

**Early Child Care Quality Initiative  
Final Evaluation Report  
January to December 2006**

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Purdue University**

**Executive Summary**

Between early 2005 and December, 2006, 4C of Southern Indiana implemented six separate but related programs intended to improve the quality of child care in an eight county region of southeastern Indiana. Supported by the Welborn Baptist Foundation, 4C planned and operated the following quality improvement programs: 1) Paths to Quality, 2) Mentors as Partners, 3) Continuity of Care, 4) Child Care Leadership Retreats, 5) Resource Library, and 6) Early Childhood Scholarships.

The Welborn Baptist Foundation contracted with Purdue University to evaluate the effectiveness and impact of these six quality improvement programs to date. After a 3 month planning period in late 2005, a Purdue evaluation team began to collect evaluation data in January, 2006. The evaluation study continued through 2006, ending in December. This report summarizes the evaluation study and its findings with respect to the ECCQI quality improvement programs. We also offer recommendations for program improvements and further evaluation.

**Key Findings**

1. **While the 4C Early Child Care Quality Initiative programs are still in a relatively early phase of implementation, there are encouraging data in this evaluation that the programs are becoming widely known and accepted within the 4C service area.** Child care providers in all six quality programs seemed enthusiastic about the 4C programs, saw them as positive resources, and appeared to be actively working to learn and to improve child care quality.
2. **Paths to Quality, a regional quality rating system for child care, has been successful in attracting volunteer participants representing all types of care.** Most providers reported they enrolled in Paths because they want to improve the quality of care they offer. Financial incentives, public recognition, marketing advantages with parents, and assistance becoming accredited are other important reasons reported by participating providers.
3. **Paths to Quality participants are successfully attaining higher quality levels.** More than 60% of the providers interviewed had moved up 1 or 2 Paths levels in the previous 6 months. Important program improvements reported by providers and due to Paths participation included changes in environments and activities for children, program administration, and staff development. Virtually all Paths providers reported that they are receiving substantial and helpful assistance from 4C to help them attain higher Paths levels. About ¼ of the providers said they have received assistance from other organizations as well.
4. **Mentors as Partners (MAP)** is intended to improve child care quality and help providers attain higher Paths levels via monthly visits from a 4C mentor, who assists in assessing

quality and making a quality improvement plan. **While there were limitations in the evaluation study due to a relatively short (6 month) evaluation time frame and difficulty assembling a comparison group of providers not receiving mentoring, there were encouraging early signs the MAP program is improving quality.** Average quality ratings by objective observers over 6 months increased modestly for MAP participants, in at least some quality areas, for center-based infants-toddlers and preschoolers, and family child care.

5. **Overall, the *highest* rated quality areas observed in the MAP providers' environments (using the North Carolina quality rating scales) were Interactions with children, Program Structure, and Parent and Staff accommodations.** The *lowest* observed quality levels were in **Space and Furnishings, Personal Care Routines/Basic Care** (health and safety practices), planned **Activities** (for infant/toddlers) and **Listening/Talking** (in family child care.) In most areas, average observed quality was still below the "good" (5 on the 7 pt. scale) level—so there is still room for quality improvement.
6. **Continuity of Care** is a 4C program focused on the goal of encouraging continuity in interactions and relationships between infants or toddlers and their caregivers in center-based classrooms. **While there were sampling limitations in this evaluation study, there were clear early, encouraging signs that the Continuity program is meeting these objectives.** Providers participating in Continuity appear to be among those providing the highest overall quality care to infants and toddlers-- even when compared with providers participating in Mentors as Partners. In addition, the objectively-observed quality of interactions and relationships with children in a small sample of Continuity providers improved substantially in 6 months.
7. **The Leadership Retreat organized by 4C in August, 2005 was evaluated 10 months later to find if participants perceived long term benefits.** More than 2/3 of survey respondents affirmed that their leadership or management practices had changed in positive ways-- 10 months after the Retreat. Participants described substantial benefits in assessment, managing change, team building, staff support, business practices, retirement planning, time management, and working with diverse families and children.
8. The **4C Resource Library** was expanded during 2006 to offer a variety of materials for providers and 4C trainers to check out and use, with the aim of improving child care quality. We surveyed a sample of providers who had used the Library in a recent nine month period. Respondents typically used the Library multiple times, borrowing toys or other educational materials for children, training books and films for teachers, or other resources to enrich the curriculum. **Providers reported they saw the Library as a valuable resource provided by 4C that enabled them to improve quality and provide experiences for children that would not be otherwise possible.**
9. **4C Early Childhood Scholarships** were offered to direct care providers, leaders, and child development students in the community. All recipients of the scholarships during the 2005-2006 program year were surveyed, and 57% responded. Four participants used the funds to take courses toward a graduate degree, and 9 participants were used the funds to work toward a Child Development Associate (CDA) credential. **Virtually all participants reported they may not have been able to afford these educational**

**activities without the scholarship funding. Knowledge and skills gained from the funded courses ranged from basic information about child development to state-of-the-art information about best practices and leadership in early education.**

## **Recommendations**

1. Because many providers enter **Paths to Quality** at Level 1 and then progress relatively quickly to Levels 2 and 3, it is important that 4C training and support focus on nurturing environments for children, curriculum, staff and parents policies, planning, and program evaluation, which are Level 2 and Level 3 criteria. However, there was evidence that some providers will also need consistent support to maintain the Level 1 health and safety standards, so 4C should continue to be vigilant about these issues, even when training with Level 2 or higher providers. Also, 4C should continue to develop ways to support providers to achieve Level 4- national accreditation.
2. Some providers participating in the ECCQI programs by 4C reported that they also have received training, funding, and support from other organizations, including IAIEYC, Indiana Child Care Fund, foundations, etc. Because Paths to Quality seems to be a motivating framework for providers to receive training and improve child care quality, efforts to coordinate training and support available to providers may be better coordinated and organized. **The early success of Paths to Quality provides an opportunity to focus training collaboration efforts.**
3. Given the successful and widespread adoption of Paths, MAP, Continuity, and other 4C programs by child care providers in this service area, **alternatives to wait list comparison groups should be considered** in future evaluation designs, since waiting lists will be increasingly hard to find. Careful study of individual or groups of providers over time and comparison with data from other communities and states are viable research alternatives.
4. **Family child care providers** seemed the most reluctant providers to participate in the evaluation study, compared to center-based providers (licensed centers, child care ministries, and part-day preschools.) Future programming and evaluation planning should include different and more effective approaches to encourage home-based providers to participate and contribute to evaluation efforts.
5. The **4C Early Child Care Quality Initiative programs** are still in a relatively early phase of implementation, and 4C staff are making adjustments to accommodate high demand from child care providers and to provide needed training and technical assistance in a cost-effective manner. For this reason, we recommend that additional, follow-up evaluations of **Paths, MAP, and Continuity of Care** be conducted in the future. These programs were growing rapidly during the time of this evaluation. They should be re-examined after the numbers of participants have stabilized and the programs have matured.
6. The **MAP program** would benefit from more time to mature and additional evaluation, including focused measures of the amount and type of mentoring each provider receives. The number of mentoring visits varied considerably for the current MAP evaluation

sample, ranging from 2 to 20 visits during 17 months from April, 2005 to October, 2006. Mentoring variations are essential, if mentoring is to be individualized to meet providers' needs. However, variations in mentoring may lead to different quality impacts and outcomes. It would be beneficial for 4C to obtain data that would shed light on the question, "What are the basic types and amounts of mentoring typically needed to improve child care quality a specified amount?"

7. One evaluation question *not* covered in the current report is, **"Does reaching a higher Paths to Quality level really mean that the quality of care and education has improved?"** This question will be of interest both regionally and statewide, since Indiana is currently planning a quality rating system very similar to Paths. This evaluation study can provide some data to address this question, based on the MAPS portion of the study. (These results are not reported here.) However a more focused study with a larger sample of providers would be beneficial.

## **The Early Child Care Quality Initiative**

In 2005, 4C of Southern Indiana, supported by a grant from the Welborn Baptist Foundation, implemented six programs designed to improve the quality of early child care and education for children birth to 5 years within an eight-county region in Southern Indiana, including Vanderburgh, Gibson, Pike, Posey, Warrick, Dubois, Spencer, and Perry counties. These 4C quality improvement programs constitute the ongoing **Early Child Care Quality Initiative (ECCQI)**. The six 4C quality improvement programs supported by the Foundation and evaluated in this report were:

- 1. Paths to Quality**
- 2. Mentors as Partners**
- 3. Continuity of Care**
- 4. Leadership Retreat**
- 5. Resource Library**
- 6. Early Childhood Scholarships**

### **Evaluation of the Early Child Care Quality Initiative**

At the request of the Foundation, the first full year of the ECCQ Initiative was evaluated by Purdue University during 2006, to provide an impartial description of its initial implementation and an analysis of its impact on child care providers and the quality of child care services. The evaluation project director was Dr. James Elicker, Associate Professor and Director of Children's Programs in Purdue's Department of Child Development and Family Studies. The project coordinator was Karen Ruprecht, a Doctoral Candidate in Child Development and Family Studies at Purdue.

The plan for Purdue's evaluation study of the ECCQI was developed between October and December, 2005, in consultation with staff from Welborn Baptist Foundation, 4C of Southern Indiana, and other community stakeholders. Data collection began in January, 2006 and was completed in December, 2006. The Purdue evaluation team used a combination of research methods for the evaluation, including interviews with child care providers, mail surveys, and observations by trained observers.

### **Evaluation Questions**

The focus of the evaluation study was a set of questions agreed upon by the Purdue evaluation team, the Foundation, and 4C of Southern Indiana. The evaluation questions posed for each component of the ECCQI were:

1. Paths to Quality
  - How do providers who participate in the Paths to Quality program change their practices in delivering care over a period of 12 months?
2. Mentors as Partners (MAP)
  - How does the MAP program impact the quality of care delivered?

- How does MAP program impact provider turnover, professional development usage and feelings of professionalism among those receiving mentoring services?
3. Continuity of Care
    - Do child care providers who receive services through the Continuity of Care program have more positive relationships with infants, toddlers, and parents?
    - Are caregiver transitions decreased?
  4. Leadership Retreat
    - How has the Leadership Retreat helped providers acquire new knowledge and skills?
    - How have participants used the knowledge and skills from the Leadership Retreat?
  5. Resource Library
    - What resources are child care providers using from the 4C Resource library?
    - How have those resources helped child care providers?
  6. Early Childhood Scholarships
    - How have providers used the scholarships and financial assistance?
    - How has the financial assistance helped them in their child care careers?

