viewpoints expressed by staff across the pilot sites, but specific comments will not be attributed to specific individuals or programs. No individual staff member will be quoted by name.

Do you have any questions before we get started?

**ABOUT YOU (5 MINUTES)**

To begin, I'd like to learn about **your role in the Early Head Start program**.

1. What is your official job title, and what are your primary responsibilities?
  
2. How long have you worked for [GRANTEE]?
  
3. How long have you held your current position? What other positions have you held within the agency?

**CHARACTERISTICS OF ENROLLED FAMILIES (10 MINUTES)**

Let's talk now about the **characteristics and needs of the families** enrolled in your Early Head Start program.

4. Do you have any **enrollment criteria beyond the federal eligibility requirements** for Early Head Start? If so, what are they?

5. Overall, what are the **most pressing needs of the families** you serve?
6. Is there **enough infant/toddler child care available** in the community to meet the needs of families in your program? If not, what are the main barriers families face in arranging infant/toddler care?
7. Why do some families you serve tend to use home-based care instead of center-based child care?
8. How do the characteristics and needs of families enrolled in the Enhanced Home Visiting Pilot Project differ, if at all, from those of the rest of the population you serve?

#### **NEEDS OF KITH AND KIN CAREGIVERS (5 MINUTES)**

Now let's talk about the **characteristics and needs of kith and kin caregivers** enrolled in the Enhanced Home Visiting Pilot Project.

9. What are their **relationships with the children** in their care? Do they tend to be relatives, family friends, or neighbors?
10. What are their **most pressing needs**? What are their strengths as caregivers?
11. In your opinion, what kinds of **training and support do the caregivers need** most?

#### **DESIGNING THE ENHANCED HOME VISITING PILOT PROJECT (15 MINUTES)**

At this point, I'd like to talk specifically about the Enhanced Home Visiting Pilot Project. To start, let's talk about how your agency **designed the pilot project and decided which services** to offer.

## Design Process

12. Why did this initiative **appeal** to your program?
13. What are the **goals and objectives** of your program's Enhanced Home Visiting Pilot Project?
14. What specific **enrollment criteria** does your program use for selecting families to enroll in the pilot?
15. How did your program identify **goals and objectives** for the pilot, determine **enrollment criteria**, and decide which **services** to provide? How did you decide how many enrollment slots to offer?

### PROBE IF NOT ALREADY MENTIONED:

- Did you **conduct a needs assessment**? Did you consult with other organizations in the community? Did you seek advice from experts?

### OPTIONAL PROMPTS:

- *Who was involved? Staff? Policy Council? Other community members?*
- *Did you base your model for the pilot on experience operating similar programs?*
- *What was the rationale for focusing on particular needs and providing specific services?*

## Initial Plans for Service Provision

Now I'd like to talk about the **services your program initially planned to provide** through the pilot. Later in the interview, I'll ask you about the services that you are actually providing.

16. What **services** did your program initially plan to provide to kith and kin caregivers?

PROBES IF NOT ALREADY MENTIONED:

- Did you plan to provide **home visits** to caregivers? How often? Who would provide them?
- Did you plan to provide **materials and equipment** to caregivers (such as books, toys, cribs, high chairs, or safety equipment)? Did you plan to give or loan the items?
- Did you plan to provide any **direct payments, financial incentives, bonuses**, or other incentives such as gift certificates to caregivers?
- Did you plan to offer **support groups, play groups, training workshops**, or other group events for caregivers?
- Did you plan to offer any other services I haven't asked about?

17. What were the most difficult aspects of the design process? What went smoothly?

18. Would additional **technical assistance** in designing the pilot model have been helpful? If so, what kind of technical assistance? *Are there other resources that would have been helpful?*

**PILOT STAFFING (15 MINUTES)**

Now I'd like to learn about **how the pilot project is staffed**.

19. Approximately what **percentage of time do you devote to the pilot** on the weekly basis?  
IF DIRECTOR DOES NOT SPEND TIME ON THE PILOT WEEKLY: On a monthly basis?

20. **How many staff** work on the pilot? What are their **job titles and main duties** related to the pilot? [CONFIRM INFORMATION OBTAINED DURING PLANNING PHONE CALL.]

21. What are the **qualifications** of staff working on the pilot?

*OPTIONAL PROMPTS:*

- *What is the educational background of pilot staff?*
  - *Do they have prior experience working in Early Head Start, child care, or other early childhood programs?*
22. How did your program decide how to staff the pilot? *What was the rationale for choosing this particular staffing configuration?*
23. Did you **hire new staff** to work on the pilot, **reassign existing staff**, or both? Why did you take this approach?

PROBES:

- Did you consider **matching caregivers with home visitors** who have similar characteristics, such as age or ethnic/cultural background?
  - IF AGENCY **REASSIGNED** EXISTING STAFF: How receptive were staff to working on the pilot program?
  - IF AGENCY **HIRED** NEW STAFF: How easy or difficult was it to find people with the appropriate qualifications and skills?
24. Do any of your **community partners provide staff** for the pilot? If yes, what are their job titles and main duties?
25. Did staff receive **special training** in preparation for operating the pilot? If so, what type of training? *How helpful do you think this training has been for pilot staff?*
26. Tell me about the **supervision and feedback** that pilot staff receive.
27. How well is the staffing structure working so far? *Are there sufficient staff resources to operate the pilot?*

PROBES IF NOT ALREADY MENTIONED:

- Has there been any **turnover of pilot staff**?
- IF YES: Which positions?
- IF YES: How has staff turnover affected the original design of the program? What you've been able to accomplish so far?

28. If you could, would you **change the staffing structure** for the pilot? If so, how?

**COMMUNITY PARTNERS (10 MINUTES)**

Let's talk about the community partners that work with you on the pilot project.

29. What **community partnerships** has your program developed for the pilot program?

30. What was the **rationale for choosing** these partners?

*OPTIONAL PROMPTS:*

- *How were they recruited?*
- *What criteria were used in selecting them?*
- *Did the Early Head Start program have a relationship with any of the partners before the pilot? If yes, what was the relationship?*
- *Did any potential partners decline to participate, and if so, why?*

31. IF NOT ALREADY MENTIONED: Did you recruit any **Part C providers** as partners? If so, what role do they play in the pilot?

32. Do you have **formal partnership agreements** with these community partners? [REQUEST COPIES OF PARTNERSHIP AGREEMENTS.]

33. To what extent were community partners **involved in designing the pilot** and setting goals and objectives?

34. What pilot **services** do community partners provide?
35. What is the **extent of oversight and supervision** your program provides to partner staff working on the pilot?
36. How are the partnerships going so far? *What aspects of the partnerships work well, and what has been challenging?*
37. If you could, is there **anything you would change** about the partnerships or partnership agreements? *Would you seek different or additional partners? If so, why?*
38. What **lessons** have you learned about recruiting and choosing partners, developing partnership agreements, and working with partners that could be beneficial for other programs?
39. What is the **potential for sustaining these partnerships** after pilot funding ends?

