

Jonathan Kotch

MATERNAL AND CHILD HEALTH BUREAU (MCHB)

SPECIAL PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE (SPRANS)

FINAL REPORT AND ABSTRACT

H17MCO4354



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A1242

1. PROJECT IDENTIFICATION (Place at beginning of Abstract).

Project Title: Healthy Tomorrows Partnership for Children Program

Project Number: H17MC04354

Project Director: Jonathan B Kotch

Grantee Organization: University of North Carolina at Chapel Hill

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Project Period: 03/01/2005 through 02/28/2010

Total Amount of Grant Awarded: \$250,000

FINAL REPORT AND ABSTRACT

Narrative:

1 PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V
MATERNAL AND CHILD HEALTH (MCH) PROGRAMS.

The overall purpose of *Connecting the Dots*, the name by which the project is known locally, was to improve the social, emotional, and behavioral health of preschool children in Cleveland County, NC, thereby reducing the likelihood of expulsion from child care and facilitating successful entry into kindergarten. In order to do so, the project sought to create a system of services by integrating existing organizations, agencies and service providers such as community-based pediatric providers, mental health providers, behavioral health specialists, child care resource and referral, the Partnership for Children (Smart Start), and Head Start. The Child Care Health Consultant (CCHC), based in the local health department, was the one professional exclusively devoted to making sure that the project ran smoothly and accomplished its goals.

The project directly addressed MCHB's Strategic Research Issue #1. "Public health service systems and infrastructures at the community, State and/or national levels, as they apply to different maternal and child health (MCH) populations based on demographic, epidemiological, and/or other factors." In this case *Connecting the Dots* addressed children 2-5 years of age in out of home child care centers. We developed a service system that incorporated public health, early childhood education and care, pediatric health services and child mental health that supported social and emotional health in child care, identified children in need of additional mental health services

through child care center-based screening, and referred those screening positive to their medical home and, if needed, to mental health services.

2 GOALS AND OBJECTIVES:

- I. *Implement an integrated community-wide, psychosocial/behavioral health system for young children that will link child care, primary health care and mental health providers throughout Cleveland County.*

The project was designed to target high frequency, low impact cases of challenging behaviors in child care settings in an effort to prevent these from becoming more significant, diagnosable mental health problems. *Connecting the Dots* sought to bring child care, public health, mental health and primary health care together to facilitate assessment and consultation services to child care providers dealing with children with emotional and behavioral problems. For those children needing follow-up beyond the child care classroom, referral to primary care providers and mental health services if indicated was offered. To accomplish goal I, a qualified CCHC in Cleveland County, North Carolina (NC) worked with child care providers and teachers to 1) develop appropriate and effective strategies for responding to challenging behaviors in the classroom; 2) implement a behavioral health screening tool that can identify preschoolers who would benefit from referral to a primary care provider for further evaluation; and 3) coordinate referral to mental health services for those children most in need. At the community level a community advisory board consisting of leaders from health, mental health, child care, and community-based agencies was established to coordinate efforts to guide the expansion of the project to reach all children in child care and Head Start in the

county.

II. Create a well-trained, culturally diverse workforce trained to prevent minor behavior issues from escalating into major behavioral problems.

Training was the heart of the intervention, starting with the training of the designated health department nurse as a qualified CCHC by the NC Child Care Health and Safety Resource Center. That CCHC, her MCH nurse supervisor in the Cleveland County Health Department, and the behavioral health specialist from Child Care Connections, the regional child care resource and referral agency, were in turn trained by project staff (Dr. Walsh) in the social-emotional health in child care curriculum of the Center for the Social and Emotional Foundations of Early Learning (CSEFEL) and the child behavior screening tool, the ABLE* (Attention, Behavior, Language, Emotion). The CSEFEL training was delivered directly to the child care and Head Start directors and teachers in annual training sessions conducted by the CCHC, the nurse supervisor, and the behavioral specialist.

III. Assure that all children in out of home child care have medical coverage and a medical home to address their psychosocial/behavioral health needs.