## Report Overview

In the following sections, we describe the Purdue University evaluation of each of the six ECCQI quality improvement programs, including in each section:

- A **brief description** of the quality improvement program
- The **evaluation questions** we asked about the program
- The **evaluation methods** used to answer these questions
- The **results**—the findings about the program and answers to the questions
- A brief **summary and discussion** of results for each quality improvement program

Following the sections describing the evaluation of each of the six programs, we present our general conclusions and recommendations for ECCQI program improvement. We also offer recommendations for future evaluation and guidelines for other researchers conducting evaluations of community child care quality improvement programs such as the Early Child Care Quality Initiative.

## 1. Paths to Quality

In 2005, 4C of Southern Indiana implemented a voluntary quality rating system for child care providers based upon the Early Childhood Alliance Paths to QUALITY system. **Paths to QUALITY** is a voluntary system for child care providers who are willing to go beyond the minimum state requirements of licensing to provide a higher level of care.<sup>1</sup> According to the 4C of Southern Indiana web site:

Paths to Quality provides information on how to find and choose quality child care in licensed centers, family child care homes, preschools or registered ministries. It is a voluntary system for child care providers who are willing to go beyond the minimum state requirements of licensing to provide a higher level of care. Parents calling 4C of Southern Indiana, Inc. Child Care Resource and Referral will be provided with a list of child care providers who meet their needs and a checklist of questions to ask any provider when making that all-important decision regarding their child care provider. Paths to Quality helps child care providers learn new ways to improve the quality of their care and give parents more choices when selecting quality child care.<sup>2</sup>

Paths to QUALITY established four levels of quality, individually tailored for licensed child care centers, licensed and exempt family child care homes, registered child care ministries, and part-time early childhood (preschool) programs. Each level includes specific criteria that need to be met in order for that level to be awarded. The levels, with a brief description of criteria for each, are:

### Level 1 – Health and safety

- Basic requirements for health and safety are met.
- Orientation addresses interactions with children, child development and learning.

### Level 2 – Learning Environment

- State requirements for child:staff ratios are maintained.
- Environments are safe and nurturing for children.
- Activities and materials reflect the age, interests, and abilities of all children.
- Written policies and procedures exist for parents and staff.

### Level 3 – Planned Curriculum

- A written curriculum and planned program for children reflects developmentally appropriate practice.
- Program evaluation is done annually by parents and staff.
- A strategic plan for program improvement/ accreditation readiness is completed.

### Level 4 – National Accreditation

- Accreditation is achieved through the National Association for the Education of Young Children (NAEYC) or the National Association of Family Child Care (NAFCC).
- Professional development and involvement continues.

Providers who choose to join Paths receive a visit by a 4C staff member, are assessed, and are placed on one of four levels. Providers receive yearly verification visits to determine if they have maintained their current level or achieved a higher level. From July 2005 – October 2006, 380

child care providers of all kinds registered to participate in Paths to QUALITY, representing 36% of all eligible programs.

### **Evaluation Question**

- How do providers who participate in the Paths to Quality program change their practices in delivering care over a period of 12 months?

### **Evaluation Method**

During the summer of 2006, providers who had been enrolled in Paths to QUALITY for at least six months were selected to participate in a semi-structured telephone interview. Letters were sent to all eligible providers providing an explanation of the Purdue University evaluation of the Paths program. Initial calls were placed to determine the provider's willingness to participate in the evaluation. If providers consented to participate, a telephone interview date was set. Phone interviews ranged from 30 minutes to 1 hour.

Providers were asked questions regarding their current Paths levels, challenges they faced in achieving higher levels, resources needed to achieve higher levels, and support they received through the process (see Appendix A for complete list of questions). Interview answers were typed into a template and then analyzed for content themes.

Of the 80 eligible providers we contacted, 41 agreed to participate, representing a 51% response rate. Providers interviewed represented all four types of providers eligible for Paths to Quality (licensed child care center, family child care, registered ministry, and part-time preschool program).

### **Results**

Telephone interviews were conducted with 41 providers who had been registered with Paths to Quality for at least six months. Of the 41 providers who participated in the survey—

- 33% were licensed child care center directors
- 52% were family child care providers
- 12% were registered child care ministry directors
- 2% were part-time preschool program directors

Providers were asked a series of questions to gain an understanding of why they joined Paths, the challenges and obstacles they faced in advancing or maintaining their Paths levels, and what resources were available to them to improve the quality of their child care centers, ministries, and homes.

Because Paths to Quality is a voluntary system, we were interested in finding out why providers chose to join. A majority of providers (56%) indicated that they joined because they wanted to improve the quality of their child care business. The reasons given were fairly evenly split – 15% indicated they joined because of the financial incentives that Paths offered, 12% joined because they wanted the recognition that they were a quality child care provider, and 12% joined because they believed that parents would feel it was important once they learned more about Paths. A

small group of providers, 5%, stated they joined in order to receive assistance with attaining national accreditation.

All of the providers indicated that they learned about Paths to Quality from 4C, either through a letter of invitation to join Paths, a meeting or training session, or through their 4C mentor. No providers reported that they learned about Paths from other providers. However as the program continues to grow, communication will likely come also from providers who have joined and successfully moved up levels.

Questions were asked about how informed staff were about the Paths to Quality levels. Because staff performance can be instrumental in advancing levels, it is important that they are informed of the overall program and the criteria needed to advance levels. All of the interviewed providers indicated that their staff were informed about Paths to Quality. The main method of communication was through staff meetings (59%), followed by 4C staff presentations and materials (28%), informal conversations with staff (10%), and newsletters (3%).

Providers were asked about their initial, current, and expected ratings at the next yearly Paths visit from 4C. At least once per year, or at the request of the child care provider, 4C verifies that the provider has either maintained or changed their Paths level. Table 1 details the findings.

Table 1. Interviewed Providers' Paths to Quality ratings.

	Initial Rating	Current Rating During Interview (Summer, 2006)	Expected Rating at next visit
Level 1	67%	26%	5%
Level 2	19%	33%	26%
Level 3	5%	29%	33%
Level 4	7%	12%	36%

The findings indicate that in the previous six months, 25 of the providers interviewed had moved up levels. Of the 25 providers who have moved up levels, 15 moved up one level, and 10 moved up two levels. The remaining 16 providers maintained current levels from their initial to current rating. A majority of the providers had advanced above Level 1 within the past 6 months. At the time when providers enrolled in Paths, 67% were at a Level 1, compared to 26% at the time the interviews were conducted. At the initial rating period, only 12% of providers were at Level 3 or 4, but at the time of the interviews, 41% had attained a Level 3 or higher.

Because moving up levels in most cases requires program changes, providers were asked to describe the kinds of changes they had implemented since initially joining Paths to Quality. To summarize these changes, we coded the responses in three categories:

1. **Classroom changes:** such as adding materials, room arrangements, and curriculum changes

2. **Program administrative changes:** such as parent contracts, documentation and lesson planning, introducing primary caregiving and continuity of care, writing strategic plans, instituting parent surveys and evaluations, joining professional organizations
3. **Staff development changes:** such as providing opportunities for more staff training hours

The two most common changes reported were classroom changes (66%) and program administrative changes (49%), followed by staff development changes (19%). The most frequently cited classroom changes made were implementing a curriculum and changing the room arrangements. The most common program administrative changes mentioned were instituting parent surveys.

For those providers who had already achieved a Level 4, an additional question was asked to ascertain any challenges in maintaining that level. Of the providers that had already achieved Level 4, all mentioned that maintaining the annual 20 hours needed for staff training hours was the biggest challenge.

Because most of the providers expected to move up to the next level, we asked them to detail what they perceived as obstacles to this accomplishment. The most frequent obstacle that providers mentioned was instituting program administrative changes (37%), such as making time for documentation and instituting parent surveys, followed by classroom changes (26%). Money was listed as an obstacle for 16% of the providers. However, 16% felt that there were not any obstacles to moving up to the next level.

In order to move up levels, child care providers need assistance, whether it is technical assistance, funding for developmentally appropriate materials, or access to additional training for the staff. A majority of providers – 93% -- indicated that they had received some sort of support from 4C to either progress within the Paths system or to maintain their current level. Assistance came in the form of informal support through periodic phone calls, and more formal support and training through the mentoring program. Providers also mentioned they received financial incentives from 4C for moving up to the next level, materials from the Resource Library, or they had participated in 4C training. Only a small percentage – 7% -- reported they had not received any assistance from 4C in either maintaining or progressing to the next level.

We also asked whether providers had received assistance outside of 4C to maintain levels or progress to the next level. Over one-quarter (27%) indicated they had received support from other organizations, such as the Indiana Child Care Fund, private foundations, Indiana Association for the Education of Young Children (IAEYC), or the Indiana Child Care Health Consultation Program. Nearly three-quarters (73%) indicated that they had not received any additional outside support.

Finally, in an additional study using the MAP participants (see MAP evaluation section below), we asked whether overall quality of child care improved as providers moved up Paths levels. Using valid and objective measures of quality, we found that providers who had earned higher Paths levels did in fact exhibit higher levels of assessed quality. This was especially true in the transitions from Level 0 to Level 1, and Level 1 to Level 2. While some providers at Level 3 had the highest quality levels, the average quality levels at Level 3 were comparable to for the Level 2 providers we observed.

Table 2. Average global (overall) quality for MAP providers at each Paths to Quality level.  
(n=47)

<b>Paths to Quality Level (# of classrooms observed)</b>	<b>Global (Overall) Quality Score (1-7)</b>	<b>Range of Quality Scores</b>
Level 0 (3 classrooms)	3.19	2.78-3.49
Level 1 (28 classrooms)	4.45	3.41-5.26
Level 2 (11 classrooms)	4.64	3.69-5.48
Level 3 (5 classrooms)	4.35	2.88-5.67

\*Note: Level 0 represents only 1 center-based provider  
 Level 3 represents only 2 center-based providers  
 Level 4 providers do not participate in MAP, so quality data were not available.