## **IMPLEMENTATION EXPERIENCES (25 MINUTES)**

Now I'd like to hear about your experiences during the first year of pilot implementation.

### **Recruiting Caregivers**

40. What strategies do you use to **identify and recruit kith and kin caregivers** to participate in the pilot?

### **PROBES IF NOT ALREADY MENTIONED:**

- Are they identified through Early Head Start **parents**? By **other organizations** in the community?
- What **strategies** do you use to recruit the caregivers?
- How **receptive** are they to enrolling in the pilot? *Participating in home visits? Attending support groups or training events?*
- Which recruitment strategies have worked well, and which have not been as effective as you anticipated?

## Service Planning

41. How do you **decide what services to provide** to caregivers?

### OPTIONAL PROMPTS:

- *Do you conduct needs assessments with them?*
- *Do you develop service plans or partnership agreements with the caregivers?*

42. Have you been able to **implement the pilot project as planned**? Provide the types of services at the frequency anticipated? If not, how has **actual implementation differed from your initial plans**? Why was a change required?

### PROBES IF NOT ALREADY MENTIONED:

- Have you been able to provide **home visits** to caregivers as planned?
- Are you able to **conduct the activities and cover the topics** planned for home visits?
- What has been **challenging** about implementing the home visits as planned, and what has gone well?
- Has **gaining access to caregivers homes'** been challenging? What strategies have worked best in gaining access to caregivers' homes?
- Have you been able to **provide materials, equipment, or financial support** as planned?
  - IF NO: How has actual provision of material support differed from initial plans, and why do you think this has happened?
- Have you been able to implement **support groups, play groups, or group training activities** as planned? What outreach strategies do you use to encourage caregiver participation in these activities?
  - IF NO: How has actual provision of group events differed from initial plans, and why do you think this has happened?
  - *What has been challenging about planning and implementing these group events, and what has gone well?*
  -

## Recruiting and Serving Families

43. What strategies have you used to **recruit families**? What have been the barriers to enrollment, if any, and what have you done to overcome them? *How receptive have Early Head Start families been to enrolling in the pilot?*
44. Do you provide specific **services to parents and children enrolled in the pilot**, in addition to the services that all Early Head Start families receive? If yes, what are they, and why do you provide them?

## Relationships

45. What strategies have you used to **facilitate communication and strengthen relationships** between **parents, caregivers, and pilot staff**? How effective do you think these strategies have been? *What has been challenging, and what has worked well?*
46. How much **turnover** has there been so far in the **kith and kin caregivers** families use? Is there more or less turnover than you expected?
47. Have any of the **families or caregivers dropped out** of the pilot? If so, what were their reasons? *Is this a higher or lower dropout rate than you expected?*

## Funding

48. Is the grant **funding** you receive for operating the pilot **sufficient for providing services through the pilot as intended**? *If not, did service provision cost more than you anticipated? Why? Do you draw on other funding sources to support the pilot? What other funding sources do you use?*
49. At this point, what do you think is the **future of the pilot** at your program? *Do you hope to continue providing pilot services after pilot funding ends? Do you think this will be feasible?*

## SUCCESSSES, CHALLENGES, AND LESSONS (20 MINUTES)

Now I'd like to hear your views on the **successses and challenges** of the pilot, and any lessons you've learned about working with kith and kin caregivers.

## Successes

50. In your opinion, how much **progress** do you think your pilot program has made toward meeting its **goals and objectives**?
  
51. What have been the **most important successes** of the pilot so far?

### *OPTIONAL PROMPT:*

- *Does the pilot seem to work better for certain types of caregivers than others (such as grandmothers or neighbors)? If so, why?*

52. What are the **benefits of the pilot** for children, parents, and caregivers?

## Challenges

53. What are the **most significant implementation challenges** the pilot has faced so far? *What are pilot staff most concerned about?*
  
54. What **strategies** have you or your staff used to work through these challenges? How well do you think these strategies worked?

## Lessons and Recommendations

55. What are the most **important lessons** your program has learned so far about providing services to kith and kin caregivers?
  
56. What **changes**, if any, do you think should be made in the Enhanced Home Visiting Pilot Project?

*OPTIONAL PROMPTS:*

- *Changes in program services?*
- *Changes in program staffing?*
- *Changes in or additions to current community partners?*

57. Would you **recommend** that other Early Head Start programs develop similar initiatives to support kith and kin caregivers?

58. Is there anything else you would like to add before we end the discussion?

Thanks again for participating in the interview.



**ENHANCED HOME VISITING PILOT PROJECT EVALUATION**  
**INTERVIEW GUIDE FOR COORDINATORS/SPECIALISTS/SUPERVISORS**

**INTRODUCTION (2 MINUTES)**

Thank you for agreeing to participate in this interview. My name is \_\_\_\_\_ and I work for [MATHEMATICA POLICY RESEARCH/URBAN INSTITUTE], an independent research firm/organization. We are conducting a study for the Head Start Bureau to learn about Early Head Start programs' experiences implementing the Enhanced Home Visiting Pilot Project. What we learn may be used to help other Early Head Start programs develop similar pilot projects.

Everything you tell me/us is confidential. I/we would like you to feel comfortable giving your opinions and impressions. The information we gather will be used to write a report for the Head Start Bureau about programs' experiences implementing the Enhanced Home Visiting Pilot Project, including successes, challenges, and lessons from the first year of pilot operations. Our report will describe the experiences and viewpoints expressed by staff across the pilot sites, but specific comments will not be attributed to specific individuals or programs. No individual staff member will be quoted by name.

Do you have any questions before we get started?

**ABOUT YOU (5 MINUTES)**

To begin, I'd like to learn about **your role in the Early Head Start program**.

1. What is your official job title, and what are your primary responsibilities?
2. How long have you worked for [GRANTEE]?
3. How long have you held your current position? What other positions have you held within the agency?

**CHARACTERISTICS OF PILOT FAMILIES AND ENROLLMENT CRITERIA**  
**(5 MINUTES)**

Let's talk now about the **characteristics and needs of the families** enrolled in the Enhanced Home Visiting Pilot Project.

4. Overall, what are the **most pressing needs of the families** you serve?
5. Is there **enough infant/toddler child care available** in the community to meet the needs of families in your program? If not, what are the main barriers families face in arranging infant/toddler care?
6. What **specific enrollment criteria** does your program use to select families for enrollment in the pilot?
7. How do the characteristics and needs of families enrolled in the pilot differ, if at all, from those of the rest of the population you serve?

#### **NEEDS OF KITH AND KIN CAREGIVERS (5 MINUTES)**

Now tell me about the kith and kin caregivers enrolled in the pilot.

8. What are their **relationships with the children** in their care? Do they tend to be relatives, family friends, or neighbors?
9. What are their **strengths as caregivers**? What are their **most pressing needs**?
10. In your opinion, what kinds of **training and support do the caregivers need** most?
11. Have any of the **caregivers expressed interest in becoming licensed or registered child care providers**? If so, have you provided any information or **services to help** him or her move in this direction? Describe what you've done or are doing.