Through a process to be described below, the CCHC made referrals to the local pediatric group practice, the Shelby Children's Clinic (SCC), for all children with screening results indicating a need for follow-up provided the parents agreed.

3. METHODOLOGY.

The project created a unique, hierarchical model that addressed the issue of

social-emotional health in early childhood through a comprehensive approach to the child, the family, the child care center and the community. See Figure 1.

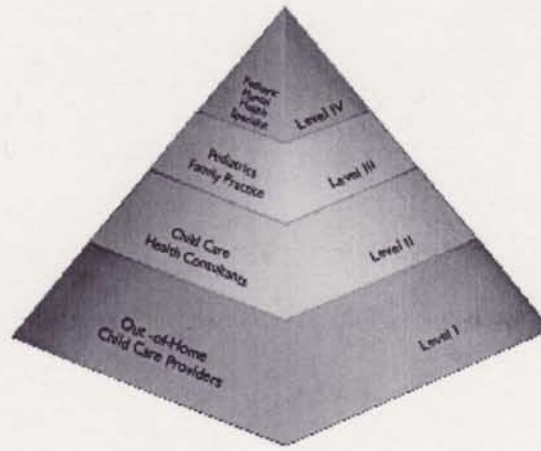


Figure 1. *Connecting the Dots* Hierarchical Model

Level I. The foundation of the project rested upon out-of-home child care providers.

Under the auspices of the project, the Cleveland County CCHC was trained by project staff to implement the classroom-based CSEFEL curriculum and the ABLE* child screening. She in turn trained child care providers as follows:

- Five face-to-face training sessions on developmentally appropriate behaviors and how to deal with inappropriate behaviors;
- Training on how the child care environment, such as the number of developmentally appropriate toys, percentage of time spent in teacher-directed activities, and adults' responses to children's challenging behaviors, could affect child's behaviors; and
- Training on such subjects as medication side-effects that can mimic inappropriate child behaviors (e.g., corticosteroids taken for asthma can produce acting out behaviors); the influence of food and drug interactions on child behaviors (e.g.,

some foods like grapefruit cannot be taken with certain medications); building trusting relationships with children; and simple techniques to reduce the intensity of challenging behaviors.

In addition, project staff used a *Center Screening Tool* based on the CSEFEL environmental observation to assess the environmental, behavioral, and personal aspects of the child care setting that may have been associated with challenging behaviors. Training, technical assistance and consultation activities were tailored according to the needs and the strengths identified by the *Center Screening Tool*. Monthly observations and corrective guidance will reinforce the content of the trainings. Thus, Level I activities were intended to reach all children in participating child care centers and Head Starts in Cleveland County, not just those with identified problems.

The CCHC had other roles addressing the center-based approach to mitigating challenging behaviors.

- She worked to develop a plan to activate local child care and child health resources in the area of behavior health;
- She worked with center directors to find ways to motivate child care workers to obtain additional training in children's behavioral health such as through continuing education opportunities or community college.

Level II. The CCHC received training on how to use the ABLE* (Barbarin, 2002), a screening tool developed to help parents and providers assess a child with challenging behaviors at the child care facility rather than in a doctor's office. There are two Levels of the ABLE* tool. If a score from Level I (16 items) indicates that additional

information is needed, then Level II (32 items) is completed. If the Level II score indicates a concern, the CCHC and the child care provider would develop a plan, sometimes with the input of the Behavioral Specialist, for addressing the problem in the child care setting. However, those cases whose behavior cannot be managed in child care alone were considered for referral to their medical home (Level III). For further assessment and treatment, those few children who required same were referred to a mental health specialist (Level IV).

Level III. The CCHC served as a link connecting participating child care centers and Head Starts to child health care providers in the community. In the case of following-up positive screening results on the ABLE*, she worked with parents and child care providers to triage children with challenging behaviors to Level III, the pediatric medical care home. In the case of children without a medical care home, the CCHCs worked with parents of children without a medical home to facilitate a referral. In most cases this was to the Shelby Children's Clinic. Training for pediatricians in providing information and support for intervention with children with challenging behaviors and their families was available locally (thanks to Dr. Laura Richardson, Developmental Pediatrician with the SCC) with early support from the Charlotte Area Health Education Center (AHEC). The SCC hired a part time child psychologist and a mental health care coordinator in part to respond to the demand for behavioral services generated by *Connecting the Dots*.