### **Summary & Discussion**

The interviews with providers of all types enrolled in Paths to Quality suggest that the system has been implemented effectively and is understandable to and accepted by the providers. The levels seem attainable, and most providers had already progressed to a higher level. While all the interviewed providers indicated they needed to make changes to move up to the next level, they seemed to be changes that were manageable with support from 4C and other training/technical assistance organizations.

Initially, about two-thirds of the providers interviewed entered the Paths system at Level 1. However, only one provider mentioned that they needed assistance to meet the Level 1 criteria, such as basic health and safety issues. The vast majority of providers were concerned with issues such as room arrangement, curriculum, and adding materials to the classrooms, which are required to attain Level 2 and Level 3. This suggests that Paths has resulted in providers becoming informed about and striving for practices that are considered to be critical for high quality care and education. As providers progressed to higher levels, they reported that 4C had responded with training and incentives in these areas. However, as providers continue to join Paths, there will still be a need for 4C to focus on the health and safety basics, so that some providers are able to meet Level 1 requirements and then begin working to higher levels.

Overall child care quality increases at providers attain higher levels in Paths to Quality, especially Level 1 and Level 2. It is not clear from these data that overall quality increases between Levels 2 and 3, so more study is needed. Also no quality data were available for Level 4 programs, so they should be included in future studies. It may be that the largest increases in overall quality will be found first in step from Level 1 to Level 2, and then later, when the provider reaches the highest, national accreditation level (4).

In terms of where interviewed providers turned for support to enhance quality, 4C was the most frequent source of support. However 25% of those interviewed received training or support from other organizations. This finding may be important in light of several quality child care improvement efforts currently underway statewide and in Southern Indiana. If Paths to Quality

continues to be successful in attracting broad participation, it will be important for organizations that offer support and training to child care providers to coordinate their efforts. Paths to Quality can become a primary vehicle for motivating child care providers to seek further education and to improve the quality of their services to children and families. If quality early care and education is a value held by the larger community, there is a need for all of these support organizations to coordinate efforts and invest resources in providers who are enrolled in Paths to Quality.

## **2. Mentors as Partners**

The Mentors as Partners (MAP) program is designed to assist child care administrators and family child care providers in improving the quality of their early care environments. Providers who participate in MAP receive monthly visits by a 4C mentor who assists them in developing and implementing an individualized quality improvement plan. In order for providers to be eligible for the MAP program, they must be enrolled in Paths to QUALITY.

In 2006, 4C shifted the focus of its mentoring program from teacher-focused mentoring to a focus on administrators. According to the 4C Year Three report submitted to the Welborn Baptist Foundation in (2006),<sup>3</sup> the focus of mentoring currently includes leadership, staff development, and program management. The 4C mentors would work directly with child care administrators, with the intention that children directly benefit from the mentoring administrators will then provide for teachers or caregivers. This shift in the focus of mentoring from staff to administration was in response to the fact of high staff turnover in the child care field. 4C felt that it could better utilize its mentoring resources by working with the directors of the child care centers, who are more likely to be stable in their employment, rather than the teachers, who are more likely to leave the field or move to another child care facility.

Mentors conduct assessments on individual classrooms at each site using the appropriate environmental rating scale (described below in "Evaluation Method.") Child care administrators, teachers, and family care providers are also asked to complete a survey that asks about their experience in the child care field, educational level, age, income, and areas they would like additional assistance (see Appendices B, C, and D for surveys). Providers are mentored monthly for as long as needed, or until they no longer choose to be with the program. Once they receive accreditation, providers are eligible for the Maintenance Plan, which provides a quarterly mentor visit.

### **Evaluation Questions**

- How does the MAP program impact the quality of care delivered?
- How does MAP program impact provider turnover, professional development usage, and feelings of professionalism among those receiving mentoring services?

### **Evaluation Method**

Twenty-four (24) child care providers (including centers and family child care homes) who were receiving MAP services were compared to a group of 6 providers who were not enrolled in MAP. Within these 24 providers, observations were conducted in 41 classrooms at two time points that were approximately six months apart, for a total of 82 completed observations. (51 classrooms were observed at Time 1, but 10 were not available for follow-up assessments six months later at Time 2.)

Each site participating in the mentoring program received a letter from Purdue explaining the evaluation. A follow-up phone call was conducted by Purdue staff to answer questions and obtain consent to include the site in the evaluation study. If the site volunteered to participate, the director and Purdue staff member decided on which classrooms to evaluate. Criteria used to select classrooms included the probability that at least one of the teachers would remain in the

classroom for the six month follow-up visit and that the classroom was one in which the director felt mentoring would be beneficial. Licensed child care centers and registered ministries were also asked to select rooms that represented the youngest, middle, and oldest children within their facility, to sample a range of developmental levels. Once informed consent was obtained, scheduling and data collection began.

Participating sites in the mentoring program did not receive any incentives to participate in the evaluation. Comparison evaluation sites not in the mentoring program received a \$30 gift certificate per classroom.

The ITERS-R, ECERS-R, and FDCRS environmental quality scales from the University of North Carolina were used to assess quality. Purdue data collectors were hired and trained to use the environmental scales by one of the 4C mentors who had been certified by the Frank Porter Graham Child Development Center at UNC. Each Purdue data collector achieved 85% reliability (consistency) with the 4C mentor. In addition, the Purdue evaluation coordinator conducted additional intensive training, achieving a minimum 85% reliability on each scale in three different observations with each data collector. Reliability checks were conducted with data collectors in Fall, 2006, and a 90% reliability rate was achieved.

Time 1 classroom visits began in late March, 2006 and lasted through the end of June, 2006. Because of difficulties encountered in obtaining volunteer comparison sites not receiving mentoring, some comparison site assessment visits did not take place until late summer, 2006. Time 2 visits (conducted six months after Time 1) began in late September 2006 and continued through mid-December 2006.

There were challenges obtaining a regional comparison group for the MAP evaluation for several reasons. First, the potential pool of providers not already participating in MAP was small, especially licensed child care centers. Second, some centers had already been mentored in the first year of the MAP program, and so they were not eligible to be part of the comparison group. Third, the initial comparison group was to have been the providers that were waitlisted for the MAP program. However program changes implemented by 4C in 2006 to improve the reach of mentoring, including a new focus on administrators rather than teachers, reduced the size of the waiting list and thus reduced the number of available comparison providers. However, 4C chose to mentor all eligible sites and to not waitlist any of them so that they could begin receiving services immediately.

The most widely used and accepted methods for measuring quality child care are the environmental rating scales developed by researchers at the Frank Porter Graham Child Development Center of the University of North Carolina – Chapel Hill. Three environmental rating scales were used in this study—for infant/toddler center classrooms, for preschool-age classrooms, and for family child care providers. While the scales are similar in focus and structure, there are differences in specific items and subscales to make them suitable for the particular child care environments for which they were designed. Each of the 39 to 43 items in each type of scale is scored from 1 to 7, with a 1 representing inadequate care, 3 representing minimal care, 5 representing good care, and 7 representing excellent care. Each scale rating is completed by trained observers who have established reliability (consistency.) Scores on the 1 to 7 scale are then calculated for each subscale and for overall child care quality. Following is an overview of the three environmental rating scales, including the subscales.

The **Infant Toddler Environment Rating Scale (ITERS)** consists of seven subscales and 39 items. The subscales are:

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

The **Early Childhood Environment Rating Scale (ECERS)** consists of seven subscales and 43 items. The subscales are:

- Space and Furnishings
- Personal Care Routines
- Language-Reasoning
- Activities
- Interaction
- Program Structure
- Parents and Staff

The **Family Day Care Rating Scale (FDCRS)** consists of seven subscales and 40 items. The subscales are:

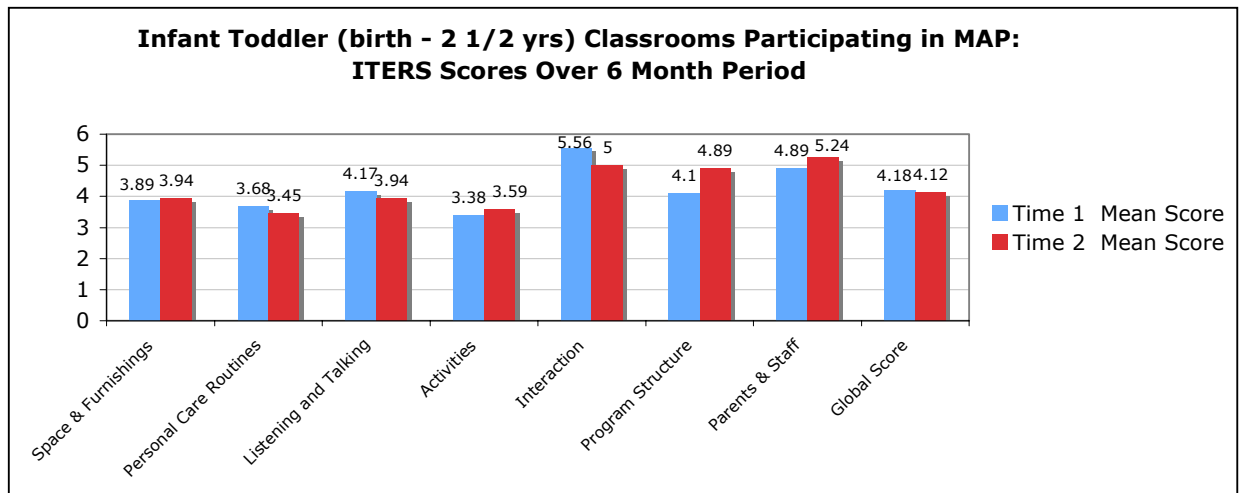
- Space and Furnishings for Care and Learning
- Basic Care
- Language and Reasoning
- Learning Activities
- Social Development
- Adult Needs
- Provisions for Exceptional Children

## **Results**

### ***Infant Toddler Classrooms***

Infant-toddler classrooms (birth – 2 ½ years) participating in the MAP program showed modest increases in quality over the six month observation period. We observed 17 infant-toddler rooms participating in the MAP program. Average quality levels increased in four ITERS-R subscales: Space and Furnishings, Activities, Program Structure, and Parents & Staff. The average quality increases observed were modest, and only the increase in the Parents & Staff subscale was statistically significant. In the remaining 3 ITERS-R areas (Personal Care, Language, and Interaction) average quality levels stayed the same or slightly decreased. There were no statistically-significant *decreases* in quality. The following figure shows changes from Time 1 to Time 2.