#### **DESIGNING THE ENHANCED HOME VISITING PILOT PROJECT (10 MINUTES)**

At this point, I'd like to talk specifically about the Enhanced Home Visiting Pilot Project. To start, let's talk about how your agency designed the pilot project and decided which services to offer.

## Design Process

12. Why did this initiative **appeal** to your program?
13. What are the **goals and objectives** of your program's Enhanced Home Visiting Pilot Project?
14. Were you **involved in the planning process** for the pilot? IF YES: How did your program identify goals and objectives for the pilot, determine enrollment criteria, and decide which services to provide?

## Initial Plans for Service Provision

15. What **services did your program initially plan** to provide to kith and kin caregivers?

PROBES IF NOT ALREADY MENTIONED:

- Did you plan to provide **home visits** to caregivers? How often, and who would provide them?
  - Did you plan to provide **materials and equipment** to caregivers (such as books, toys, cribs, high chairs, or safety equipment)? Did you plan to give or loan the items?
  - Did you plan to provide any **direct payments, financial incentives, bonuses, or other incentives** such as gift certificates to caregivers?
  - Did you plan to offer **support groups, play groups, training workshops**, or other group events for caregivers?
  - Did you plan to offer any **other services** I haven't asked about?
16. Would **additional technical assistance** in designing the pilot model have been helpful? If so, what kind of technical assistance?

## STAFFING AND SUPERVISION (20 MINUTES)

Now I'd like to learn about **how the pilot project is staffed**.

17. What is **your role** in the Enhanced Home Visiting Pilot Project?

18. Do you **supervise other staff** who work on the pilot? If so, what are their **job titles and main duties**?

19. What are the **qualifications of staff** working on the pilot?

PROBES IF NOT ALREADY MENTIONED:

- What is the **educational background** of pilot staff?
  - Do they have **prior experience** working in Early Head Start, child care, or other early childhood programs?
20. How did your program decide how to staff the pilot? *What was the rationale for choosing this particular staffing configuration?*
21. Did you **hire new staff** to work on the pilot, **reassign existing staff**, or **both**? Why did you take this approach?

PROBES:

- Did you consider **matching caregivers with home visitors** who have similar characteristics, such as age or ethnic/cultural background?
  - IF AGENCY **REASSIGNED** EXISTING STAFF: How receptive were staff to working on the pilot program?
  - IF AGENCY **HIRED** NEW STAFF: How easy or difficult was it to find people with the appropriate qualifications and skills?
22. Do any of your **community partners provide staff** for the pilot? If yes, what are their job titles and main duties on the pilot?
23. Did staff receive **special training in preparation** for operating the pilot? If so, what type of training? How helpful do you think this training has been for pilot staff?
24. Does your program plan to provide **additional training** to pilot staff in the future? If so, what kind of training, and why did you decide to provide it?

25. Tell me about the **supervision and feedback** that pilot staff receive.

PROBES:

- Do home visitors or other pilot staff receive regular **individual supervision**? If so, by whom, how often, and what topics are typically discussed?
- Do pilot staff receive **group supervision**, such as regular staff meetings and other opportunities to discuss pilot activities and issues that come up with families and caregivers? If so, how often, and what topics are typically discussed?
- Do pilot staff receive **in-field supervision**, such as observation of home visits and feedback? If so, who conducts observations, how often, and is there a specific observation tool? [REQUEST COPY]. How do you use this information?

26. How well is the staffing structure working so far? *Are there sufficient staff resources to operate the pilot?*

PROBES IF NOT ALREADY MENTIONED:

- Has there been any **turnover of pilot staff**?
- IF YES: Which positions?
- IF YES: How has staff turnover affected the original design of the program? What you've been able to accomplish so far?

27. If you could, would you **change the staffing structure** for the pilot? If so, how?

**COMMUNITY PARTNERS (5 MINUTES)**

Let's talk about the **community partnerships** that work with you on the pilot project.

28. What **pilot services** do community partners provide? *What are the qualifications of partner staff who provide these services?*

29. What is the extent of **oversight and supervision** your program provides to partner staff working on the pilot?

30. How are the partnerships going so far? *What aspects of the partnerships work well, and what is challenging?*

31. If you could, is there **anything you would change** about the partnerships or partnership agreements? *Would you seek different or additional partners? If so, why?*

### **IMPLEMENTATION EXPERIENCES (25 MINUTES)**

Now I'd like to hear about your experiences during the first year of pilot implementation.

#### **Recruiting Caregivers**

32. What strategies do you use to **identify and recruit kith and kin caregivers** to participate in the pilot?

#### **PROBES:**

- Are they identified through Early Head Start **parents**? By **other organizations** in the community? What criteria do you use to select caregivers for enrollment?
- What **strategies** do you use to recruit kith and kin caregivers? Which strategies have worked well, and which have not been as effective as you anticipated?
- How **receptive** are they to enrolling in the pilot? Participating in home visits? Attending support groups or training events?

33. How do you **decide what services to provide** to caregivers?

#### **PROBES IF NOT ALREADY MENTIONED:**

- Do you conduct **needs assessments** with them?
  - Do you develop **service plans or partnership agreements** with the caregivers? If yes, what is the content of these plans? [REQUEST COPY IF NOT ALREADY OBTAINED].
34. Have you been able to **implement the pilot project as planned**? Provide the types of services at the frequency anticipated? If not, how has **actual implementation differed from your initial plans**? Why was a change required?

## PROBES IF NOT ALREADY MENTIONED:

- Have you been able to provide **home visits** with caregivers as planned?
- Are you able to **conduct the activities and cover the topics** planned for home visits? *Do home visitors use a specific curriculum? Do they develop lesson plans for the visit?*
- What has been **challenging** about implementing the home visits as planned, and what has gone well?
- Has **gaining access to caregivers' homes** been challenging? What strategies have worked best in gaining access to caregivers' homes?
- Have you been able to **provide materials, equipment, or financial support** as planned?
  - IF NO: How has actual provision of material support differed from initial plans, and why do you think this has happened?
- Have you been able to implement **support groups, play groups, or group training activities** as planned? What outreach strategies do you use to encourage caregiver participation in these activities?
  - IF NO: How has actual provision of group events differed from initial plans, and why do you think this has happened?
- *What has been challenging about planning and implementing these group events, and what has gone well?*

### **Recruiting and Serving Families**

35. What strategies have you used to **recruit families**? What have been the **barriers to enrollment**, if any, and what have you done to overcome them?
36. Do you provide specific **services to parents and children** enrolled in the pilot, in addition to the services that all Early Head Start families receive? If yes, what are they, and why do you provide them?

### **Relationships**

37. What strategies have you used to **facilitate communication and strengthen relationships** between **parents, caregivers, and pilot staff**? How effective do you think these strategies have been? What has been challenging, and what has worked well?

