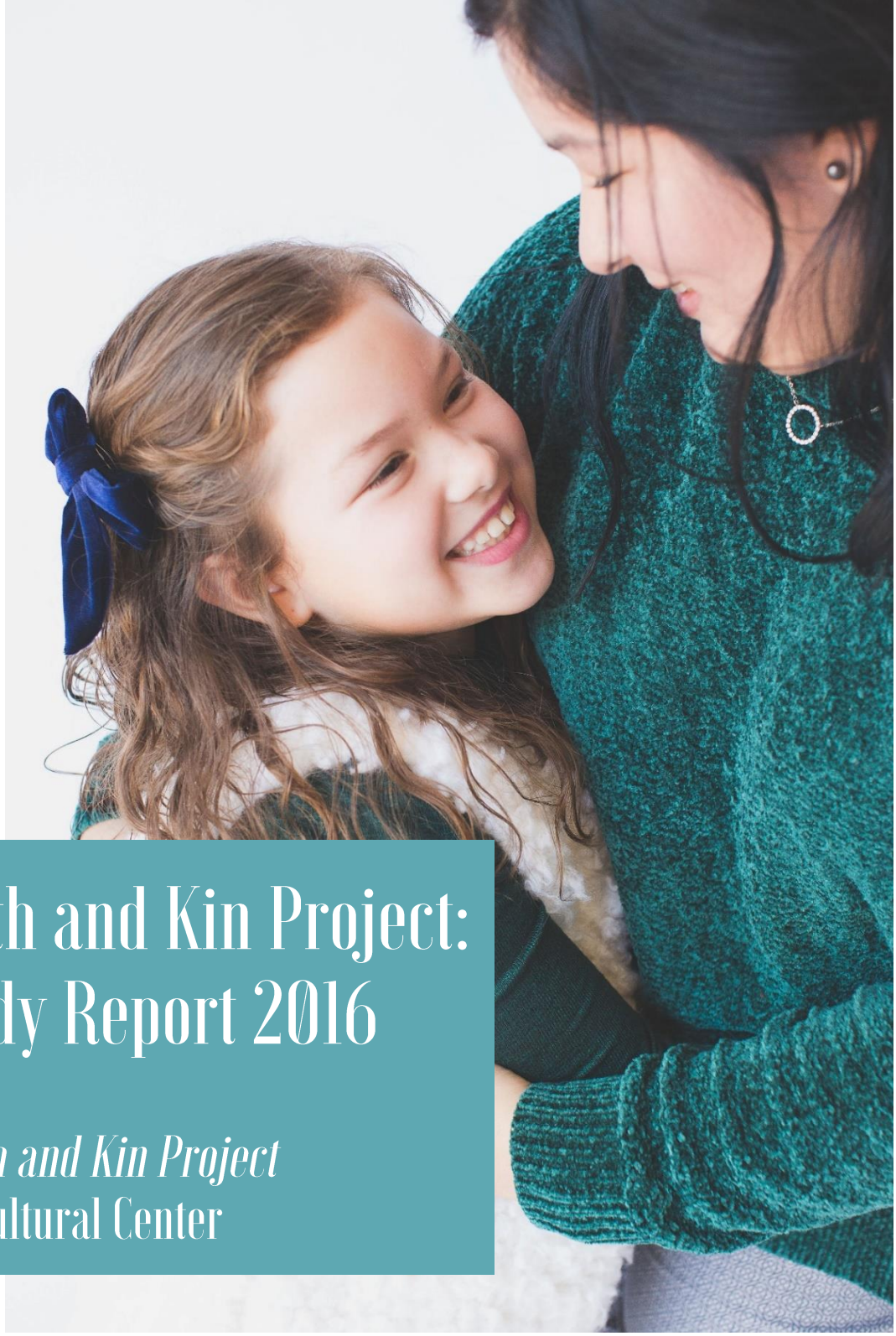

The Arizona Kith and Kin Project: Fidelity Study Report 2016

Arizona Kith and Kin Project
Indigo Cultural Center

Prepared by
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INDIGO CULTURAL CENTER

ASCC
Association for Supportive Child Care
www.asccaz.org

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INTRODUCTION

Arizona Kith and Kin Project Description

The Association for Supportive Child Care (ASCC) was founded in 1976 as a 501c3 non-profit dedicated to shaping the future of Arizona. Our mission is to champion kids everywhere by providing resources and support to anyone who impacts them, helping every kid achieve the brightest outlook possible. ASCC believes every kid deserves to reach their full potential. We seek to maximize early childhood experiences and education to break the cycle of poverty. We go to where the youngest kids spend their time, and implement innovative practices for learning and development—ensuring families, partners and communities have the training, resources and support needed to ensure kids are ready for school and life.

The *Arizona Kith and Kin Program* was established in 1999 and provides ongoing early childhood training and support to family, friend, and neighbor (FFN) caregivers. The goals of the program are to (1) improve the quality of child care through training; (2) increase caregivers' knowledge and understanding of early child development; and (3) increase caregivers' knowledge and understanding of health and safety issues to provide safe child care.

The Project Logic Model is displayed in Appendix A, and the conceptual model for the project's Theory of Change is displayed in Appendix B. Both of these documents are considered to be works in progress, and are revisited at the end of each project year as findings from ongoing external evaluation work prompts a deeper understanding of processes and outcomes.