Level IV. Pediatric Mental Health Specialists (e.g., the Behavioral Specialist from Child Care Connections, the in-house child psychologist, child psychologists and clinical social workers in the community) constituted a referral network that primary care providers in

Cleveland County could take advantage of for those children needing longer term assessment and treatment. Referrals from primary care to pediatric mental health care were facilitated by the CCHC.

4. EVALUATION.

Evaluation of the project was limited to monitoring the process of implementing and maintaining project activities. The major data collected included number of centers and Head Start classroom participating, number of classroom teachers trained, child care provider knowledge change (before/after training), number of children screened by ABLE*, and number of child referrals for specific red flags on the ABLE*. The project coordinator (Dr. Walsh), the on-site project administrator (Ms. Anne Short), and the CCHC were responsible for data collection and aggregation.

5. RESULTS/OUTCOMES (POSITIVE & NEGATIVE).

Connecting the Dots served an unduplicated number of 28 child care centers plus the Cleveland County Head Start Program over the five year period. Training in the Center for the Social and Emotional Foundations of Early Learning's child care curriculum was provided over the four years of implementation to an average of 40 teachers in each of the 5 sessions each year (See Tables 1 and 2.)

Over the four years of implementation hundreds of children were screened for social or emotional or behavioral problems. Children with positive screening results, upon consultation with parents, were referred to their primary care provider (or referred

to a medical home if they needed one) for behavioral or speech/language services. (See Tables 3 and 4.) Finally, in those years when the project had the staff to collect classroom based observation data on the classroom environment and staff behavior, results indicated improved classroom environments. (See Table 5.)

Table 1. Participating centers, classrooms, and children (not unduplicated)

| School Year* | Child Care Centers | | | | Head Start Program | | | |
|--------------|--------------------|-------|-------|-------|--------------------|-------|-------|-------|
| | 06-07 | 07-08 | 08-09 | 09-10 | 06-07 | 07-08 | 08-09 | 09-10 |
| Number | 10 | 15 | 10 | 10 | 1 | 1 | 1 | 1 |
| Classrooms | 27 | 26 | 19 | 23 | 14 | 14 | 14 | 11 |

* Does not coincide with project year

Table 2. Teacher Participation in CSEFEL Training (not unduplicated)

| | School Year* | | | |
|-----------|--------------|-------|-------|-------|
| | 06-07 | 07-08 | 08-09 | 09-10 |
| Session 1 | 45 | 68 | a | 51 |
| Session 2 | 39 | 48 | a | 49 |
| Session 3 | 29 | 46 | 37 | b |
| Session 4 | 35 | a | 39 | b |
| Session 5 | 32 | a | 54 | b |

* Does not coincide with project year

a. Classes suspended due to resignation of CCHC

b. Classes suspended due to resignation of CCHC

Table 3. Child ABLE* Screening Results

| | School Year* | | | |
|--------------------|--------------|-------|-------|-------|
| | 06-07 | 07-08 | 08-09 | 09-10 |
| ABLE I* | 562 | 642 | 466 | 589 |
| ABLE II* | 142 | 112 | 86 | 101 |
| Needing referral | 92 | 56 | 48 | 64 |
| Completed referral | 59 | 41 | 36 | a |

* Does not coincide with project year

a. Follow-up data unavailable due to resignation of CCHC

Although Table 3 does not disaggregate child care and Head Start classrooms, we observed consistently that Head Start parents were more likely to take advantage of a referral opportunity than were child care parents.