38. How much **turnover** has there been so far in the **kith and kin caregivers** families use? Is there more or less turnover than you expected?
39. Have any of the **families or caregivers dropped out of the pilot**? IF YES: What were their reasons? *Is this a higher or lower dropout rate than you expected?*

### **SUCSESSES, CHALLENGES, AND LESSONS (15 MINUTES)**

Now I'd like to hear your views on the **successes and challenges** of the pilot, and any lessons you've learned about working with kith and kin caregivers.

#### **Successes**

40. In your opinion, how much **progress** do you think the pilot program has made toward meeting its **goals and objectives**?
41. What have been the **most important successes** of the pilot so far?

#### *OPTIONAL PROMPTS:*

- *Does the pilot seem to work better for certain types of caregivers than others (such as, grandmothers or neighbors)? If so, why?*
- *Do you think the pilot has improved the quality of care provided by the kith and kin caregivers you work with? If yes, what aspects of quality have improved?*

42. What are the **benefits of the pilot** for children, parents, and caregivers?

#### **Challenges**

43. What are the **most significant implementation challenges** that the pilot has faced so far? *What are pilot staff most concerned about?*
44. What **strategies** have you or your staff used to work through these challenges? How well do you think these strategies worked?

## **Lessons and Recommendations**

45. What are the **most important lessons** your program has learned so far about providing services to kith and kin caregivers?
  
46. What **changes**, if any, do you think should be made in the Enhanced Home Visiting Pilot Project?
  
47. Is there anything else you would like to add before we end the discussion?

Thanks again for participating in the interview.



## ENHANCED HOME VISITING PILOT PROJECT EVALUATION

### HOME VISITOR INTERVIEW GUIDE

#### INTRODUCTION (2 MINUTES)

Thank you for agreeing to participate in this interview. My name is \_\_\_\_\_ and I work for [MATHEMATICA POLICY RESEARCH/URBAN INSTITUTE], an independent research firm/organization. We are conducting a study for the Head Start Bureau to learn about Early Head Start programs' experiences implementing the Enhanced Home Visiting Pilot Project. What we learn may be used to help other Early Head Start programs develop similar pilot projects.

Everything you tell me/us is confidential. I/we would like you to feel comfortable giving your opinions and impressions. The information we gather will be used to write a report for the Head Start Bureau about programs' experiences implementing the Enhanced Home Visiting Pilot Project, including successes, challenges, and lessons from the first year of pilot operations. Our report will describe the experiences and viewpoints expressed by staff across the pilot sites, but specific comments will not be attributed to specific individuals or programs. No individual staff member will be quoted by name.

Do you have any questions before we get started?

#### ABOUT YOU (5 MINUTES)

To begin, I'd like to learn about your role in the Early Head Start program.

1. What is your **official job title**, and what are your **primary responsibilities**?
2. How **long have you worked** for [GRANTEE/PARTNER]?
3. How long have you held your **current position**? What **other positions** have you held within the agency?
4. Prior to your current position, had you ever **worked as a home visitor** before?
5. Prior to your current position, had you ever **worked with kith and kin caregivers** before?

## TRAINING (10 MINUTES)

Now I'd like to ask a few questions about any training you received for the pilot project.

6. Did you receive any **orientation or training** for the Enhanced Home Visiting Pilot Project **before you started** working with caregivers?

[IF YES]: Tell me about it.

### PROBES IF NOT ALREADY MENTIONED:

- Who provided the orientation/training?
- What topics were covered?
- How many sessions, and how long was each session?
- What was the format—lecture, role play, small group work?

7. Have you participated in any **in-service training** for the Enhanced Home Visiting Pilot Project **since you started** working with caregivers?

[IF YES]: Tell me about it.

### PROBES IF NOT ALREADY MENTIONED:

- How many in-service trainings have you had?
- Who provided the training?
- What topics were covered?
- How many sessions, and how long was each session?
- What was the format—lecture, role play, small group work?

8. Did you **find this training helpful** for the work you do during a typical home visit?  
[IF YES]: What has been most helpful?

9. Are there any **topics you would have liked more training** in? Is there anything about the orientation and training you think could be improved?

## IMPLEMENTATION OF PILOT SERVICES

Now I'd like to ask some questions about implementation of the Enhanced Home Visiting Pilot Project. To start, let's talk about recruitment of caregivers.

### Caregiver Recruitment (5 MINUTES)

10. Are you involved in identifying and **recruiting kith and kin caregivers** for the pilot?

[IF YES]: What strategies do you use to recruit caregivers? Which strategies have worked well, and which have not been as effective as expected?

11. In your opinion, what **attracts caregivers to the program**? What has been least attractive to them?

### Home Visits (30 MINUTES)

Now I'd like to hear a little bit about the caregivers you work with and the home visits you do.

12. How many caregivers do you currently work with? Tell me a little bit about them.

PROBE IF NOT ALREADY MENTIONED:

- How are they related to the Early Head Start child?

13. Tell me a little about the things you do **before setting up the first home visit**. How do you make your first contact with caregivers?

14. Can you walk me through what happens **during the first home visit** with a caregiver?

PROBES IF NOT ALREADY MENTIONED:

- Assess caregiver assets and needs?
- Assess child needs?
- Develop service plans for caregivers? If yes, what do these cover?
- Provide information, either through written materials (such as pamphlets or tips sheets), videos, or other means

15. Now tell me what you do during a **typical home visit**. Are you using a specific curriculum?

[IF YES]: Tell me about the curriculum you use.

PROBES IF NOT ALREADY MENTIONED:

- name of the curriculum?
- what topics are covered, what activities are included?
- follow the curriculum as written, or use it more as a guide?

[**IF NO**]: What do you try to focus on during a typical visit?

PROBES IF NOT ALREADY MENTIONED:

- What topics do you try to cover?
- What activities do you try to do?

16. What **concerns or questions** do caregivers bring up **most often** during the home visits?  
How do you respond?

17. What types of **materials and equipment** (such as books, toys, cribs, safety equipment) do caregivers request **most often**? How do you respond?

[**IF MATERIALS AND EQUIPMENT ARE PROVIDED**]: Are they given to caregivers or loaned to them?

18. Have you ever made **suggestions to caregivers** about how to care for the child, such as changing their safety practices or behavior management strategies?

[**IF YES**]: Can you give me an example? How receptive are caregivers to these suggestions?

19. What do the **caregivers like best** about the home visits you do? Can you give me an example?

20. How **receptive are caregivers** to participating in the pilot, and having staff visit them at home?

PROBES IF NOT ALREADY MENTIONED:

- How many home visits do you try to do a month? How many are you able to complete?
- How easy or difficult has it been to schedule home visits with caregivers?
- What are the main reasons home visits have to be rescheduled?

**Group Activities and Other Services (10 MINUTES)**

Now I'd like to change topics, and talk a little bit about other activities and services for caregivers in the pilot.

21. Besides the home visits, do you help **plan or set up other activities** for caregivers, such as support groups, play groups, or group training activities?

**[IF YES]:** Tell me about these group activities.

PROBES IF NOT ALREADY MENTIONED:

- When are they offered?
- What topics are covered?
- What community partners are involved?
- How well have they worked?
- What has been most challenging, and what has gone well?