The *Arizona Kith and Kin Project* provides a 10-week, two-hour support group training series for Spanish- and English-speaking and refugee (FFN) caregivers, with most training sessions offered only in Spanish. The training sessions are held at various community partner locations such as: Head Start centers, faith-based organizations, public libraries, elementary schools, and local community

centers that have an adjoining space for child care. The program is funded to provide transportation for caregivers who are located within a five-mile radius of the training location and on-site child care by trained child care providers during each training session. Most training sessions are offered during the day and sometimes in the evening. The *Arizona Kith and Kin Project* has offered over 300 sessions, including sessions in Coconino, La Paz, Maricopa, Mohave, Navajo Nation, Pima, Yavapai, and Yuma counties, and has served more than 5,000 FFN child care providers.

The *Arizona Kith and Kin Project*'s approach to participant recruitment is based on a history of developing strong partnerships with other community-based entities that are trusted by residents of those neighborhoods and communities. Examples of such partners include: local Head Start sites; elementary schools; faith-based organizations; children's museums; public libraries; and other community agencies. Another important strategy for recruitment is involving an individual community partner as a co-facilitator during the training. All facilitators (including the co-facilitator) are selected to reflect the cultures and backgrounds of the child care providers served. This makes it easier for providers to connect with the facilitators personally and increases providers' openness to the content and the process.

In addition to providing training and support for FFN child care providers, the project also offers an evidence based curriculum (Leaps & Bounds) for the children who attend on-site child care with their FFN providers. The *Arizona Kith and Kin Project* also provides community resources and referrals to participants and helps connect them with professional development resources as well as family support resources.

To read more about the Association for Supportive Child Care, please visit their website: https://www.asccaz.org

EXTERNAL EVALUATION

The *Arizona Kith and Kin Project* has garnered national focus and attention for its collaborative partnerships with communities and neighborhoods across the state, and for its high rates of successful recruitment and retention of Mexican heritage Family Friend and Neighbor (FFN) providers (Ocampo-Schlesinger & McCarty, 2005; Porter, 2007; Porter et al., 2010a; Porter et al., 2010b; Porter et al., 2010c; Shivers, Ocampo-Schlesinger, & Wilkins, 2010). In fact, the program is often touted as one of the largest quality improvement initiatives for FFN providers in the United States (Porter, 2013). Renewed national attention for the *Arizona Kith and Kin Project* was promoted with the national release of four external evaluation briefs (see below).

Arizona Kith and Kin Project
Evaluation Brief Series

In 2016, a series of four evaluation briefs were nationally disseminated. The findings from the briefs come from a four-year study designed to assess the effectiveness of the *Arizona Kith and Kin Project*. Each of the four briefs explores a salient theme that emerged from the study, including:

- Improving quality of care in Family, Friend and Neighbor (FFN) child care settings (Brief #1);
- Latina Family, Friend, and Neighbor (FFN) provider characteristics and features of the care they provide (Brief #2);
- Professional development with Family, Friend, and Neighbor (FFN) providers: Implications for dual language learners (Brief #3); and
- Increasing cultural and social capital by linking Family, Friend, and Neighbor (FFN) providers to other resources in the early childhood system (Brief #4).

In 2010, a four-year study was commissioned with Indigo Cultural Center (Dr. Eva Marie Shivers, Principal Investigator) to assess the effectiveness of the *Arizona Kith and Kin Project*. The overall goals of the evaluation were to: (1) assess whether there would be a change in observed child care practices and quality after providers completed the Kith and Kin training sessions, and (2) provide descriptive information about FFN child care providers' observed child care practices and quality of care. The evaluation was conducted over the course of four years, from 2010-2014. The evaluation had two main components – general data collection with all participants and more intense data collection with a smaller, targeted sample of participants.

Highlighted Outcomes and Findings

The sections below present highlights of the findings explored in each evaluation brief.

Brief #1: 'Improving Quality of Care In Family, Friend, And Neighbor (FFN) Child Care Settings'

We found statistically significant increases on all key outcomes (based on observations in providers' homes using standardized instruments)

- Health and safety (environment and practices);
- Materials in the physical environment;
- Provider-child communication patterns;
- Provider-child engagement;
- Provider sensitivity;
- Engagement in learning activities; and
- Providers' basic knowledge about child development (pre- and post-test).

Based on a feedback survey (n = 2,527) administered at the end of the project, 93% (n = 2,350) of participants reported a change in their interactions with children as a result of participating in the *Arizona Kith and Kin Project*. Based on the 2,350 providers (93%) who reported a change in their interactions with children, here are the most common themes that described these changes (coded from open-ended feedback):

1. I provide more learning activities.
2. I have improved my health and safety practices.
3. I have better relationships with the children in my care.
4. I feel more confident and competent in my role as a provider.

These qualitative findings are consistent with the type of change we observed in providers' homes as they interacted with young children in their care.

Brief #2: 'Latina FFN Provider Characteristics and Features of The Care They Provide'

This brief focused on highlighting the characteristics of the very large sample of FFN providers in our study (sample size = 4,121 FFN providers). We then compared our sample's characteristics to other FFN studies around the country over the past 15 years. Most of the providers in this sample were Latina (89%), and 94% reported Mexican heritage. Sixty-four percent (64%) were related to the children (e.g. 14% grandmothers; 40% aunts; 9% other relatives) – the rest of the providers were neighbors or 'conocidos' (acquaintances). Eighty-eight percent (88%) of the providers reported speaking Spanish with the children in their care. About sixty-eight percent (68%) of the sample reported household incomes that were at or below the federal poverty line for a family of four ($24,300/year). About three-fourths (78%) of the providers had a high school education or less and the other quartile (22%) reported having some college experience or a college degree.