**Figure 1. Changes in Subscale Scores for ITERS-R by 17 MAP participants Over 6 Months**



Even though average quality levels showed increases in some areas, overall (global) quality scores in MAP infant-toddler classrooms did not change significantly over this 6 month assessment period.

We observed only 2 infant-toddler classrooms that were *not* participating in the MAP program over the same 6 month period. There were few providers serving infants available to participate in the comparison group.<sup>4</sup> Because there were few comparison sites available, and because the Time 1 quality levels of these two comparison classrooms were higher than the initial average quality level of the MAP participants, they did not provide useful comparison data.

### Summary—MAP Infant-Toddler Classrooms

Among programs serving infants and toddlers and participating in MAP, average quality rose in the ITERS-R subscales for Space & Furnishings, Activities, Program Structure, and Parents & Staff. Space & Furnishings includes items related to room arrangement, equipment, and displays. Activities includes items related to curriculum and whether activities offered supported children's physical, cognitive, language, and creative development and play. Program Structure describes the quality of the daily schedule, accommodations for free play, appropriate group activities, and provisions for children with disabilities. Parents & Staff items assess how well the program supports and collaborates with families, and how well the program supervises and supports the daily work and professional development of the caregivers.

ITERS-R subscales in which we did *not* observe average increases in quality included Personal Care (greeting/departing, feeding, diapering, sleeping, health, and safety), Language (helping children use and understand language, use of books), and Interaction (supervision, staff interaction, peer interaction, discipline).

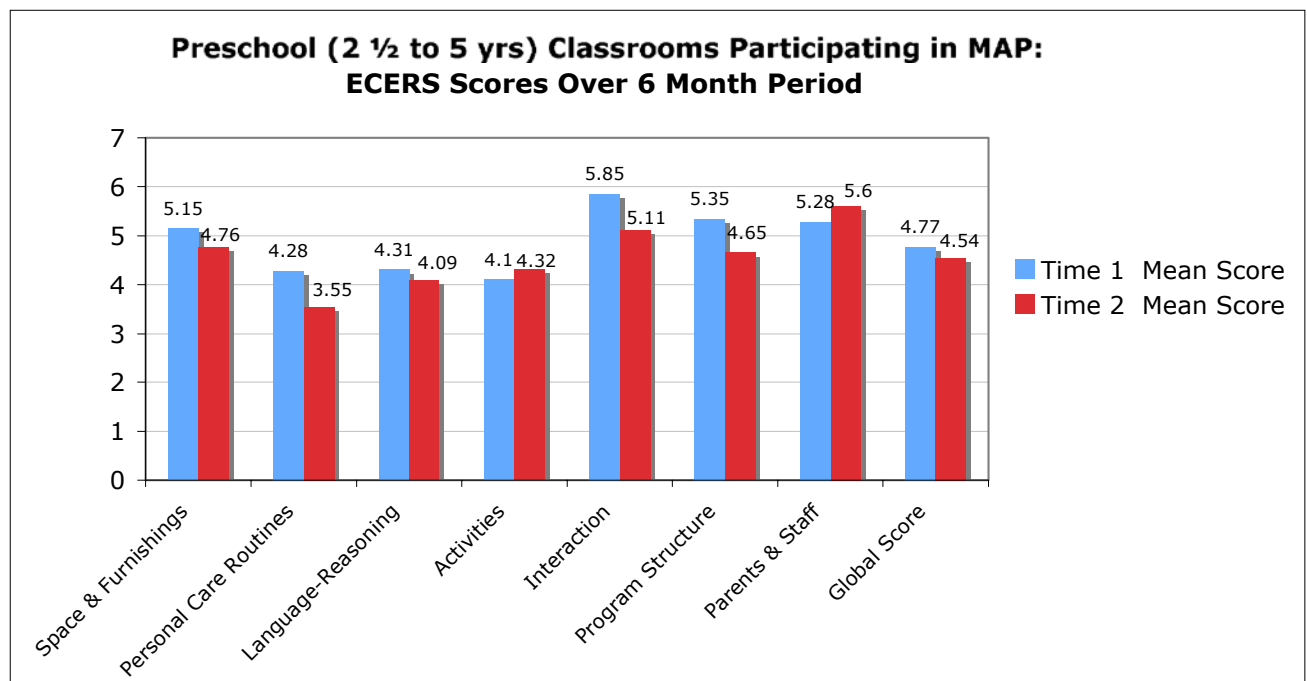
The six month period of evaluation for these MAP providers may be too brief a time in which to produce or assess meaningful changes in program quality that result from mentoring. Also, lack of a comparison group adequate for statistical analysis does not allow strong conclusions

that the MAP program produced these observed increases in quality. However, the four ITERS-R program areas in which average quality improvements were observed are undoubtedly areas that MAP mentors emphasized in quality assessments and consultations with infant-toddler providers.

### *Preschool-Age Classrooms*

For the 21 classrooms we observed in the MAP program that served preschool children (2 ½ - 5 yrs), overall (global) quality increased slightly, but not enough to reach statistical significance with a sample of this size. Average quality also increased in two subscale areas, Activities and Parents and Staff. However these increases were not statistically significant. Average quality decreased slightly but significantly in three areas, Personal Care, Space and Furnishings, and Program Structure.

**Figure 2. Changes in Subscale Scores for ECERS-R by 21 MAP participants Over 6 Months**



We also observed seven classrooms that were *not* in the mentoring program over the same six-month period. The small size of this comparison sample does not permit the use of statistical tests to compare average quality levels in the MAP versus the non-MAP classrooms. However, the levels and patterns of ECERS-R quality in these comparison classrooms were similar to those in the MAP-participating classrooms. (See Tables 1 and 2 in Appendix E.) Therefore we did not find strong evidence that MAP participation increased ECERS-R classroom quality in the participating classrooms over this six-month period.

### **Summary—MAP Preschool Classrooms**

Global (overall) quality in preschool classrooms participating in MAP increased slightly, but not statistically significantly, over the six month period observed. Average quality rose in MAP classrooms in the areas of Activities, and Parents & Staff. Some subscale scores for the ECERS-R in MAP classrooms actually decreased slightly and significantly from Time 1 to Time 2 (Personal Care, Space and Furnishings, and Program Structure.)

There are several possible explanations for the lack of striking increases in quality in MAP preschool classrooms:

- Six months may be too short a time in which to produce and assess meaningful changes in program quality as a result of mentoring.
- Some of the MAP programs experienced director and staff turnover, which could have reduced the quality impact of mentoring. Four centers experienced a change in directors during the six month data collection period, impacting 12 of the 21 MAP classrooms observed. In addition, 4 of the 21 MAP classrooms experienced teacher turnover during this six-month period. Since mentoring is mostly focused on child care center administrators, quality would almost certainly be adversely affected by director turnover. Directors are instrumental in setting the tone and leadership of a child care center, and the downward trend in some scores could be a reflection in these changes in leadership in some centers. Likewise teacher turnover could blunt the impact of mentoring, since directors' mentoring work with teachers would be lost when a teacher leaves.
- Initial ECERS-R average scores for MAP preschool classrooms were relatively high, within 1 point below or above the "good" quality level (5). This means that average quality levels for the evaluated providers were relatively high when mentoring began. It may be more challenging to increase preschool environmental quality to the next (excellent) level, compared to raising "poor" quality classrooms to a "good" level.

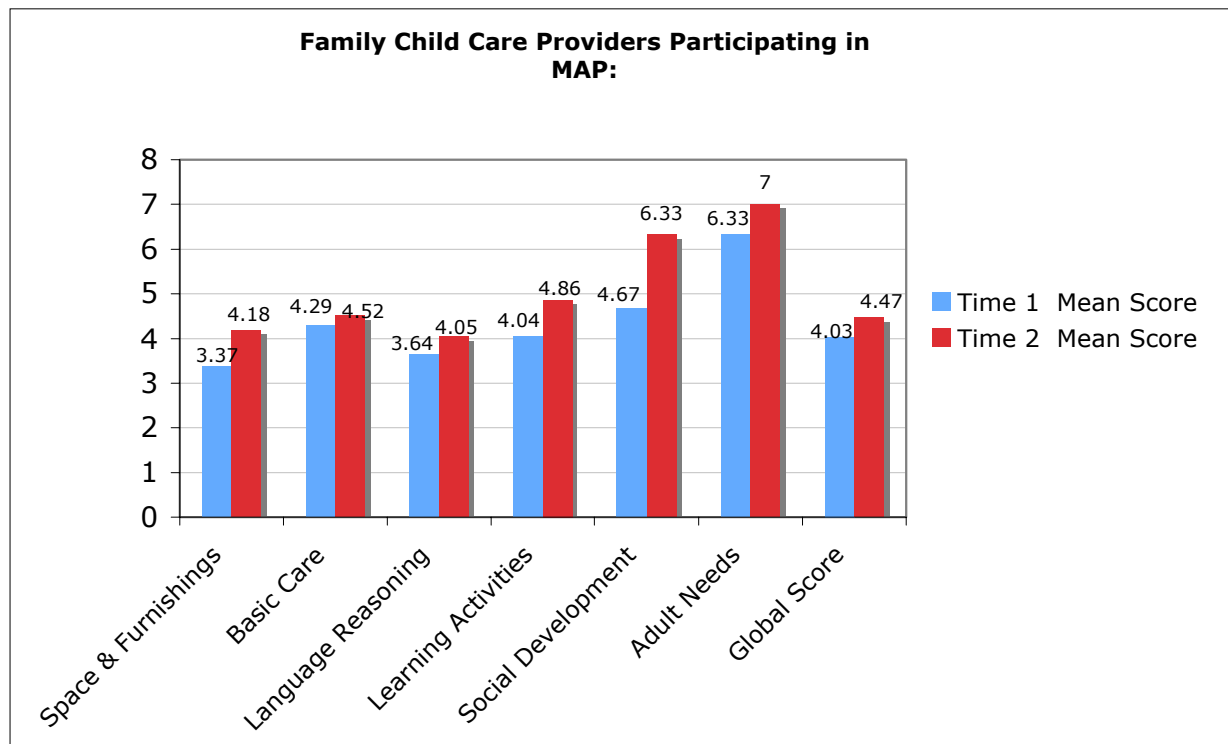
### ***Family Child Care***

A total of 9 family child care providers were initially enrolled in the MAP program evaluation. When Time 2 visits were scheduled six months later, 3 providers continued to participate in the evaluation. Of the 6 that did not participate in the Time 2 assessment, one provider was no longer in operation, two refused Time 2 observation visits, and the remaining 3 providers either cancelled scheduled visits or could not accommodate the year-end evaluation time schedule.