Table 4. Children Needing Referral by Type of Referral.

| | Project Year | | | |
|-----------------|--------------|-------|-------|-------|
| | 06-07 | 07-08 | 08-09 | 09-10 |
| Speech/language | 33 | 19 | 18 | 28 |
| Behavior | 59 | 37 | 30 | 36 |

Table 5. Percent of Classrooms with Perfect (20 out of 20) Scores on Event Sampling

| | Project Year |
|--|--------------|
| | |

| | 06-07 | | 07-08 | | 08-09 | | 09-10 | |
|------------|-------|------|-------|------|-------|------|-------|------|
| | Pre | Post | Pre | Post | Pre | Post | Pre | Post |
| Child Care | 4% | 37% | a | a | 53% | 68% | b | b |
| Head Start | 50% | 100% | a | a | 100% | 100% | b | b |

a. Event Sampling observations incomplete due to resignation of CCHC

b. Event Sampling observations incomplete due to resignation of CCHC

The project worked directly with the Cleveland County Health Department, the provider of MCH Block Grant services in the county. Most of the in-kind matching was contributed by the Health Department. Our project referred children who were in need of pediatric follow-up services but did not have a medical home to the Shelby Children's Clinic, the largest provider of pediatric services in the county.

The project faced a number of barriers over the course of the five years, but the only setback experienced by the project was the absence of a trained Child Care Health Consultant (CCHC). After our first qualified CCHC resigned in the second year of the intervention (third project year), her replacement required several months of specialized training in order to fulfill her many responsibilities, of which this project was only one. As a result, she was not able to teach trainings or spend time in the field doing classroom interventions, resulting in the postponement or cancellation of teacher trainings.

Similarly, we were required to suspend operations in the final project year when the second project CCHC left for a new position. This was understandable,

given that her position with the Health Department would be terminated at the end of Healthy Tomorrows. We were able to complete all trainings successfully, and the screening and referral process was highly successful, thanks to the efforts of the Behavioral Specialist from the regional Child Care Resource and Referral agency and the on-site administrator of Healthy Tomorrows, Mrs. Anne Short of the Cleveland County, Health Department. However, there were no follow-up Event Sampling observations for one of their child care specialists do our classroom observations. Finally, we were not able to obtain the cooperation of the three school systems in Cleveland County to determine the school readiness of children graduating from the project. Neither were we able to collect data on race/ethnicity.

6. PUBLICATIONS/PRODUCTS.

There were no publications that resulted from this project. The project did adapt one data collection tool, the Event Sampling classroom observation form, specifically for the purposes of this project. (See Appendix.) The project did a number of presentations at professional and scientific meetings:

- (i) Connecting the Dots in Cleveland County: A Healthy Tomorrows Project. Presentation for the National Smart Start Conference, Koury Convention Center, Greensboro, NC, Wednesday, March 8, 2006.

- (ii) Supporting healthy emotional social health for North Carolina children.
Invited presentation for full staff meeting, NC Division of Child Development, Raleigh, NC, Sept 23, 2008.
- (iii) Connecting the Dots model for early intervention in child care. 136th
APHA Annual Meeting & Exposition, San Diego, CA, October 25-29, 2008.
- (iv) Promoting mental health in out-of-home child care: The role of child care health consultants. Paper presented at the Association of Maternal and Child Health Annual Conference, Feb. 23, 2009, Washington DC.
- (v) Promoting Mental Health in Pre-Kindergarten: The Child Care Health Consultation Model. Head Start's 8th National Research Conference, "Serving Children Through Partnership and Collaboration," June 27, 2006.
- (vi) Connecting the Dots in Cleveland County: A Healthy Tomorrows Project.
North Carolina Association for the Education of Young Children.
October, 2009.
- (vii) Connecting the Dots in Cleveland County: A Healthy Tomorrows Project. American Public Health Association, Philadelphia, Pennsylvania, November, 2009.
- (viii) Connecting the Dots in Cleveland County: A Healthy Tomorrows Project. Association of Maternal and Child Health Programs, February, 2009.

7. DISSEMINATION/UTILIZATION OF RESULTS:

In addition to the above professional presentations, the Project consulted with public health and early childhood specialists in Randolph County, NC, in their implementation of a mental health promotion in child care project, and our experience in Cleveland County directly informed a similar project, with a focus on reducing child maltreatment through social and emotional health promotion in child care in Lenoir and Beaufort counties, NC, a project funded by The Duke Endowment.