The average number of children (five years-old and younger) FFN providers cared for was 2.4 (*SD* = 1.86). Their primary motivation for taking care of children was to help the family go to work or school (72%). Most providers reported caring for children during 'traditional' child care hours (67%). Almost none of the providers in this sample reported receiving a child care subsidy (98.5%); however, 36% received some payment from families (ranged from $5 - $20 per day), and 48% reported bartering with families (e.g., families providing child care in return, getting groceries for provider, and paying bills for provider). Almost half (48%) of the providers reported that they do things for the family(ies) other than provide child care, including cooking meals, cleaning the house, picking up prescriptions, and doing laundry.

Brief #3: 'Professional Development With FFN Providers: Implications For Dual Language Learners'

We found statistically significant increases in the following outcomes:

- Children's pre-literacy skills increased from 'Average Skills,' to 'Strong Skills' (standardized pre-post observations pre-literacy screener);

- Providers' *literacy environment* scores increased from 'Poor' to 'Excellent' (standardized pre-post observations in provider's home);
- Providers' language and literacy instructional and social supports increased from 'Fair' to 'Above Average' (standardized pre-post observations in provider's home);
- Effective teaching practices increased over the course of the project (standardized pre-post observations in provider's home with a focus child);
- Bi-directional communication increased over the course of the project (standardized pre-post observations in provider's home with a focus child);
- Uni-directional communication increased over the course of the project (standardized pre-post observations in provider's home with a focus child).

Brief #4: 'Increasing Cultural And Social Capital By Linking FFN Providers To Other Resources In The Early Childhood System'

A total of almost 4,000 referrals were given over a three-year period (n=3,968 referrals). Referrals requested were a combination of traditional 'professional development' resources (e.g., additional training in child development; assistance with licensing and certification) and 'family support' resources (e.g., access to G.E.D. programs; English as Second Language – ESL – classes; help enrolling for health insurance for children). The top 5 requested resources were:

1. Adult education: GED/Literacy/Financial Literacy/ESL (990 referrals)
2. Help with child care regulation status (e.g., certification; licensing; register with CCR&R) (616 referrals)
3. Food program for child care (583 referrals)
4. Child care training & professional development (527 referrals)
5. Health insurance/health care (511 referrals).

The rate of follow-through to receipt of services was 46%.

These nationally disseminated findings have propelled significant effort in FFN advocacy, additional funding, as well as conversations about scaling this program beyond Arizona.

A Fidelity Study of the *Arizona Kith and Kin Project*

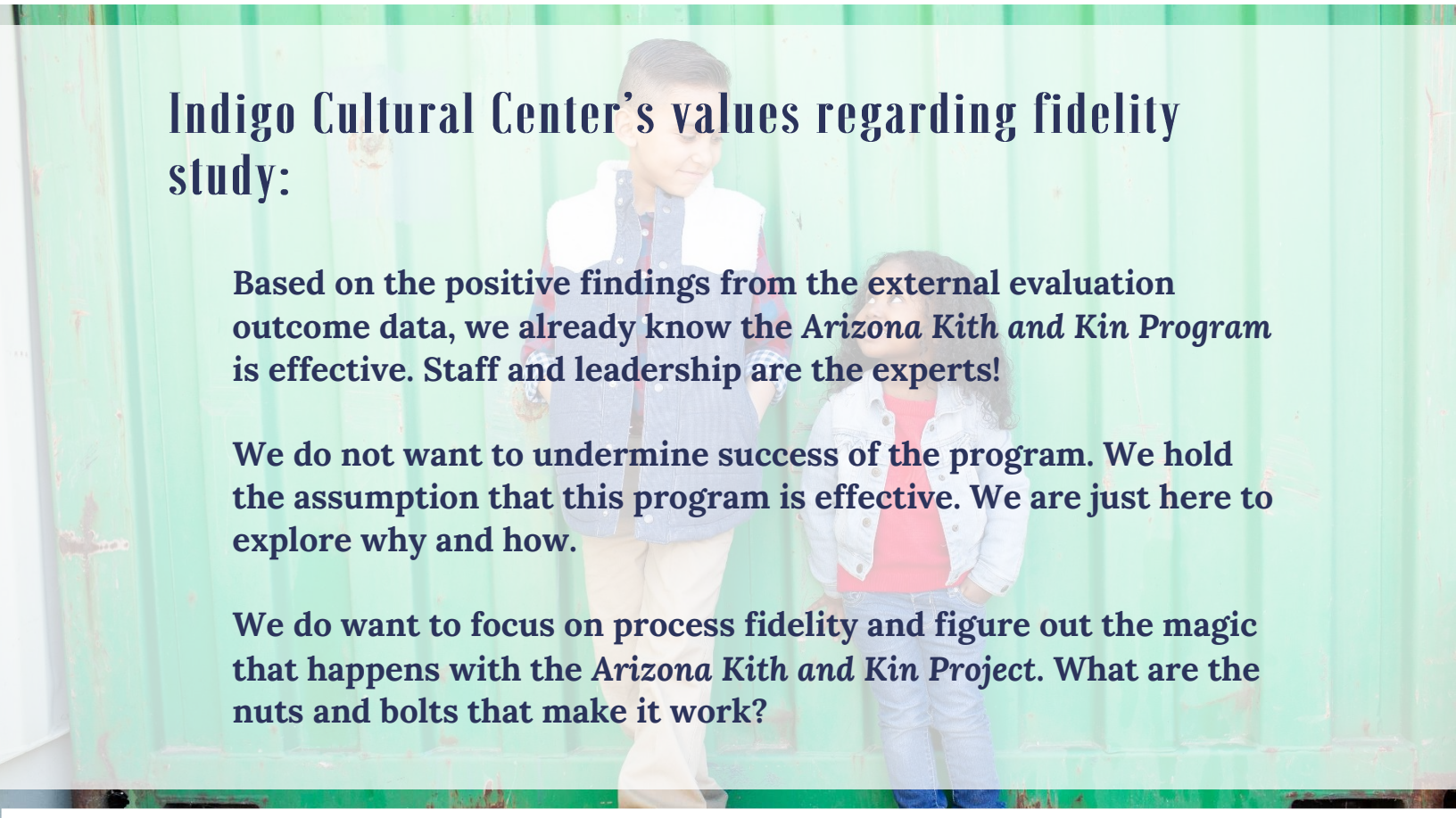
Researchers have increasingly found that fidelity of program implementation, or whether the program is delivered as the program developers intended (Dusenbury, Brannigan, Falco, & Hansen, 2003), is importantly related to program outcomes in both family-based and school-based prevention programs (see Durlak & Dupre, 2008, for a review). Given the importance of fidelity for program outcomes, it is critical to develop systems to continuously evaluate fidelity of implementation. Maintaining program fidelity may be particularly challenging as programs increase in scale and the scope of dissemination broadens (Wesley et al., 2010). In these cases, maintaining a consistently high level of fidelity is critical for achieving uniformly positive outcomes. Evaluating fidelity can help program administrators identify the components of the program in which implementers need more support and how to alter professional development to best improve specific aspects of fidelity (Booth, 2017).