22. Do you ever **refer caregivers** to other community agencies for services? If so, how often and for which types of services?

23. What strategies have you used to **facilitate communication and strengthen relationships** between caregivers and parents? How well have these strategies worked?

24. **[IF HOME VISITOR DOESN'T WORK WITH BOTH FAMILY & CAREGIVER]:** Do you **coordinate services** provided to the family and caregiver? (For example, do the home visitors for the family and caregiver coordinate the topics and activities they cover during the visits?) If so, how?

### **TURNOVER IN CAREGIVERS AND FAMILIES (5 MINUTES)**

Now I'd like to ask a couple questions about what happens when pilot families change caregivers.

25. How much **turnover** has there been so far in the kith and kin caregivers families use? Is there more or less turnover than you expected?
  
26. What happens when a **family changes caregivers**? What do you do to enroll the new caregiver into the pilot?
  
27. Have any of the caregivers or families you work with **dropped out of the pilot**? If so, what were their reasons? Is this a higher or lower dropout rate than you expected?

### **ASSETS AND NEEDS OF CAREGIVERS (10 MINUTES)**

Now I'd like to get your thoughts about the caregivers you work with.

28. In your opinion, what are the **major assets or strengths** of the caregivers you work with?
  
29. What are the **most pressing needs** of the caregivers you work with? In your opinion, what kinds of training and support do caregivers need most?
  
30. Do you have any specific **concerns about the quality of care** they provide?

#### **PROBES IF NOT ALREADY MENTIONED:**

- The types of programs or amount of time the child watches TV?
- Health and safety practices in the home ?
- How the caregiver relates or responds to the child?
- Amount of time the caregiver spends reading to or playing with the child?

**OPTIONAL, IF TIME LEFT:** Have you provided any information or services to address these issues? Tell me about what you've done or are doing.

31. Have any of the caregivers expressed an **interest in becoming licensed** or registered child care providers?  
[**IF YES**]: What have you done to help them become licensed or registered?

## SUCCESSSES, CHALLENGES, AND LESSONS (15 MINUTES)

I'd like to finish up by hearing your views on the **successes** and **challenges** of the pilot, and any **lessons you've learned** about working with kith and kin caregivers.

32. What have been the **most important successes** of the pilot so far?

### OPTIONAL PROBES IF TIME LEFT:

- Does the pilot seem to work better for certain types of caregivers (such as grandmothers or neighbors)? If so, why?
- Do you think the pilot has had any impact on the quality of care provided by kith and kin caregivers you work with? If so, what aspects of quality have improved?

33. Thinking about the work you do with caregivers, what are you **most proud of**? Can you give me an example?

34. What are the **biggest challenges** you've faced in working with caregivers?

### OPTIONAL PROBE IF TIME LEFT:

- Do different types of caregivers (such as grandmothers or neighbors) present different kinds of challenges? If so, how do they differ?

35. What strategies have you used to **work through these challenges**? How well do you think these strategies worked?

36. What are the most important **lessons you have learned** so far about providing services for kith and kin caregivers?

37. What **changes**, if any, do you think should be made to the Enhanced Home Visiting Pilot Project?

**OPTIONAL PROBES IF TIME LEFT:**

- Training or resources available to you?
- Changes in program services?
- Changes in program staffing?
- Changes or additions to current community partners?

38. **[OPTIONAL, IF TIME LEFT]** Would you recommend that other Early Head Start programs develop similar initiatives to support kith and kin caregivers?

**CONCLUSION**

We are now finished with our questions. Is there anything else you would like to add before we end the discussion?

Thank you for taking the time to share your thoughts and ideas.

**ENHANCED HOME VISITING PILOT PROJECT EVALUATION**  
**INTERVIEW GUIDE FOR COMMUNITY PARTNERS**

**INTRODUCTION (2 MINUTES)**

Thank you for agreeing to participate in this interview. My name is \_\_\_\_\_ and I work for [MATHEMATICA POLICY RESEARCH/URBAN INSTITUTE], an independent research firm/organization. We are conducting a study for the Head Start Bureau to learn about Early Head Start programs' experiences implementing the Enhanced Home Visiting Pilot Project. What we learn may be used to help other Early Head Start programs develop similar pilot projects.

Everything you tell me/us is confidential. I/we would like you to feel comfortable giving your opinions and impressions. The information we gather will be used to write a report for the Head Start Bureau about programs' experiences implementing the Enhanced Home Visiting Pilot Project, including successes, challenges, and lessons from the first year of pilot operations. Our report will describe the experiences and viewpoints expressed by staff across the pilot sites, but specific comments will not be attributed to specific individuals or programs. No individual staff member will be quoted by name.

Do you have any questions before we get started?

**ABOUT YOU (5 MINUTES)**

To begin, I'd like to ask some **background questions** about you and your agency.

1. What is your official **job title**, and what are your **primary responsibilities**?
  
2. How long have you worked for [AGENCY NAME]?
  
3. How long have you held your **current position**? What **other positions** have you held within the agency?

**YOUR AGENCY (5 MINUTES)**

4. What is your organization's **primary mission**? [REQUEST A BROCHURE WITH BACKGROUND INFO ON THE ORGANIZATION IF ONE IS AVAILABLE]

5. What are the **main programs** your agency operates and services you provide?
6. What are the **main characteristics of your agency's client population**?

## **PARTNERSHIP WITH THE EARLY HEAD START PROGRAM (20 MINUTES)**

Let's talk about your agency's **partnership** with Early Head Start.

### **Nature of the Partnership**

7. Did your agency have a **relationship with the Early Head Start program** before the start of the Enhanced Home Visiting Pilot Project? *Was your agency already in a partnership with Early Head Start?*
8. Do you have a **formal partnership agreement** in place with the Early Head Start program? If yes, what is the nature of that agreement? [REQUEST A COPY OF THE PARTNERSHIP AGREEMENT IF NOT ALREADY OBTAINED FROM THE EHS PROGRAM.]
9. **Why did you decide to partner** with the Early Head Start program on the Enhanced Home Visiting Pilot Project? What interested your agency in the pilot?
10. At what point in the pilot's development did you form the partnership? To what extent was your agency **involved in designing the pilot** and setting its goals and objectives?
11. What is your **agency's role in the pilot**? What services do you provide to children, families, and/or kith and kin caregivers enrolled in the pilot?

### **Staffing and Coordination**

12. **How many staff** from your agency work on the pilot? What **proportion of their time** do they spend on the pilot? What are their job titles and main duties on the pilot? What are their qualifications?
13. How do you **coordinate** the work your staff do on the pilot with the Early Head Start program?