A matched comparison group for family child care proved impossible to assemble during this contract period. Few comparison providers who were not participating in MAP were available. Those who were available could not accommodate the data collection schedule, cancelled visits, or did not return phone messages.

Family child care providers that participated in the MAP program and agreed to be evaluated showed modest increases in FDCRS quality in all the subscales and in their global quality scores over the six-month evaluation period. While these quality increases are encouraging, they represent only 3 cases, so further study will be needed to determine the broader impact of MAP with family child care providers.

**Figure 3. Changes in Subscale Scores for FDCRS by 3 MAP Family Child Care Providers Over 6 Months**



### **MAP Program: General Summary & Discussion**

In general, based on pre- and post-assessments using validated child care quality rating measures (ITERS-R, ECERS-R, FDCRS) we did not find consistent, clear evidence that child care program quality increased over the initial six month MAP participation period. More research, covering more time, with more larger samples would be needed to definitively answer this question.

However, it is encouraging that average observed quality levels in some program areas did increase modestly for MAP-participating center-based infants-toddlers, center-based preschoolers, and family child care. The most consistent quality increases were observed in family child care-- however only 3 MAP family child care providers were assessed initially and again six months later. Second, 17 infant-toddler classrooms showed average increases in four program areas, including one area (Parents & Staff) where the quality increase was statistically significant. Finally, the weakest evidence for MAP-related quality increases was seen in preschool classrooms based in child care centers and registered ministries. However, in addition to the relatively short mentoring time, director and teacher staff turnover and relatively high initial quality levels in the MAP sample may have worked against producing detectable quality increases in the six month evaluation period.

### **3. Continuity of Care**

The Continuity of Care program is based on the idea that infants and toddlers in full-time non-parental child care will develop optimally if they are in a care environment in which they have fewer caregivers, and if their caregivers remain stable over time. Based on research from WestEd Laboratory and its Program for Infant Toddler Caregivers and recently implemented Indiana child care center licensing rules, 4C of Southern Indiana set a goal that licensed child care and registered ministry providers should provide continuity for infants and toddlers until the age of three. Also, Indiana is currently the only state in the U.S. that requires in its child care rules some form of continuity of care for infants and toddlers.

In March 2006, when data collection began for this part of the 4C quality improvement program, 3 center sites and 6 classrooms were implementing continuity of care. Each site implemented continuity of care somewhat differently. One site established a continuity classroom, one moved infants and toddlers by primary caregiving groups (one teacher with four or fewer children), and the other site had the teachers and all the children stay together until they transitioned to the three-year old room (“looping.”)

#### **Evaluation Questions**

- Do child care providers who receive services through the Continuity of Care program have more positive relationships with infants, toddlers, and parents?
- Are caregiver transitions decreased?

#### **Evaluation Method**

Providers who were implementing continuity of care in March, 2006 were compared with providers who were enrolled in MAP at that time, but not enrolled in Continuity of Care. Observations were conducted in a total of 3 center sites including 5 infant-toddler classrooms at two time points, approximately 6 months apart. Although the number of infant-toddler center sites implementing continuity of care by the end of 2006 was much higher, at the time of the evaluation study beginning in March, only 3 centers had actually begun implementation of continuity of care.

Each site participating in the Continuity of Care program received a letter from Purdue explaining the evaluation research. A follow-up phone call was conducted by Purdue staff to answer questions and to obtain permission to include the site in the evaluation study. Once permission was obtained, the Purdue data collector scheduled the first site visit.

Sites participating in the Continuity of Care program did not receive any incentive to participate in the evaluation research. Sites used for comparison that were not participating in the Continuity of Care program received a \$30 gift certificate per classroom. The comparison sites were sampled from the Mentors as Partners (MAP) program.

The same data collectors hired and trained by Purdue to conduct observations for the MAP program evaluation also completed assessments for the Continuity of Care evaluation. As with the MAP evaluation, the ITERS-R scale was used to assess global quality. Data collectors were trained on the environmental scales by one of the 4C mentors. Each data collector achieved 85%

reliability with the 4C trainer/mentor. In addition, the Purdue evaluation coordinator did more intensive training follow-up, achieving a minimum of 85% reliability for each of the scales at three different times with each data collector.

The Program Assessment Rating Scale (PARS) was also used to assess caregiver interactions. The PARS is a new observation assessment scale developed by the California-based WestEd organization, sponsor of the widely used Program for Infant-Toddler Caregivers (PITC) training program, also used by 4C of Southern Indiana. The focus of the 4C Continuity of Care program is to promote caregiving continuity, leading to more supportive and educational interactions and relationships between child care providers and infants or toddlers. The PARS instrument focuses intensively on these interactions and relationships. Trainers from WestEd under contract with Purdue trained the Purdue data collectors to use the PARS over a 3 ½ day period in December, 2005. Following this intensive training, the Purdue evaluation coordinator continued training and established 90% reliability with the Purdue data collectors.

Time 1 Continuity of Care classroom observations began in late March, 2006 and lasted through the end of June, 2006. Because of difficulty in obtaining suitable comparison sites for Continuity of Care, some initial comparison site assessments did not take place until later in the summer. Time 2 visits for Continuity of Care classrooms began in late September 2006 and lasted through mid-December 2006. Overall, five assessments were completed at Time 1 and Time 2 for the Continuity of Care classrooms, and two assessments were completed at Time 1 and Time 2 for the comparison classrooms.

## **Results**

The Continuity of Care program was assessed using the Infant Toddler Environment Rating Scale-Revised (ITERS-R) and the Program Assessment Rating Scale (PARS). The ITERS-R is described above, the MAPS evaluation section. The PARS has some sections loosely related to ITERS subscales, but with a focus more specifically related to WestEd-PITC training program goals. Two subscales of the PARS were used for the evaluation study, focused specifically on Continuity of Care goals:

The Caregiver Interactions subscale includes the following items:

- Interaction
- Positive Tone
- Engagement
- Respect for Infants/Toddlers
- Cognitive Development

The Relationship-Based Care subscale includes the following items:

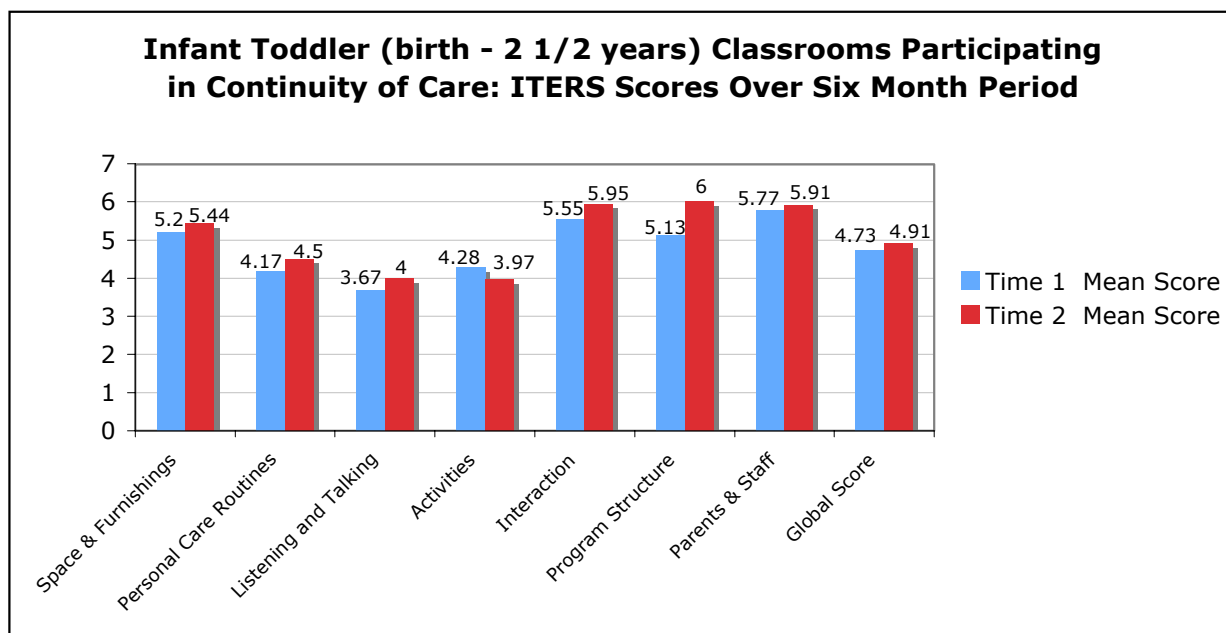
- Primary Caregiving
- Continuity of Care
- Schedule
- Group Size

Quality using the PARS scale is scored based on a two to three hour observation, using a scale from 0-4:

- 0 to 1.8 = Minimal
- 1.8 to 2.8 = Adequate
- 2.8 to 3.6= Good
- 3.6 to 4.0= Excellent

The five infant and toddler classrooms (children ages birth – 2 ½ years) participating in the Continuity of Care evaluation showed small but consistent increases in quality over the six month observation period. The average quality levels in the participating infant-toddler rooms increased in all of the ITERS-R subscales except for Activities. The following table shows these changes from Time 1 to Time 2.

**Figure 4. Average Changes in ITERS-R scores for 5 Continuity of Care Classrooms Over 6 Months.**



Increases were also observed in these five classrooms using the two PARS subscales. According to the quality levels specified by WestEd, interactions and relationship quality improved from the “adequate” range to the “good” range in these infant-toddler classrooms.