8. FUTURE PLANS/FOLLOWUP:

The Shelby Children's Clinic continues to take referrals of children with social or behavioral problems that manifest in child care centers. Two applications to private foundations to continue the project were not successful, but the Cleveland County Health Department will continue to seek additional support.

The spin-off project in Lenoir and Beaufort Counties has submitted an application to the U.S. Department of Education's Institute for Education Science to replicate and expand the project in additional counties in Eastern North Carolina.

ANNOTATION

The purpose of the project was to improve social and emotional health of children in out of home child care. This was accomplished through the deployment of a specially trained Child Care Health Consultant who, with the cooperation of the Behavioral Health Specialist from the Regional Child Care Resource and Referral Agency, trained child care and Head Start teachers in the Center for the Social and Emotional Foundations of Early Learning's curriculum in mental health promotion in child care. In addition, children were screened for social, emotional and behavioral problems using the ABLE*. Children who screened positive were referred to their medical home for follow-up. The project developed one classroom environment observation tool, and made eight (8) presentations at scientific and professional meetings.

KEY WORDS

Child care centers, early childhood development, emotional health, local health agencies, local MCH programs, medical home, mental health, pediatricians, public health nurses, screening

ABSTRACT OF FINAL REPORT

Project Title: Healthy Tomorrows Partnership for Children Program

Project Number: H17MC04354

Project Director: Jonathan B Kotch

Grantee Organization: University of North Carolina at Chapel Hill

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428 Rosenau Hall, CB# 7445
Chapel Hill, NC 27599-7445

Phone Number: 919-966-5976

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Project Period: 03/01/2005 through 02/28/2010

Total Amount of Grant Awarded: \$250,000

PURPOSE OF PROJECT: The overall purpose of Connecting the Dots, the name by which the project is known locally, was to improve the social, emotional, and behavioral health of preschool children in Cleveland County, NC, thereby reducing the likelihood of expulsion from child care and facilitating successful entry into kindergarten. The project directly addressed MCHB's Strategic Research Issue #I. "Public health service systems and infrastructures at the community, State and/or national levels, as they apply to different maternal and child health (MCH) populations based on demographic, epidemiological, and/or other factors."

GOALS AND OBJECTIVES:

1. Implement an integrated community-wide, psychosocial/behavioral health system for young children that will link child care, primary health care and mental health providers throughout Cleveland County.
2. Create a well-trained, culturally diverse workforce trained to prevent minor behavior issues from escalating into major behavioral problems.
3. Assure that all children in out of home child care have medical coverage and a medical home to address their psychosocial/behavioral health needs.

METHODOLOGY: Connecting the Dots takes advantage of the existing relationship between the Local Health Department and community-based out-of-home child care providers as facilitated by the local child care health consultant (CCHC). The project operated on four levels. In level one, the CCHC was trained to observe, assess, and consult in the area of problem behaviors in child care, training the child care providers in appropriate responses to challenging behaviors. In level two, facility-based screening of difficult children was implemented by the child care provider with guidance and support from the CCHC. Children whose screening did not indicate need for referral were served in the facility with provider and parent support. Those who screened positive were referred by the CCHC to their primary health provider for further evaluation and treatment or referred to a medical home if they needed one. The few who were truly in need of mental health or speech/language services were referred to specialist care by the primary provider.

EVALUATION: Evaluation of the project was limited to monitoring the process of

implementing and maintaining project activities. The major data collected included number of centers and Head Start classroom participating, number of classroom teachers trained, child care provider knowledge change (before/after training), number of children screened by ABLE*, and number of child referrals for specific red flags on the ABLE*.

RESULTS: Connecting the Dots served an unduplicated number of 28 child care centers plus the Cleveland County Head Start Program over the five year period. Training in the Center for the Social and Emotional Foundations of Early Learning's child care curriculum was provided over the four years of implementation to an average of 40 teachers in each of the 5 sessions each year. Over the four years of implementation between 466 and 642 children per year were screened for social or emotional or behavioral problems using the ABLE*. Children with positive screening results, upon consultation with parents, were referred to their primary care provider (or referred to a medical home if they needed one) for behavioral or speech/language services. Finally, in those years when the project had the staff to collect classroom based observation data on the classroom environment and staff behavior, results indicated improved classroom environments.