*OPTIONAL PROMPTS:*

- *Do Early Head Start staff provide oversight and supervision to your agency's staff who are working on the pilot?*
- *How do you facilitate communication across the two agencies, and with families and kith and kin caregivers?*

**Partnership Lessons**

14. In your opinion, **how is the partnership going** so far? What aspects of the partnership work well, and what aspects are challenging?
15. If you could, is there **anything you would change** about the partnership or partnership agreement? If so, what would you change?
16. *What lessons have you learned about working through partnerships that would be beneficial for other programs or communities?*

**IMPLEMENTING THE ENHANCED HOME VISITING PILOT PROJECT  
(20 MINUTES)**

At this point, I'd like to ask some questions about **availability of child care in the community**, the **needs of the kith and kin caregivers**, and your **agency's role in implementing** the Enhanced Home Visiting Pilot Project.

17. Is **enough infant/toddler child care available** in the community to meet the needs of low-income families? If not, what are the **main barriers** families face in arranging infant/toddler care?
18. What are the **most pressing needs of the kith and kin caregivers** served by the pilot? What are their strengths as caregivers?
19. In your opinion, what kinds of **training and support do kith and kin caregivers need most?**

20. Have your agency and the Early Head Start program been able to **implement the pilot program as planned**? Provide the types of services at the frequency anticipated? If not, how has actual **implementation differed from your initial plans**? Why was a change required?
21. In your opinion, how much **progress** do you think the pilot program has made toward meeting its goals and objectives?
22. What have been the **most important successes** of the pilot so far?

*OPTIONAL PROMPTS:*

- *Does the pilot seem to help certain types of caregivers more than others such as grandmothers or neighbors)? If so, why?*
- *Do you think the pilot has improved the quality of care provided by the kith and kin caregivers you work with? If yes, what aspects of quality have improved?*

23. *What are the benefits of the pilot for children, parents, and caregivers?*

24. What are the most **significant implementation challenges** the pilot has faced so far?

*OPTIONAL PROMPTS:*

- *Has implementing specific services, such as home visits or group training events, been challenging?*
- *Has the partnership with Early Head Start been challenging?*
- *Has recruiting caregivers been challenging?*

25. What **strategies** have you used to work through these challenges? How well do you think these strategies worked?

26. What are the most important **lessons** your agency has learned so far about providing services to kith and kin caregivers?
27. What **changes**, if any, do you think should be made to the Enhanced Home Visiting Pilot Project?

*PROBES:*

- *Changes in program services?*
  - *Changes in program staffing?*
  - *Changes in or additions to current community partners?*
28. At this point, what do you think is the **future of the pilot project**? *Do you hope to continue providing pilot services after pilot funding ends? Do you think this will be feasible?*
29. IF NOT ALREADY MENTIONED: What is the **potential for sustaining your partnership** with Early Head Start after pilot funding ends?
30. Is there anything else you would like to add before we end the discussion?

Thanks again for participating in the interview.



## ENHANCED HOME VISITING PILOT PROJECT EVALUATION

### PARENT FOCUS GROUP GUIDE

#### INTRODUCTION (10 MINUTES)

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm \_\_\_\_\_ and I work for [MATHEMATICA POLICY RESEARCH/URBAN INSTITUTE], an independent research firm/organization.

We are conducting a study for the Head Start Bureau to learn about the Early Head Start Enhanced Home Visiting Pilot Project. As part of the study, we want to learn about relatives, friends, and neighbors who take care of children while parents are at work or school. We are interested in talking with you about the person who takes care of your child, and the services they get from [PILOT NAME].

- I am going to moderate the discussion. It is really important for everyone to speak up so we can have a lively and informative discussion.
- We ask that you respect each other's point of view. There are no right or wrong answers. You are the experts – we want to learn from you.
- It will be helpful if you speak one at a time, so everyone has a chance to talk.
- We have many topics to cover during the discussion. At times, I may need to move the conversation along to be sure we cover everything.
- We also ask that you not repeat any of the discussion you've heard after you leave today.
- We also want you to know that being part of this discussion is up to you, and you can choose to not answer a question if you wish. Being part of this discussion will also not affect the services you receive through [PILOT NAME].
- I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. Everything you say here is private. When we write our report, we will include a summary of people's opinions, but no one will be quoted by name.
- If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this focus group or to my taping our discussion?
- The discussion will last about 1½ hours, and we will not take any formal breaks. But please feel free to get up at any time to stretch, use the restroom, or help yourselves to something to eat or drink.

Once again, thank you for coming today. Are there any questions before we get started?

## **CURRENT CHILD CARE ARRANGEMENTS AND CHOICE OF CAREGIVER (15 MINUTES)**

1. Let's start by going around the room and introducing ourselves.

Please tell us:

- your first name (or the name you would like to be called)
- and the name and age of your child who's in [PILOT NAME]

For the rest of our discussion, I'd like to focus on the person who takes care of your child in [PILOT NAME] while you are working or at school.

2. **Can I just see a show of hands** – [BE SURE TO SPEAK COUNTS ONTO TAPE]

- for how many of you is this caregiver a family member? a friend of the family? your neighbor?
- how many of you live in the same house as your child's caregiver?
- [IF RELEVANT] for the rest of you, where do they care for your child most of the time -- in your home? in their home?
- when do they care for your child -- mostly during the day? mostly in the evenings or on weekends? both days and evenings?
- for how many of you does it vary from week to week?

3. Think back to when your child's caregiver first started taking care of your child. Would some of you like to **share how that happened**?

PROBES IF NOT ALREADY MENTIONED:

- [FOR PARENTS WHO REQUESTED CARE]: What were some of the reasons you **asked them to care for your child**?
- [FOR PARENTS WHOSE CAREGIVERS OFFERED CARE]: What were some of the reasons **they offered to take care of your child**?
- [FOR ALL]: Did any of you think about **asking someone else to take care** of your child or want another form of child care?  
[IF YES]: Who else did you ask, or what other child care did you consider or prefer? Why did you end up not having them take care of your child?

## **SATISFACTION WITH KITH AND KIN CARE AND RELATIONSHIP WITH CAREGIVER (15 MINUTES)**

Let's talk a little more about your child's caregiver.

4. What do you **like best** about having this person take care of your child? Can you give me an example? Why is this important?
5. Thinking about your child's caregiver and what they do for your child, is there **anything you would change** if you could? What would you change?

## **PERCEPTIONS OF THE ENHANCED HOME VISITING PILOT PROJECT**

Now let's talk about the services your child's caregiver gets through [PILOT NAME] and what you think about the program.

### **Program Enrollment (10 MINUTES)**

6. Can you tell me **how you found out** about the [PILOT NAME]? Who told you about it? What attracted you to the program?
7. How did your child's **caregiver get involved** with the [PILOT NAME]?

### **Perceptions of Program Activities (15 MINUTES)**

8. What do you **know about the services** your child's caregiver gets from [PILOT NAME]?
9. Have you been **invited to any of the activities** offered to your caregiver by [PILOT NAME], such as trainings, play groups, or [SITE NAME FOR SOCIALIZATIONS IF KNOWN]?

[IF YES]: Did you go to any of the activities?

[IF YES]: Tell me about them. What did you like about not them? Not like about them?

[IF NO]: What are some reasons you didn't go to these activities?

[USE PROMPTS BELOW **ONLY IF** PARENTS CAN'T SPECIFY REASONS FOR NOT PARTICIPATING IN PROGRAM ACTIVITIES]:

- Because the activities were held at a bad time?