To date, the only Family, Friend and Neighbor (FFN) program in the nation with a fidelity evaluation is the TuTu & Me program (Porter, 2009). Researchers found that this program was implemented with 75% fidelity and achieved expected family and child outcomes (Porter, 2009). Other family education programs have reported a wider range of fidelity across their implementers, with only 25% of their sites implementing the program with high fidelity (Wesley et al., 2010). Consistent with research on broader prevention programs, in situations where program implementation is uniformly high (90% and above), expected program outcomes have been observed (Breitensetin et al., 2010; Kumpfer et al., 2010). Conversely, in situations where program fidelity is low or not uniform, the expected outcomes are diminished (Gottfredson et al., 2006; Wesley et al., 2010). In some studies, high fidelity of implementation in family education programs directly predicts better program outcomes, thus many programs take intentional steps to promote high fidelity (Forgatch, Patterson & DeGarmo, 2005).

"In some studies, high fidelity of implementation ... directly predicts better program outcomes."

Why Complete a Fidelity Study?

In 2015, the Association for Supportive Child Care worked with Indigo Cultural Center to conduct a fidelity study on the *Arizona Kith and Kin Project*. Our objectives for completing a fidelity study were to: 1) validate the effectiveness of the program design; 2) assist in maintaining continuous quality improvement; 3) to place ASCC in a position to offer the replication of the program model / consulting/mentoring services; and 4) to demonstrate to funders, policy makers, and researchers not only that the program model is effective, but to also help explain the components that help make it effective.



Indigo Cultural Center's values regarding fidelity study:

Based on the positive findings from the external evaluation outcome data, we already know the *Arizona Kith and Kin Program* is effective. Staff and leadership are the experts!

We do not want to undermine success of the program. We hold the assumption that this program is effective. We are just here to explore why and how.

We do want to focus on process fidelity and figure out the magic that happens with the *Arizona Kith and Kin Project*. What are the nuts and bolts that make it work?

After conducting a thorough literature search, the research team at Indigo Cultural Center – in consultation with program leadership – decided to utilize external observations to test and establish fidelity. The research team designed and tested a 'Fidelity Checklist' that was developed based on many conceptual meetings with program leadership and program document review. Consistent with the literature on fidelity studies, our 'Fidelity Checklist' focused on four domains: Adherence, Duration and Exposure, Quality of Delivery, and Provider (participant) Responsiveness (See Appendix C) (Dane & Schneider, 1998; Dumas et al., 2001).

Fidelity Process for the *Arizona Kith and Kin Project*

Fidelity Study Scope of Work and Timeline

Phase	Scope of work

Preliminary (August 2015)	- Review literature.
	- Reflection exercises with program leadership (What makes the AZ Kith and Kin Project so successful?) (See Appendix D for examples of leadership reflection exercises).
	- Decision-making with project leadership:
	  o Focus the checklist on process vs. procedure
	  o Four domains: Adherence; Duration and Exposure; Quality of Delivery; Provider Responsiveness.

Phase I: Draft a complete fidelity checklist (September – November 2015) **(See Appendix C)**	Review key program documents: - Curriculum basics - Staff Handbook - New staff schedule process - Observation Form - Child Care Observation Form Conceptual meetings with program leadership.
Phase 2: Test feasibility of fidelity checklist (December 2015)	- Field test with *Arizona Kith and Kin* Specialists. - Refine procedures (evaluation team and project leadership).
Phase 3: Refine checklist indicators (January - February 2016)	Conceptual meetings with project leadership.
Phase 4: Train 'gold star' fidelity observer (March - July 2016)	- Project leadership observe together with evaluation team; - Develop checklist for fidelity observation protocol. (**See Appendix D**) - Develop codebook for fidelity checklist; (**See Appendix E**)
Phase 5: Discuss fidelity study with project staff (August 2016)	Present and discuss objectives, tool, procedure at all-staff meeting.
Phase 6: Achieve reliability (July – September 2016)	Gold star train with 2 other evaluation observation team members.