PUBLICATIONS/PRODUCTS: There were no publications that resulted from this project. The project did adapt one data collection tool, the Event Sampling classroom observation form, specifically for the purposes of this project. The project did eight (8) presentations at professional and scientific meetings.

DISSEMINATION/UTILIZATION OF RESULTS: The Project consulted with public health and early childhood specialists in Randolph County, NC, in their implementation

of a mental health promotion in child care project, and our experience in Cleveland County directly informed a similar project in child care in Lenoir and Beaufort counties, NC.

FUTURE PLANS/FOLLOWUP: The Cleveland County Health Department will continue to seek additional support. The spin-off project in Lenoir and Beaufort Counties has submitted an application to the U.S. Department of Education's Institute for Education Science to replicate and expand the project in additional counties in Eastern North Carolina.

APPENDIX

Evaluation of Social and Emotional Growth Practices in Child Care Centers
Classroom Event Sampling Form Version 7/14/06

| | | |
|---------------|---|---|
| ERS done: | y | n |
| RBS involved: | y | n |

Date: ___ / ___ / ___ Service Site ID: ___ - ___ - ___ Data Collector's ID #: ___ - ___

MM DD YYYY

| CREATING A SUPPORTIVE ENVIRONMENT: PHYSICAL | Event 1 | Event 2 | Event 3 | Comments |
|---|--|--|--|----------|
| Providing quality learning centers | | | | |
| 1. Learning centers are set up and ready before children enter the room. | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | |
| 2. Learning center materials are age-appropriate and interesting to the children. | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | |
| 3. Learning center materials are rotated on a regular basis to maintain children's interest. | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | |
| Organizing classroom space | | | | |
| 1. All areas of the room are clearly defined so that children understand their purpose. When an area is closed, it is clearly marked as such. | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | |
| 2. There are no large open spaces in the room, nor are there obstacles to movement from one activity to the next. | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | |
| 3. Exits are clearly defined, with pathways to them that are clear and apart from other activities. | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | |
| Organizing time | | | | |
| 1. A child-friendly classroom schedule is posted at children's eye level and is followed. | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | |
| 2. Activities last long enough to allow for children's sustained interest and learning, but not long enough to become boring. | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Adequate <input type="checkbox"/> ₂ Inadequate <input type="checkbox"/> ₃ No | |

Evaluation of Social and Emotional Growth Practices in Child Care Centers

| CREATING A SUPPORTIVE ENVIRONMENT: SOCIAL | Event 1 | Event 2 | Event 3 | Comments |
|--|---|---|---|-----------------|
| Building good relationships with children and families | | | | |
| 1. Children are greeted by name on arrival and welcomed to the center. | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | |
| 2. Communication with children is at their eye level when possible, and is respectful and warm. | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | |
| 3. Good relationships with families are fostered through communication and special activities. | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | |
| Providing clear and reasonable rules | | | | |
| 1. Children's input is included in the development of rules. | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | |
| 2. Rules are few (five or fewer) and are posted in child-friendly language. | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | |
| 3. Rules are consistently enforced by all adults in the classroom, and discipline policies are included in parent information. | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | |
| SOCIAL/EMOTIONAL TEACHING: BUILDING GOOD BEHAVIORS | | | | |
| 1. Children's efforts and desired behaviors are routinely and specifically reinforced. Unless safety is an issue, undesired behaviors are ignored. | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | |
| 2. Children are encouraged to talk about their feelings and are given appropriate ways to express emotions. | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | |
| 3. There is a plan in place to assist children who have special communication needs to make their needs and feelings known. | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | |
| 4. Constructive interactions, such as sharing feelings and taking turns, are fostered between and among children. | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | |
| 5. Creative rewards are used to call attention to children's social and emotional growth milestones. | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> No | |