- Because you didn't have transportation?
- Because you didn't think the activities would be helpful?

### **PARENT OPINIONS OF THE PROGRAM (25 MINUTES)**

I'd like to finish up by hearing what **you think** the [NAME OF PILOT] has done to help your child's caregiver, and what they're able to do for your child.

10. How has the program **helped your child's caregiver** and what they do for your child? Can you give me an example?
11. Has the program changed **your relationship with your child's caregiver** in any way, for example how you get along together or the kinds of things you talk about? Can you give me an example?
12. If **you** were designing this program and money was **no object**, what would you **change** or **add to** the program to make it better for families like yourselves?
13. Would you **recommend this program** or a similar program for other families who have relatives, friends, and neighbors caring for their children? Why or why not?

### **CONCLUSION**

We are now finished with our questions. Is there anything else about [PILOT NAME] or family, friends, and neighbors caring for children that you think we should know about? Or other thoughts you had during our conversation that you would like to mention before we end?

Thank you for taking the time to share your thoughts and ideas. Our discussion has been very useful in learning more about [PILOT NAME].

**ENHANCED HOME VISITING PILOT PROJECT EVALUATION**  
**CAREGIVER FOCUS GROUP GUIDE**

**INTRODUCTION (10 MINUTES)**

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm \_\_\_\_\_ and I work for [MATHEMATICA POLICY RESEARCH/URBAN INSTITUTE], an independent research firm/organization.

We are conducting a study for the Head Start Bureau to learn about the Early Head Start Enhanced Home Visiting Pilot Project. As part of the study, we want to learn about your experiences taking care of other people's children, and the services you get from [PILOT NAME].

- I am going to moderate the discussion. It is really important for everyone to speak up so we can have a lively and informative discussion.
- We ask that you respect each other's point of view. There are no right or wrong answers. You are the experts – we want to learn from you.
- It will be helpful if you speak one at a time, so everyone has a chance to talk.
- We have many topics to cover during the discussion. At times, I may need to move the conversation along to be sure we cover everything.
- We ask that you not repeat any of the discussion you've heard after you leave today.
- We also want you to know that being part of this discussion is up to you, and you can choose to not answer a question if you wish. Being part of this discussion will also not affect the services you receive through [PILOT NAME].
- I would like to tape-record our discussion.
- I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. Everything you say here is private. When we write our report, we will include a summary of people's opinions, but no one will be quoted by name.
- If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this focus group or to my taping our discussion?
- The discussion will last about 1½ hours, and we will not take any formal breaks. But please feel free to get up at any time to stretch, use the restroom, or help yourselves to something to eat or drink.

Once again, thank you for coming today. Are there any questions before we get started?

### **CAREGIVING HISTORY AND MOTIVATION FOR CARE (10 MINUTES)**

1. Let's start by going around the room, introduce yourself and say a little bit about the children you care for.

Please tell us:

- Your first name (or the name you would like to be called)
- How many children you care for (other than your own), and how old they are
- Your relationship to the child enrolled in [PILOT NAME]

For the rest of our discussion, I'd like to focus on the child you take care of who is in [PILOT NAME].

2. Can I **just see a show of hands** –

- how many of you live with the child?
- For the rest of you, how many take care of him or her in your own home? in the child's home?
- how many of you provide care mostly during the day? mostly in the evenings or on weekends? Both?
- how many of you provide care at different times and days from week to week?
- how many of you have another job besides caring for other people's children?

3. Now, I'd like to hear a little about **how you first started** taking care of this child. When did you first start and why? Did the parent ask you to watch the child, or did you offer?

PROBES IF NOT ALREADY MENTIONED:

- [IF PARENTS REQUESTED CARE]: What were some of the reasons the parent asked you to care for their child?
- [IF CAREGIVER OFFERED TO PROVIDE CARE]: What were some of the reasons you offered to take care of the child?

## **CAREGIVER CHALLENGES, ABILITIES, AND NEEDS (15 MINUTES)**

Let's talk a little about what it's like for you when you take care of this child. I'm sure we could spend all [day/evening] talking about this, but we have limited time here [today/tonight] and lots of questions. But maybe a couple of you could share your experiences with us just to get the conversation going.

[PICK TWO CAREGIVERS FROM THE GROUP TO **DESCRIBE A TYPICAL DAY**. IF POSSIBLE, CHOOSE DIFFERENT TYPES OF CAREGIVERS – A RELATIVE AND A NEIGHBOR, OR CAREGIVER PROVIDING DAYTIME CARE AND ONE PROVIDING EVENING CARE]:

4. [NAME OF 1<sup>ST</sup> CAREGIVER], can you tell us about a **typical [day/evening]** with your [GRANDCHILD, NEIGHBOR'S CHILD, ETC]? What do you usually do?

And [NAME OF 2<sup>ND</sup> CAREGIVER], how about you? Can you tell us what you usually do during a **typical [day/evening]** with your [GRANDCHILD, NEIGHBOR'S CHILD, ETC]?

5. [DIRECTED TO ENTIRE GROUP]: For all of you, what is the **most important thing you do** for the child while he or she is in your care? Can you give me a recent example? Why is this important?
6. What do you find **most challenging** about taking care of the child? Can you give me a recent example? [IF THE QUESTION DOESN'T ELICIT MUCH RESPONSE, REPHRASE AS]: What was the hardest part of your day the last time you cared for him or her?

## **EXPERIENCES WITH THE ENHANCED HOME VISITING PILOT PROJECT**

Now let's talk about what it has been like for you to be part of [PILOT NAME].

### **Program Enrollment (5 MINUTES)**

7. Can you tell me **how you found out** about [PILOT NAME]? Who asked you to sign up? What made you decide to sign up for the program?

### **Experiences with Home Visits (20 MINUTES)**

8. Now I'd like to switch gears a bit and talk about your experiences with the home visits. Could a couple of you **tell me about what usually happens** when the home visitor comes to spend time with you?

[AFTER 1-2 CAREGIVERS HAVE SHARED THEIR EXPERIENCE]: Has anybody else had a different experience during their home visits?

9. How **easy or difficult is it to talk** to your home visitor? What things are easier to talk about? What things are harder to talk about?

10. What do you **like best** about having your home visitor come and talk or work with you? How has he or she been helpful to you and what you are able to do for the child? Could you give me an example of something they said or did that was especially helpful?

11. What, if anything, do you **not like as much** about the home visits?

### **EXPERIENCES WITH OTHER PROGRAM ACTIVITIES (10 MINUTES)**

12. Have you **been part of any other activities or services** offered by [PILOT NAME], or has your home visitor put you in touch with any other community services?

[**IF YES**]: Tell me about these activities and services.

PROBE IF NOT ALREADY MENTIONED:

- Were these activities or services helpful? What did you like about them?

[**IF NO**]: What are some reasons you didn't take part in other activities or services?