Phase 7: Collect fidelity data (Fall 2016; Spring 2017; Fall 2017)	- Update project leadership and staff on progress and interim findings. - Reliability re-tests every 4th observation - Goal: 90% exact match between coders
Phase 8: Write and disseminate results (Spring and Summer 2018)	- Analyze and interpret data. - Draft final report. - Develop dissemination strategy with agency and project leadership.

Methodology

Sampling strategy

After several rounds of training observers to reliability (90% exact match), external observers from Indigo Cultural Center commenced their observations. The two bi-lingual, bi-cultural fidelity observers were ethnically, culturally and linguistically matched with the vast majority (95%) of FFN providers in the project who reported a background of Mexican heritage. Our sampling strategy was based on our reading of the literature (20 – 30% of sessions is acceptable) (Dumas et al., 2001). We observed 30% of the total sessions offered by the *Arizona Kith and Kin Project*. That translated into two observations per *Arizona Kith and Kin* Specialist at two separate sites.

Guidelines for Sampling and Observations
Total number of training support groups in the *Arizona Kith and Kin Project* = 60 20 sessions were observed for the fidelity study (30%)
Observed 2 sessions per specialist (2 different sites)
Only observed non-Injury Prevention Program (IPP) sessions*
Observed after the 4th session
Observations outside Phoenix-Metro area**: - Yuma - Lake Havasu - Tucson

*IPP sessions (e.g., CPR, First Aid, Crib Safety, etc.) were not observed as part of the fidelity study because these sessions are highly scripted and manualized with checklists for Specialists to complete as they deliver each training session.

** Due to delays in completing a 'Tribal Data Collection Agreement,' no fidelity observations were conducted in Navajo Nation.

Results

To assess the fidelity to the model, we analyzed the responses to the indicators in each category of our Fidelity Checklist (Appendix C), seeking to find the number of items in which there was a "no" answer (indicates non-compliance). We reviewed the comments and observations when the answer was "no" to clarify the reason. Across all Kith and Kin Project specialists, there was strong fidelity to the model. Of the 31 indicators, the mean score across all specialists was 28.68 or 93% compliance – indicating that **the *Arizona Kith and Kin* Specialists adhered with the items on the Fidelity Checklist 93% of the time**. Sixteen percent of Specialists (16%) only missed 1 indicator; 53% only missed 2 indicators; 26% missed 3 indicators; and 6% missed 6 indicators.

93%

adherence with items on Fidelity Checklist

We also calculated a fidelity score with items from our Fidelity Checklist that pertain to the *Leaps and Bounds* curriculum that is integrated into on-site child care provided during each class. Children attend the two-hour weekly sessions along with their FFN child care providers and spend those two hours in the project's on-site child care where a university-based literacy curriculum known as "*Leaps and Bounds*" is implemented for the full 14 weeks of the project. On-site child care is provided by early childhood education (ECE) staff, most of whom hold college degrees or have experience in the ECE field, and assistant teachers. The number of assistant teachers varies based on a 1:4 ratio, which is lower than state licensing ratios.

The Office of Youth Preparation in partnership with Arizona State University's Department of Early Childhood Education and New Directions' Institute for Infant Brain Development created *Leaps and Bounds: A Kindergarten Readiness Program* to provide education and support to families underserved by other agencies in the Phoenix metropolitan area. This research-based program provides practical knowledge on helping children prepare for kindergarten to a community primarily comprised of Spanish-speaking families and caregivers with low incomes. The family-friendly activities included in the program use items found in the home to promote three learning areas: logic and mathematic knowledge, language-literacy development, and social competence. The activities align with the Arizona Early Childhood and Kindergarten Readiness Standards (Rhodes, Enz, LaCount, 2006).

On-site early care educators working with the *Arizona Kith and Kin Project* are trained on tailoring and implementing the *Leaps and Bounds* curriculum for the children who attend the project with their FFN providers. This research-based curriculum provides practical knowledge on helping children prepare for kindergarten to a community primarily comprised of Spanish-speaking parents and caregivers with low incomes. The family-friendly activities included in the program use items found in the home to promote three learning areas: logic and mathematic knowledge, language-literacy development, and social competence. At the end of each weekly session, FFN providers also learn key activities from the *Leaps and Bounds* curriculum, with the idea that the activities children are learning and experiencing during the on-site child care program are reinforced during their daily experiences with their FFN provider.

With *Leaps and Bounds* items factored into the overall fidelity score, the *Arizona Kith and Kin* Specialists adhered with the items on the Fidelity Checklist 87% of the time.

Discussion

Fidelity for the *Arizona Kith and Kin Project* ranged from 87% (with Leaps and Bounds Curriculum) to 93%. This range of fidelity is consistent with high levels of fidelity that have been associated with positive program outcomes in other family education programs (Breitenstein et al., 2010; Kumpfer et al., 2010). The most missed indicators according to this fidelity evaluation were 1) allowing participants to arrive late (protocol calls for no participation if more than 10 minutes late), and 2) missing opportunities to share and discuss relevant community resources either individually or with the whole group. Nevertheless, the high levels of implementation fidelity suggest that the *Arizona Kith and Kin Project* is being implemented as intended.