**Table 1. Mean PARS Scores in 5 Continuity of Care Classrooms**

	Time 1 Mean Score	Time 2 Mean Score
Caregiver Interactions	2.57	3.14
Relationship Based Care	2.60	2.90

We also observed 2 infant-toddler classrooms that were *not* participating in the MAP program over the same 6 month period. There were few providers serving infants available to participate in the comparison group at the time the Continuity evaluation study began. Many sites that served infants-toddlers had already been a part of the MAP program and were in the process of or considering implementing Continuity of Care.

For the two available comparison sites, the ITERS-R average quality levels increased in all areas except for Personal Care Routines, which declined slightly. It was not possible to test these differences statistically with so few classrooms in the study sample. However the quality levels at Time 1 and Time 2 were comparable in the Continuity and non-Continuity classrooms. This suggests that overall quality as measured by the ITERS-R was increasing whether the program was officially participating in Continuity of Care or not. The comparison site was participating in Mentors as Partners, so quality increases may have been stimulated by mentoring, Paths to Quality, or other information available from 4C.

For the two comparison classrooms, the results were mixed on the PARS. Statistical analyses were not possible, but Continuity of Care rooms showed increases in both interactions and relationship-based care, and the Time 2 levels for interactions (3.14 vs. 2.29) and relationship-based care (2.90 vs. 2.41) were higher in the Continuity of Care Classrooms than in the two comparison classrooms.

As an additional means of comparison for Continuity of Care participants, we examined the ITERS-R scores of infant/toddler classrooms implementing Continuity of Care as compared to scores for infant-toddler classrooms in the MAP evaluation sample, but not implementing continuity. The following table compares classrooms in the MAP program to those in the Continuity of Care program.

**Table 2. ITERS-R Scores-- Continuity Classrooms (n=5) Compared to MAP Classrooms (n=17)**

	<b>Continuity Time 1 Mean Score</b>	<b>Continuity Time 2 Mean Score</b>	<b>MAP Time 1 Mean Score</b>	<b>MAP Time 2 Mean Score</b>
Space & Furnishings	5.20	5.44	3.89	3.94
Personal Care Routines	4.17	4.50	3.68	3.45
Listening and Talking	3.67	4.00	4.17	3.94
Activities	4.28	3.97	3.38	3.59
Interaction	5.55	5.95	5.56	5.00
Program Structure	5.13	6.00	4.10	4.89
Parents & Staff	5.77	5.91	4.89	5.24
Global Score	4.73	4.91	4.18	4.12

Initially (at Time 1) classrooms that were implementing Continuity of Care scored higher on all subscales except Listening and Talking and Interaction, compared to classrooms that received only MAP services. By the six-month follow-up period, classrooms implementing Continuity of

Care scored higher on all subscales compared to the classrooms receiving mentoring services only.

Changes in caregivers (re-assignment or staff turnover) were also somewhat lower in continuity infant/toddler classrooms compared with MAP infant/toddler classrooms. Two out of five (40%) of the continuity classrooms experienced a change in caregivers, compared to eight out of 17 (47%) of the infant/toddler classrooms in the MAP program.

### **Summary & Discussion**

We evaluated 5 classrooms that were implementing Continuity of Care through the 4C program. Overall quality levels were high initially and improved over a six month period in all ITERS-R subscales except Activities. However, two comparison classrooms also improved in quality, perhaps due to participation in MAP, or perhaps due to other initiatives that stimulated quality. Perhaps more important, the Continuity Classrooms improved in two key areas related to the supposed benefits of continuity of care: adult-child interactions and relationship-based care. Two comparison infant-toddler classrooms did not show similar increases or high quality levels in these key areas. In addition, we note that infant-toddler classrooms participating in Continuity of Care exhibited higher overall levels of quality than infant-toddler classrooms participating in Mentors As Partners (MAP). This may be because the Continuity of Care providers are receiving more assistance to improve quality than the MAP providers, or it may be that Continuity of Care attracts providers who are more motivated to improve overall service quality.

#### **4. Leadership Retreat**

In August 2005, 4C of Southern Indiana hosted its first Leadership Retreat for child care providers who were registered in Paths to QUALITY at the French Lick resort in French Lick, Indiana. The Leadership Retreat was in response to providers' request an opportunity to meet and reflect upon different issues facing child care providers. Providers had the opportunity to attend workshop sessions focused on 1) managing change; 2) your retirement goals (family child care providers); 3) marketing you child care center (centers); and 4) leadership.

At the conclusion of the retreat, 4C staff conducted a survey of participants that asked whether "this training provided me with the knowledge and skills necessary to begin the process of implementing change related to this topic." 57 participants completed this 4C survey. Overall, evaluations were very positive, with 91% to 100% strongly agreeing or agreeing that by attending the sessions they had obtained the skills and knowledge necessary begin to bring about change.

#### **Evaluation Questions**

- Ten months later, how had the Leadership Retreat helped providers acquire new knowledge and skills?
- Ten months later, how have participants used the knowledge and skills from the Leadership Retreat?

#### **Evaluation Method**

A follow-up survey (Appendix F) was mailed out in July 2006 to all Leadership Retreat participants to find out whether they had incorporated new material or new knowledge into their child care practices. Of the original Retreat participants surveyed, 27 returned the survey. This follow-up survey mirrored the original survey administered by 4C, to see if there had been long term changes in reported management or child care practices resulting from the retreat.

#### **Results**

Of the 27 retreat participants who responded to the survey, 21 had attended the "Managing Change" session, 12 had attended "Reaching Your Retirement Goals," 14 had attended "Marketing Your Child Care Center," and 19 had attended the "Leadership" session. Survey respondents had been working in the child care field between 2 and 32 years (median = 13 yrs). Respondents included 11 center directors, 1 center teacher, and 15 family child care providers.

Ten months after the Retreat, while ratings were not as high as those collected immediately afterwards, many participants still thought the sessions had been useful-- especially the "Managing Change" and "Leadership" sessions. Here are the proportions of respondents who rated each session "Extremely Useful" or "Useful.":

65%	Managing Change (Apple)
38%	Reaching Retirement Goals (Copeland)
42%	Marketing Your Child Care Center (Copeland)
65%	Leadership (Hanson)

Impressively, 65% of the survey respondents agreed their “leadership or management practices had changed as a result of attending the Leadership Retreat.”

**Center-based providers’ comments: How have your leadership or management practices changed after the Retreat?**

Better assessment tools for me and my staff. Better understanding of change and how it affects people differently.

The change thing was a big one for me, so just accepting that everything needed to slow down was huge!

The session validated many things that I already do, but also opened some new areas of thought.

I’ve been a director for a long time so I use any new and fresh information to make positive changes within our child care... I don’t remember specifics, but this retreat renews and re-excites us.

I feel more confident that I am on the “right track” with the leadership that I am providing.

I’ve changed how I make changes because I realized one of my assistants doesn’t like change. I have to work with her as we change our program.

I used many of the activities at the retreat as team building activities. Set a goal as a center to work on teamwork.

I was able to look at our center with a magnifying eye—I did some extra things for my staff.

**Family child care providers’ comments: How have your leadership or management practices changed after the Retreat?**

I have implemented new business practices and also have a different attitude when it comes to working with families. I have changed so many things in my setting and in the way I conduct my business. Too many to list!

I have a good relationship with parents- but now I can talk openly with them and not worry. My job is just as important as theirs.

I feel I’ve tried lots of new ways to make my home day care much more interesting and fun for the children.

More structured, planned retirement fund, in control. Loved Tom Copeland.

I do a lot more advance planning for both sites. More detailed contracts. Different interview techniques. Less room for misunderstanding. I am doing Paths to Quality and

have applied for accreditation in 2006. Using lending library from 4C mentor. (They deliver!)

Everything I learned has a better change in how I do things. Usually the being with a grow helps make my job more important. I am more sure of how I handle parents and savings.

It's been a year since the retreat—I know I made changes, but don't remember what.

I have more confidence in what I am doing. I feel that now I am assertive—not aggressive.

I have changed the times of different activities and manage my time better during the day.

Started retirement account and began managing money better. Have more positive outlook on difficult children. I search for the good in them instead of always seeing the bad. Have gone the extra mile to increase my Paths to Quality level.

### **Center-based providers' comments: What was most valuable about the Leadership Retreat?**

I enjoyed learning about leading people through change, learning different personality styles, etc. The keynote was great—and his illustrations!

Networking and feeling validated for all of the hours we put into our jobs.

Recognition- networking. It puts value on our field-- Early child care and education.

Feeling support from 4C- lots of changes were necessary at my center at the time of the retreat, and we couldn't have accomplished so much without the help of 4C. The support that 4C provides, i.e., Paths to Quality, Mentoring, Lending Library, Training, etc. are outstanding. We are very fortunate to have such a wonderful resource and referral agency to work with. The 4C personnel are very motivating and positive!

I did enjoy the networking and meeting other leaders.

Leadership and leading change. Marketing wasn't useful right now, but I saved all of the information I received because I'd like to open my own child care in a few years. ...I had a wonderful time learning and meeting other teachers.

To be able to interact with other leaders and hear of their problems—what they did to solve it.

The change seminar and the team building activities.

Getting to know others in our area and sharing ideas. Great way to communicate common goals for children.

Networking with other professionals.

**Family child care providers' comments: What was most valuable about the Leadership Retreat?**

The professionalism of the providers and realizing I am one of them. I can make a difference in the community. The mentor program and Paths to Quality are the best programs implemented in the state of Indiana. I hope this continues to spread throughout the state.

I enjoyed getting together with others, getting ideas. Most valuable—we have a respectful job! Getting pampered! It was enjoyable- relaxing. We were made to feel important. I don't have to be waited on or have everything fancy, just want to be treated with respect. Thank you!

New ideas.

Fellowship of others. Time away.

Networking, relaxation.

Recognition as a professional! Not a “babysitter.” Keep up the great job, 4C.

Networking, meeting individuals in the same profession. I enjoyed Tom Copeland's seminar. I enjoyed recognition of 4C employees and professionals dedicated to child care. I enjoyed the retreat. The information was very useful. It was a wonderful experience.

The community of feeling like you had people who could help you with your job.

Communicating—looking at scheduling and taking charge in making it better.

Meeting Tom Copeland and hearing him praise our business and how it has grown over the years and to know that there is a great future, also. I loved being treated as someone special, not just a babysitter. This retreat recognized the professionalism of our profession!

Budget workshop.

Retirement/finances.