[USE PROMPTS BELOW **ONLY IF** CAREGIVERS CAN'T SPECIFY REASONS FOR NOT PARTICIPATING IN PROGRAM ACTIVITIES]:

- Because the program didn't offer other activities or services?
- Because the activities or services were held at a bad time?
- Because you didn't have transportation?
- Because you didn't think the activities or services would be helpful?

### **EFFECTS OF THE PROGRAM ON CAREGIVERS (10 MINUTES)**

Now I'd like to hear a little bit about what **you think** the [NAME OF PILOT] has done to help you, and what you're able to do for the child.

13. Has being in the program **changed how you take care of the child** in any way? Can you give me an example? [IF THE QUESTION DOESN'T ELICIT MUCH RESPONSE, REPHRASE AS]: Is there anything you **do differently now** than you did before? Can you give me an example?
14. Has being in the program **changed your relationship with the child's parent** in any way, for example how you get along together or the kinds of things you talk about? Can you give me an example?

### **CAREGIVER OPINIONS OF THE PROGRAM (10 MINUTES)**

I'd like to finish up by getting your opinions of the program overall.

15. What do you think are the **benefits** of the [PILOT NAME] for caregivers like you?
16. Would you **recommend this program** or a similar type of program for other caregivers like you? Why or why not?
17. **If you** were designing this program and money was no object, what would you **change** or **add to** the program to help caregivers like you?

[USE PROMPTS BELOW **ONLY IF** CAREGIVERS CAN'T SPECIFY WHAT THEY WOULD CHANGE ABOUT THE PROGRAM]:

- Changes in how home visits are done?
- Changes in when, where, or what activities and services are offered?
- Additional activities, trainings, services, or equipment?

### **CONCLUSION**

We are now finished with our questions. Is there anything else about [PILOT NAME] or caring for other people's children you think we should know about? Or other thoughts you had during our conversation that you would like to mention before we end?

Thank you for taking the time to share your thoughts and ideas. Our discussion has been very useful in learning more about your experiences caring for children, as well as helping us understand more about the [PILOT NAME].



# ENHANCED HOME VISITING PILOT PROJECT EVALUATION

## CASE REVIEW GUIDE

### INTRODUCTION (2 MINUTES)

Thank you for agreeing to participate in this case review. My name is \_\_\_\_\_ and I work for [MATHEMATICA POLICY RESEARCH/URBAN INSTITUTE], an independent research firm/organization. We are conducting a study for the Head Start Bureau to learn about Early Head Start programs' experiences implementing the Enhanced Home Visiting Pilot Project. We are conducting these case reviews to learn more about how pilot services are provided to specific families and kith and kin caregivers with a range of needs and in a variety of circumstances. What we learn may be used to help other Early Head Start programs develop similar pilot projects.

Everything you tell me/us is confidential. I/we would like you to feel comfortable giving your opinions and impressions. The information we gather will be used to write a report for the Head Start Bureau about programs' experiences implementing the Enhanced Home Visiting Pilot Project, including successes, challenges, and lessons from the first year of pilot operations. Our report will describe the experiences and viewpoints expressed by staff across the pilot sites, but specific comments will not be attributed to specific individuals or programs. No individual staff member will be quoted by name.

Do you have any questions before we get started?

### PILOT STAFF PARTICIPATING IN THE CASE REVIEW

1. To begin, tell me your **name(s), job title(s), and how long you have been working with this family and/or the kith and kin caregiver(s)** that takes care of this Early Head Start child.

### CHARACTERISTICS OF FAMILY AND CAREGIVER(S) (5 MINUTES)

2. Tell me about this family.
  - Child's name, gender, and age
  - Child's parent/primary caregiver, gender, age, and employment status
  - *Child father or a father figure*
    - *Lives with the primary caregiver and child?*
    - *If not, involved with the child?*
    - *Age and employment status?*

- Other members of household, including relationship to the child, gender, and age
3. **Enrollment date** in Early Head Start and the Enhanced Home Visiting Pilot Project
  4. Family's most **pressing needs**
    - Goals have program been working on with this family
    - Successes achieved so far
  5. How family was **recruited** to enroll in the pilot
    - Level of interest
    - Recruitment process: smoothly or challenging to interest family
    - Most and least attractive services offered to the family
  6. **Child care arrangements** at enrollment
    - *If more than one arrangement, note location, times of care, and provider for each one*

#### **THE KITH AND KIN CAREGIVER(S) (5 MINUTES)**

7. **Kith and kin caregiver at pilot enrollment** and relationship to child
8. **Whether caregiver is still caring for the child**
  - IF NO: When caregiver stopped caring for the child and why
  - IF NO: Whether there is a another kith and kin caregiver and start date for that arrangement[REPEAT IF MORE THAN TWO CAREGIVERS. BE SURE TO ASK ABOUT ALL KITH AND KIN CAREGIVERS FOR THIS CHILD WHO HAVE RECEIVED PILOT SERVICES.]

[IF MORE THAN ONE PROVIDER, ASK THE FOLLOWING SERIES OF QUESTIONS IN REFERENCE TO THE CURRENT OR MOST RECENT CAREGIVER RECEIVING PILOT SERVICES. IF TIME PERMITS, ASK ABOUT ADDITIONAL CAREGIVERS.]

9. **Where care is provided** and whether caregiver lives with child

10. **Receptivity of caregiver** to pilot

- Recruitment: smooth or challenging to interest the caregiver
- Most and least attractive services offered to the caregiver

11. Caregiver's **receptivity to home visits**

12. **Most pressing needs** of the caregiver; **strengths** as a caregiver

- training and support needs

### **PILOT SERVICES (10 MINUTES)**

13. **Main goals** program has worked on with this caregiver

14. **Summary of the services** caregiver received through the pilot

- Whether provided by Early Head Start staff or community partners

#### *PROMPTS IF NOT ALREADY MENTIONED:*

- *Frequency and content of home visits*
- *Equipment, toys, materials, or incentive payments*
- *Number and type of group training events, support groups, or play groups organized through the pilot; topics covered during training events*

15. Services that have been **most and least helpful**

16. Staff member's **relationship with caregiver**

- Whether easy or difficult to work with caregiver and why

17. Caregiver's **interest in becoming a licensed or registered** child care provider
  - IF INTERESTED: information or services provided to help caregiver move in this direction
  
18. **How well caregiver and child's primary caregiver(s) get along**
  - Whether they communicate regularly about how the child is doing
  
19. Whether information or services provided to **facilitate communication** between primary caregiver/parent and caregiver

#### **STAFF VIEWS (5 MINUTES)**

20. Staff member's opinion on **quality of care** provided
  - *Concerns about TV viewing, health and safety issues, stimulation such as reading, supervision, caregiver-child interaction*
  - *IF YES: information or services provided to address concerns*
  - Whether quality of care has improved since pilot enrollment
  
21. **Benefits** of the pilot for the child, family, and caregiver(s)
  - Services that have been most helpful
  
22. **Challenges** *are the child and family are facing now*
  - *Services planned to help the family overcome them and role of the pilot*
  
23. Anything staff want to add

Thank you for participating in the case review.