Specific Patterns of Missed Indicators on the Fidelity Checklist*

*Only listed if it was missed more than 10% of the time

The Arizona Kith and Kin Program	Leaps and Bounds Program (Children's Curriculum)
Specialist mentions and discusses outside resources and referrals. Missed **38.9%** of the time	Handout is passed out to participants Missed **21.1%** of the time
Specialist redirects the conversation to be on topic when necessary Missed **11.1%** percent of the time	Specialist is actively engaged in the activity Missed **11.1%** of the time
Specialist allow providers to come in late Missed **10.5%** of the time	

The *Arizona Kith and Kin Project* is one of the few programs for Family Friend and Neighbor caregivers that has developed a fidelity measure and conducted a fidelity study (Porter, 2009). The results of program fidelity studies can help in promoting outcome evaluation data as well. The findings here indicate that, overall, The *Arizona Kith and Kin Project* is being implemented with faithfulness to its model. This finding has important implications for the expansion scalability of the program. Moreover, the high fidelity combined with the established process for ongoing fidelity monitoring, and very promising outcome evaluation data suggests that the program may be successfully scaled and replicated.

Caveats and Limitations

There were several limitations to this study worth noting. The first limitation is the lack of variability in overall mean scores of fidelity. Although this finding is positive in indicating overall good adherence and competence in delivering the *Arizona Kith and Kin Project* intervention, limited range and lack of variability in fidelity items limit the ability to use these results for future staff development and staff orientation procedures – including continuous quality improvement. A second limitation is that there is limited generalizability of these findings to other Kith and Kin groups and settings. As the *Arizona Kith and Kin Project* expands its formats and offerings throughout the state (e.g., Play and Learn groups, Home Visiting), it will be important to implement additional quality control measures to ensure fidelity for the new program formats.

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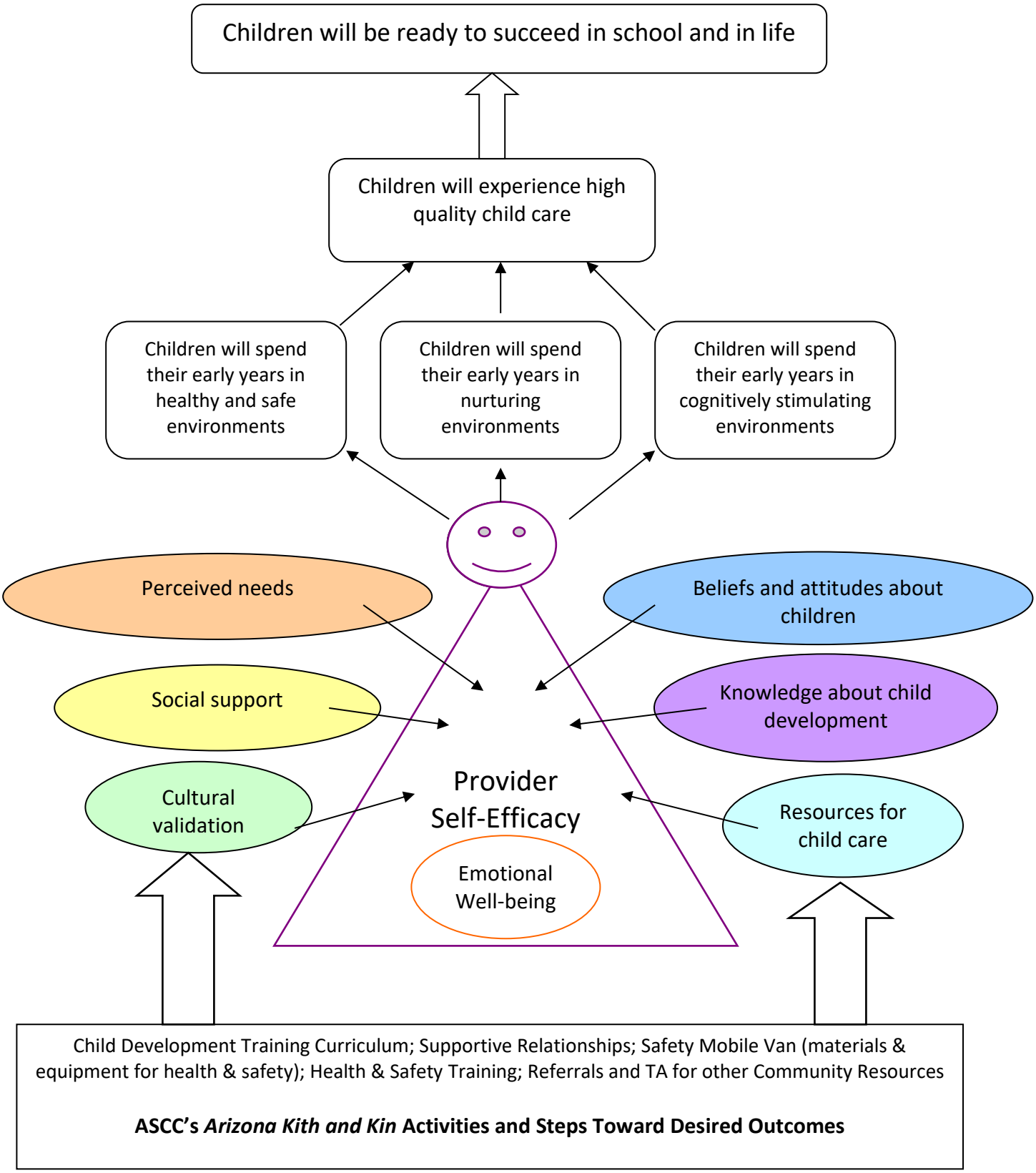
Appendix A – Logic Model