**Summary & Discussion**

Ten months after the 2005 Leadership Retreat, two-thirds of the participants who completed the survey said the Retreat had helped them to make positive changes in their leadership or child care operations. Reported areas of change in leadership for center-based providers included assessment, managing change, leadership skills, team building, supporting staff, and working with individuals. Areas of change reported by family child care providers included business

practices, retirement planning, managing money, time management, working with families, and working with children.

In addition to the benefits from the leadership and management content, it is clear from these responses there were other benefits perceived by Retreat participants. Both center- and home-based providers commented that in addition to the content information on the program, networking with other professionals and support and recognition for the important work they do was a huge benefit.

In summary, the child care providers clearly appreciated and benefited from the Retreat. They also viewed and appreciated the Leadership Retreat as part of an overall array of support and education services 4C is offering them.

## **5. Resource Library**

The Resource Library provides a variety of materials for child care providers and members of 4C to check out materials they need for their child care business. Materials range from books and videos, equipment, and developmentally appropriate toys. During 2006, the Resource Library expanded to include 664 new materials and expanded its outreach with an online check out service.

The Resource Specialist delivers material to child care providers that are registered with Paths to QUALITY.

### **Evaluation Questions**

- What resources are child care providers using from the 4C library?
- How have those resources helped child care providers?

### **Evaluation Method**

A survey (Appendix G) was sent to the 46 providers who used the Resource Library as an incentive for Paths to QUALITY over a nine-month period, from October 2005-July 2006. The overall membership list was not used because we wanted to specifically target providers that have used the Resource Library at least once in the past year. There were 26 returned surveys, a response rate of 57%.

### **Results**

Survey responses came from child care center directors, registered ministry directors, center teachers, and family child care providers. 24 providers reported using the Library within the past 12 months. Nine providers (35%) used the Library 2 or 3 times in the previous year, 5 (19%) using it only once, and 9 (35%) used it 4 or more times. When asked how they found out about the Library, most (65%) reported they learned about it from 4C staff. The others heard about it from center directors, other providers, or other persons. Of the 24 providers who checked something out and responded to this survey, here are the types of materials they borrowed:

73%	Toys or equipment
46%	Books
42%	Resource materials/Curriculum plans
2%	Other materials

### **Selected comments about the Resource Library from the respondents:**

“I used the items to enhance my curriculum and to keep the children actively engaged in learning.”

I had an infant that was learning to walk and I checked out soft cushioning mats and climbing soft-scapes for him.

We used the books as resources for the teachers. The training videos were used for staff meetings. The toys/equipment were utilized in the classrooms.

(Mentor) suggested we view a couple of resource books and she brought them to us. We ended up purchasing the curriculum book to keep at our school.

We used the materials in every area of the classroom. We found the materials to be very beneficial because other wise we would not have access to them. The materials are high quality and somewhat expensive. – some are definitely out of our budget. 4C is wonderful—they have really enhanced our curriculum.

Checked out through a workshop. Used to teach parenting classes.

Checked out toys, equipment, and books that went along with the theme we were working on. The resource material was used to further my knowledge about the curriculum I was using.

### **Summary & Discussion**

A sample of 46 child care providers who used the 4C Resource Library reported in a survey what they had used, and how these materials benefited their child care services. More than 1/3 of the respondents used the Library on a regular basis, 4 or more times in the past year. Toys and equipment to use with children were the most frequently used materials, but resource books, films, and other curriculum materials were also used often. Comments from the providers suggest that materials were used to improve the quality of the care and education to children, either directly by providing activities not otherwise available, or indirectly by educating directors and teachers about child development and best practices in early education.

## **6. Early Childhood Scholarships**

The Early Childhood Scholarships provide funding for dual credit high school students, Child Development Associate (CDA) renewals, and masters degree classes in early childhood education.

### **Evaluation Questions**

- How have providers used the scholarships and financial assistance?
- How has the financial assistance helped them in their child care careers?

### **Evaluation Method**

A survey (Appendix H) was sent to all recipients of a scholarship from the 2005-2006 fiscal year. The survey asked questions regarding the amount of funding they received, their current position in the child care field, other sources of funding for the courses they completed, and what they learned from their courses.

### **Results**

Recipients of the Early Childhood Scholarships varied in their positions within the child care field, from high school students in a dual credit program to a kindergarten teacher, and in their tenure in the field from 3 months to 32 years. The length of time in their current child care positions also varied, from 3 months to 16 years. Thus, a wide range of experiences and education levels was represented in the responses from the Scholarship survey.

Of the 23 mailed surveys, 13 were returned, a response rate of 57%. Four respondents used the scholarship funds toward a masters degree level course, and nine used funds for to obtain or renew a CDA credential. Among the CDA credential group, two respondents identified themselves as high school students earning dual credits.

Four of the 13 respondents learned about the scholarships from 4C personnel. College instructors, child development teachers, center directors, and other child care providers were the other sources of information about these 4C scholarships, suggesting they were well-publicized within the region. Scholarships ranged from \$250 to \$2,000. Some respondents indicated they received two scholarships of \$500 each over the course of one year.

If scholarships had not been provided, 11 out of 13 respondents indicated that they would either have not taken the courses, or they might possibly have paid for the course with their own funds. Two respondents, both high school students, indicated they would taken the courses with or without financial assistance from 4C.

Scholarship recipients were asked to reflect upon what they learned in the course and how they have used that in their work. One scholarship recipient shared:

I learned about the importance of relationships between the caregiver, child, and parent in infant-toddler child care...I learned about tuning into a young child's needs as a means to improving relationships and better meeting the needs of young children.

This recipient, a person in a leadership position, also shared that the information learned from the courses would be shared with child care teachers in order to improve infant-toddler care.

Other responses indicated that providers learned about basic information such as stages of child development and how to use that knowledge to work with young children, strategies to work with young children, and ways to improve on methods for teaching young children. Some responses indicated that scholarship recipients learned “life skills” for working in the child care field, such as business practices useful for running a child care facility and ways to “use my head” in working with children.

### **Summary & Discussion**

Early Childhood Scholarships have enhanced the breadth and depth of the knowledge of the providers who received them. Taking courses, whether as a means to earning a CDA credential or a masters degree, is important in several respects. First, scholarships help providers gain new knowledge and skills about recommended techniques and recent research in child care, helping to keep providers current in best practices. Second, scholarships are a way to encourage people who are new to the field to begin or continue with their education. Third, scholarships help to professionalize the child care field by making continuing education a priority and by easing the financial burden placed upon child care programs or child care workers who may not be able to afford to take a class.

Although the sample was small, it appears that scholarships enabled most recipients to take courses they might not have otherwise been able to take. The only recipients who would have definitely taken child development courses regardless of scholarship funding were two self-identified dual credit high school students. These students may have been able to leverage support from other sources, such as parents or their schools to take the courses. Thus, if demand for scholarships exceeds available funding, 4C may want to consider offering scholarships to individuals who have already completed their high school education.

## General Conclusions & Recommendations

### Key Findings

1. While the **4C Early Child Care Quality Initiative programs** are still in a relatively early phase of implementation, there is encouraging evidence that the programs are becoming widely known, accepted within the 4C service area, and are having a positive impact on child care quality. Child care providers who participated in all six quality programs seemed enthusiastic, saw the programs as positive resources, and appeared to be actively working to learn more and to improve child care quality.
2. The **Paths to Quality** program, a regional quality rating system for child care, has been successful in attracting volunteer participants representing all types of care. Most providers reported they enrolled in Paths because they want to improve the quality of care they offer. Financial incentives, public recognition, marketing advantages with parents, and assistance becoming accredited are other important reasons reported by participating providers.
3. **Paths to Quality** participants are successfully attaining higher quality levels. More than 60% of the providers interviewed had moved up 1 or 2 Paths levels in the previous 6 months. Important program improvements reported by providers and related to Paths included changes in environments and activities for children, program administration, and staff development. Overall child care quality is in fact higher at Level 1 than at Level 0, and higher at Level 2 than at Level 1. Further study is needed to determine if quality continues to improve at programs move through Levels 3 and 4. Virtually all Paths providers reported that they are receiving substantial and helpful assistance from 4C that is helping them to attain higher Paths levels. About ¼ of the providers said they have received assistance from other organizations as well.
4. **Mentors as Partners (MAP)** is intended to improve child care quality and help providers attain higher Paths levels via monthly visits from a 4C mentor, who assists in assessing quality and making a quality improvement plan. While there were limitations in the evaluation study due to a relatively short (6 month) evaluation time frame and difficulty assembling a comparison group of providers not receiving mentoring, there were some encouraging signs the MAP program is improving quality. Average quality ratings by objective observers over 6 months increased modestly for MAP participants, in at least some quality areas, for center-based infants-toddlers and preschoolers, and family child care.

MAP is probably the ECCQI program that needs the closest scrutiny and further evaluation from within the 4C program and/or by external evaluators. The current evaluation did not systematically assess the quantity and quality of mentoring contacts that providers received, but records provided by 4C suggest the amount and type of mentoring varied considerably. Further is needed to determine if certain types or amounts of mentoring are required to bring about significant changes in child care quality.

It may be that mentoring as provided by 4C will take more than 6 months to result in measurable quality improvements. Or it may be that quality improvements are in fact

occurring, but the North Carolina quality scales used in this evaluation are not designed to capture those particular improvements.

5. Overall, the **highest** rated quality areas observed in MAP providers' environments (using the North Carolina quality rating scales) were **Interactions** with children, **Program Structure**, and **Parent and Staff** accommodations. The **lowest** observed quality levels were in **Space and Furnishings**, **Personal Care Routines/Basic Care** (health and safety practices), planned **Activities** (for infant/toddlers) and **Listening/Talking** (in family child care.) In most areas, average observed quality was still below the "good" (5 on the 7 pt. scale) level—so there is still room for quality improvement.
6. **Continuity of Care** is focused on the goal of encouraging continuity in interactions and relationships between infants or toddlers and their caregivers in center-based classrooms. While there were some sampling limitations in this evaluation study, there were encouraging signs that the Continuity program is meeting these objectives. Providers participating in Continuity were among those providing the highest overall quality care to infants and toddlers-- even when compared with providers participating in Mentors as Partners. In addition, the objectively-observed quality of interactions and relationships with children improved substantially over 6 months in a small sample of Continuity providers.