Needs/Assets	Goals and Key Measures	Strategies	Implementation	Evaluation
• There is a gap between resources, support/training to Kith and Kin (Family, Friend and Neighbor) child care providers • There are vacant slots in formal child care settings and a high population of children ages 0-5. The majority of this population is not in formal child care settings. • The number of registered, certified, licensed homes and centers are low in rural communities. Families in those communities have little to no access to regulated care. • This population of providers are not eligible for QIRS	**Quality and Access** Goal 1: FTF will improve the access to quality early care and education programs and settings Key Measure G: Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of the total population birth to age five **Professional Development** Goal 8: FTF will build a skilled and well-prepared early childhood education and development workforce that will address the strengths and needs of the whole child, including cognitive, language,	Reaching kith and kin providers in both rural and urban community settings: • **14-week support trainings** Strategy Implement 14-week support training sessions covering the 7 program core curriculum topics, delivering Injury Prevention component, health and safety conferences and utilize online connection. FTF Goal/Key Measure Goal #1 Quality and Access Key Measure G under Quality and Access • **Conferences** Strategy Implement regional health and safety conferences for program participants to attend locally and receive	• **14-week support trainings** Establish collaborations with community partners Deliver a 14-week support training session with a program specialist as lead facilitator and community partner co-facilitator. Offer transportation, on-site child care and needed program materials. Support and training for child care providers (14-week session). • **Conferences** Identify location for regional conference	An electronic evaluation database will be created to track the data from the following evaluation tools. • **14-week support trainings** Kith and Kin pre and Post tests • **Conference** Conference Evaluations/Surveys • **Home Visiting** Child Care Assessment Tool for Relatives (CCAT-R) Kith and Kin Pre and Post tests Home visiting assessment tool • **Safety Mobile**

which results in a gap in service for this population of providers – unregulated child care providers. Assets • Regional Councils show support to provide services to this population of providers. • The *Arizona Kith and Kin Project* is an established national model, specialized in providing support and training to this population of child care providers. • Strong community support by community partners that help the program leverage its expertise in enhancing the quality of care for children.	social-emotional, motor development, creativity and physical health **Family Support** Goal 11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse, and relevant information, and resources to support their child's optimal development Key Measure B, C and D: Percentage of families who report they are competent and confident in their ability to support their child's safety, health, and well-being; maintain language and literacy rich homes; report reading to their children daily in their primary language.	additional health and safety related topics and materials. FTF Goal/Key Measure Goal #8 under Professional Development • **Home Visiting** Strategy Implement a home visiting pilot model in two rural communities in the state. Provide one-on-one technical support and training. Ensure providers receive early childhood training as well as health and safety related training and materials through the home visits and the safety mobile. FTF Goal/Key Measure Goal #1 Quality and Access Key Measure B, C and D under Family Support • **Safety Mobile Van**	Partner with local community service providers Provide additional health and safety related topics and materials to providers through conference • **Home Visiting** Provide home visits to providers in rural communities that cannot travel to a 14-week support training group. Ensure provider receives early childhood trainings as well as health and safety related topics and materials. Coordinate with safety mobile for delivery of Injury Prevention trainings and safety material. • **Safety Mobile Van**	All Injury Prevention trainings have their own tailored pre and post tests. Home environment assessment portion of the CCAT-R.

		Strategy A traveling van that will bring Injury Prevention trainings and materials to providers who cannot access them. The van will travel into rural communities where transportation is an issue, delivering the needed training and equipment to enhance the safety of the program participants child care environment. FTF Goal/Key Measure Goal #8 Professional Development Key Measure B under Family Support FTF Goal/Key Measure Goal #11 Family Support Goal #8 Professional Development	The van will travel throughout the state delivering the Injury Prevention trainings and safety materials to providers who cannot travel to access them. The van will travel into rural communities where transportation is an issue.	

Appendix B
Theory of Change Conceptual Map



Appendix C – *Arizona Kith and Kin Project* Fidelity Checklist

The *Arizona Kith and Kin Project* Fidelity Checklist[1]

Specialists' Name:	Duration of the Session:
Site:	Start and End Time:
Date:	# of Providers:
Topic:	Primary Language:
Week #:	Observer's Name:

Section #1: Adherence	**Yes**	**No**
1. Does the session start on time?		
Comments:		
2. Is the Specialist prepared with appropriate materials and supplies?		
Comments:		
3. Does the specialist arrange the room to the best of his/her ability to facilitate interaction?		
Comments:		
4. Does the specialist allow providers to come in late?		
Comments:		
5. In general, did providers stay for the entire session?		
Comments:		

Section #2: Duration and Exposure	**Yes**	**No**
1. Does the Specialist properly pace herself throughout the session?		
Comments:		
2. Does the specialist use related materials effectively?		

Comments:		
3. Does the Specialist balance her approach in favor of a support–style vs. a training-style of delivery?		
Comments:		
4. Does the specialist introduce the session's topic and objectives clearly and its context?		
Comments:		
5. Does the Specialist discuss or mention outside resources and make referrals?		
Comments:		

Section #3: Quality of Delivery	**Yes**	**No**
1. Does the Specialist's interactions with providers reflect interest, engagement, and empathy?		
Comments:		
2. Does the Specialist self-disclose and share their own experiences?		
Comments:		
3. Is the Specialist engaged when delivering the content?		
Comments:		
4. Does the Specialist engage providers during the session?		

Comments:		
5. Does the Specialist ensure providers understand the content?		
Comments:		
6. Is the Specialist taking advantage of learning moments by fluidly incorporating content based on providers' reflections?		
Comments:		
7. Does the Specialist fluidly transition from topic to topic based on providers' reflections?		
Comments:		
8. Is the Specialist promoting peer learning? (Collaborative learning, group discussion and discovery of new knowledge, teamwork, small groups)		
Comments:		
9. Is the Specialist providing opportunities to the providers to share their own experiences?		
Comments:		
10. Does the Specialists demonstrate competent knowledge?		
Comments:		
11. Does the Specialists redirect the conversation to be on topic when necessary?		
Comments:		

Section #4: Provider Responsiveness	Yes	No
1. Are the providers verbally engaged?		
Comments:		
2. Are the providers non-verbally engaged?		
Comments:		

Section 5: Leaps and Bounds

Child Care Staff Names:

_____

Leaps and Bound
Activity:_____

Was the handout provided to participants? Yes No
Were there enough materials available? Yes No

Leaps and Bounds	Yes	No
1. Is the activity adequately organized?		
Comments:		
2. Is the activity explained to participants prior to introducing activity to children?		
Comments:		
3. Is the Specialist engaged in the activity?		
Comments:		
4. Are the child care staff engaged in the activity?		
Comments:		
5. Are the children engaged in the activity?		
Comments:		
6. Does the session end on time?		
Comments:		

How long did the leaps and bounds activities last? _____
Any additional comments? Was there anything out of the ordinary or extenuating circumstances that may have influenced the session?

For the following page, please refer to the curriculum basics chart on the next page.

1. Please circle each required and non-required topic specialists cover during the session.
2. Next to the topic, score how in-depth the specialist covered each topic.
   0 = minimal 1 = average 2 = good 3 = excellent

Kith and Kin Curriculum Basics		
Activity	Required Topics	Non-required Topics
Daily Schedule Planning	Daily routines/schedule Making Quiet/Nap Time	Social development Language development Gross Motor development Fine Motor development Supervised field trips
Parent/Caregiver Relationships-Business Practices	Contracts Daily communication Emergency cards and contact numbers	Available back up procedures Additional training opportunities Options for pursuing formal childcare
Brain Development	Providing attention towards child Bonding/social attachments Communication/talking, singing Activities for brain stimulation	Gentle massages for baby/child Healthy development/checkups
Guidance and Positive Discipline	Tantrums Self esteem building Encouraging self discipline Redirection Setting clear limits	Time out (not endorsed by project) Developmentally appropriate practices Encouraging trust
Home and Environmental Safety	Childproofing a home Childproofing the outdoor environment Fire extinguisher Smoke alarm use Outlet covers Fire escape plan Distribution of safety items	
Environment	Selecting developmentally appropriate toys, materials, and equipment Structuring the learning environment Indoor/outdoor activities Child-oriented activities	Craft activities Adult structured activities Reading activities Writing activities Sensory activities

Ages and Stages	Developmental milestones Age appropriate toys and materials Developmentally appropriate activities Working with children of different ages	
Language and Literacy	RIF (reading is fundamental) ASET Eight Training "Talk, read, write"	
Nutrition	Meal and snack planning Participation in CACFP 5 a day Food is never used as a reward or punishment Physical activity	Cooking activities for children Good nutritional habits Feeding infants Sanitation practices Daily menu posted Meals and snacks are available at least every 3 hours

Reliability Section

Reminder: please conduct your observations independently during the session. Immediately after the session, please discuss the observations and any different ratings.

Other Observer Names:

_____

# of items rated the same: _____

# of items rated with discrepancies: _____

# of total items rated the same out of 27: _____

Appendix D – Fidelity Checklist Reliability Protocol

- Schedule observation with 'gold star' observer (cc rest of the team on the email)
- As soon as you have a date, contact the Specialist to let them know exactly whom to expect and what time.

Also….

- Let the Specialist know that we are training each other on the fidelity instrument. They'll get trained on it in August.
- Our observations are not 'official' feedback that will be share with anyone other than the evaluation team.
- We will be friendly observer/participants – meaning, we will sit as part of the group, and participate in the ice- breaker, but not participate or influence the rest of the conversation.
- Specialist can introduce us at the beginning of the session, and/or we can also say a little to the group about why we're there.
- We'll arrive a little early and stay until the end of Leaps and Bounds.
- Night before or morning of the observation email/text the Specialist again for another reminder of our observation.
- Arrive at least 5 minutes early and sit with the group.
- Participate in ice-breaker, have a friendly presence, but do not influence the flow of the conversation.
- Code and take notes during the session. Also remember to take a lot of extra notes. This will help with your reliability discussion after the session. Use the codebook for guidance as much as you need.
- Participate in 'Leaps and Bounds' activity as much as possible (but our main purpose is to observe).
- Score separately from fellow observers.
- Stay until end of Leaps and Bounds.
- If possible, try to listen to conversations between Specialist and providers after the session – this is where we'll here whether referrals and resources are being discussed. But try to do this in a respectful manner. If the conversation sounds very personal, please walk away.
- Finish scoring the checklist (using the codebook).
- Discuss scoring with fellow observers immediately following the observation – either stay on site, go sit in someone's car, or go grab lunch/coffee.
- Keep track of number of items scored in tandem, and number of items missed.
- For the items where you scored differently, discuss your positions until you reach a meeting of the mind with the 'gold star'.
- 'Gold star' observer will send email with scoring (calculate percentage of matched scores for each observer pair) to rest of fidelity team. Also include those items that presented a challenge in consensus discussions.
- Goal is 85% exact match!