**MAP and Continuity sampling limitations.** *There were three basic limitations in the samples studied for the MAP and Continuity of Care portions of the evaluation: 1) relatively small program sample sizes; 2) limited/no comparison samples available; and 3) limited time to observe changes in child care quality.*

*The first limitation, small program sample sizes, is probably the least problematic. This issue is simply that there were only 41 MAP sites (17 infant-toddler classrooms, 21 preschool classrooms, 3 family child care homes) and 3 Continuity sites (infant-toddler classrooms) available at the time data collection began and able to complete assessments at Time 2, six months later. Some eligible providers could not be contacted, or refused to participate. Theoretically, the best sample would include all providers participating in these MAP and Continuity. However, this was not possible, due to practical reasons and funding limitations. Therefore, strictly speaking, the sample results we report here describe those 41 sites only, and should not be generalized to represent all providers in MAP, present or future. However, this limitation should not take away from the fact that many child care environments did improve. Showing positive quality changes in these environments of many of the 41 observed child care providers should be considered to be an important contribution to the quality of child care in the community.*

*Very small comparison samples (MAP) or no comparison samples (Continuity) are another limitation. The impact of not having a "no treatment" comparison sample is that we cannot be certain that positive changes observed are due to the program, and would not have occurred otherwise. In this case, for example, there are a number of initiatives within ECCQI and other from programs currently intended to improve child care quality. We did observe quality improvements in a number of sites that were*

*participating in MAP and Continuity of Care. This is positive, however we cannot be sure some of those changes would not have happened without MAP or Continuity.*

*Finally, the fact that changes in quality could only be observed over a six month period in this evaluation design may be an important limitation. We know that some providers only received 1 or 2 mentoring visits within the six months. We do not know the intensity of mentoring or the length of time required to raise quality significantly. It may be that establishing these mentoring relationships, assessing quality improvement needs, and bringing about observable changes takes longer than six months in many cases. So the lack of observable quality improvements in some providers, especially the preschool classrooms, may have due to not enough mentoring time. The only way to overcome this limitation would be to assess quality after a more extended time with those providers, perhaps after another 6 months.*

7. The **Leadership Retreat** organized by 4C in August, 2005 was evaluated 10 months later, to find if participants perceived long term benefits. More than 2/3 of survey respondents affirmed that their leadership or management practices had changed in positive ways-- 10 months after the Retreat. Participants described substantial benefits in assessment, managing change, team building, staff support, business practices, retirement planning, time management, and working with diverse families and children.
8. The **4C Resource Library** was expanded during 2006 to offer a variety of materials for providers and 4C trainers to check out and use, with the aim of improving child care quality. We surveyed a sample of providers who had used the Library in a recent nine month period. Respondents typically used the Library multiple times, borrowing toys or other educational materials for children, training books and films for teachers, or other resources to enrich the curriculum. Providers reported they saw the Library as a valuable resource provided by 4C that enabled them to improve quality and provide experiences for children that would not be otherwise possible.
9. **4C Early Childhood Scholarships** were offered to direct care providers, leaders, and child development students in the community. All recipients of the scholarships during the 2005-2006 program year were surveyed, and 57% responded. Four participants used the funds to take courses toward a graduate degree, and 9 participants were used the funds to work toward a Child Development Associate (CDA) credential. Virtually all participants reported they may not have been able to afford these educational activities without the scholarship funding. Knowledge and skills gained from the funded courses ranged from basic information about child development to state-of-the-art information about best practices and leadership in early education.

## Recommendations for Program Improvement

1. Because many providers enter Paths to Quality at Level 1 and then progress relatively quickly to Levels 2 and 3, it is important that 4C training and support focus on nurturing environments for children, curriculum, staff and parents policies, planning, and program evaluation, which are Level 2 and Level 3 criteria. However, there was evidence that some providers may also need consistent support to maintain the Level 1 health and safety standards, so 4C should continue to be vigilant about these issues, even when training with Level 2 or higher providers. Also, 4C should continue to develop ways to support providers to achieve and maintain Level 4- national accreditation.
2. The MAP program would benefit from more time to mature and additional evaluation, including focused measures of the amount and type of mentoring each provider receives. The number of mentoring visits varied considerably for the current MAP evaluation sample, ranging from 2 to 20 visits during 17 months from April, 2005 to October, 2006. Mentoring variations are essential, if mentoring is to be individualized to meet providers' needs. However, variations in mentoring may lead to different quality impacts and outcomes. It would be beneficial for 4C to obtain data that would shed light on the question, "What are the basic types and amounts of mentoring typically needed to improve child care quality a specified amount?" We recommend that 4C conduct an internal evaluation of its current mentoring processes and practices. If amounts and types of mentoring vary greatly, 4C should consider prescribing or standardizing mentoring to a greater degree, so that participating providers will receive a minimum of resources and services that are known to increase child care quality.
3. 4C may want to consider adopting in MAP some of the mentoring or program improvement approaches currently used in the Continuity of Care program. Providers participating in Continuity of Care had higher initial quality levels and increased in quality more over six months.
4. Some providers participating in the ECCQI programs by 4C reported that they also have received training, funding, and support from other organizations, including IAAYC, Indiana Child Care Fund, foundations, etc. Because Paths to Quality seems to be a motivating framework for providers to receive training and improve child care quality, efforts to coordinate training and support available to providers may be better coordinated and organized. The early success of Paths to Quality provides an opportunity to focus training collaboration efforts.

## Recommendations for Future Evaluation

1. Given the successful and widespread adoption of Paths, MAP, Continuity, and other 4C programs by child care providers in this service area, **alternatives to wait list comparison groups should be considered** in future evaluation designs, since waiting lists will be increasingly hard to find. Careful study of individual or groups of providers over time and comparison with data from other communities and states are viable research alternatives.
2. **Family child care providers** seemed the most reluctant providers to participate in the evaluation study, compared to center-based providers (licensed centers, child care

ministries, and part-day preschools.) Future programming and evaluation planning should include different and more effective approaches to encourage home-based providers to participate and contribute to evaluation efforts.

3. The **4C Early Child Care Quality Initiative programs** are still in a relatively early phase of implementation, and 4C staff are making adjustments to accommodate high demand from child care providers and to provide needed training and technical assistance in a cost-effective manner. For this reason, we recommend that additional, follow-up evaluations of **Paths, MAP, and Continuity of Care** be conducted in the future. These programs were growing rapidly during the time of this evaluation. They should be re-examined after the numbers of participants have stabilized and the programs have matured.

### **Recommendations for Continued Financial Support**

In considering future support for the ECCQI Initiative, the Foundation should consider the following issues and recommendations:

1. In the future, the Foundation may be able to focus more on training for quality improvement and less on administration of Paths to Quality. The Paths to Quality program, a quality rating system (QRS), is likely to be replicated statewide by 2008. It is probable that state funding will be available to support a QRS similar to Paths in the Foundation service area. This evaluation provided evidence that Paths is widely accepted by providers in southwestern Indiana. Further, providers were able to raise their Paths levels in a relatively short time, with support and training assistance from 4C and other organizations. We found preliminary evidence that when providers attained Level 1 or Level 2 in the Paths system, the overall quality of their child care rose. If state government takes over the general administration of the QRS, assessment of providers and assignment to levels, and record keeping, this will allow more resources to be designated for child care provider training and education, mentoring, and other quality improvement programs.
2. The Foundation may want to explore in more depth providers and parents' perceptions of Paths to Quality or a similar state Quality Rating System (QRS). These perceptions have implications for the long-term success of a QRS. Among the important questions to ask are: How does knowledge of the QRS affect parents' child care decisions? For the providers who do not participate in the QRS, especially family child car providers, what their reasons are for not registering? What are the tangible benefits to providers of working to improve their quality level? What are the critical obstacles for providers at each level, and how can they be overcome? Knowing the answers will help 4C better direct its resources and efforts in marketing Paths to parents and to providers who have not yet joined.
3. Because the Continuity of Care program has experienced tremendous growth over the past year, the Foundation has an opportunity to invest in a unique initiative with statewide and national impact. Because Indiana is the only state in the U.S. that includes continuity of care in its child care regulations, 4C and Continuity of Care have generated interest from state stakeholders and national experts. Also, the Continuity of Care

classrooms in this evaluation scored highest on the environmental quality rating scales, compared with the infant/toddler classrooms in the MAP program. What is unique about the Continuity of Care mentoring that seems to translate to higher quality? Continued support of Continuity of Care will help answer some of these questions by expanding evaluation efforts to include a larger sample and more in-depth investigation of the processes of change that are occurring within this program.

4. The Foundation and 4C will want to consider program improvements and further evaluation of the MAP program, since at least in the short term, significant quality improvements in MAP participants' child care quality were not observed. As mentioned above, one promising avenue for program improvement may be to adopt some of the approach and training processes used in the Continuity of Care program. Closer study of the MAP program, including interviews with providers who have participated in MAP, would probably be helpful in improving this program.
5. The Leadership Retreat, Resource Library, and EC Scholarship programs seem to be relatively low cost components of the ECCQI with multiple benefits, and we recommend continued support. Evaluation of these programs can be adequately done by 4C staff in the future, using participant surveys and records of use.

## **Appendix**

- A. Paths to Quality Interview Questions
- B. Child Care Center Director Surveys
- C. Child Care Center Provider Survey
- D. Family Child Care Provider Survey
- E. ECERS Subscale Tables
- F. Leadership Retreat Survey
- G. Resource Library Survey
- H. Early Childhood Scholarship Survey

**Paths to Quality Interview Protocol**  
*Revised April 21, 2006*

**Attachment E: Telephone interview questions and script for Paths to Quality participants**

Hi, my name is \_\_\_\_\_ and I am calling from Purdue University in regards to a letter we sent about the evaluation of the 4C Paths to Quality initiative. In the letter, we mentioned that in order for us to include your child care facility in the evaluation, we would need your consent for 4C to release information regarding the Paths level that your child care center/home is currently on and to participate in a telephone interview.

Any information you share with me over the telephone will not be shared with 4C or staff from the Welborn Baptist Foundation. **I will type your answers in our database as the interview progresses, and the information you share with me will be used only by the Purdue research team.** All information from these interviews will be reported with all interviews summarized as a group, so that no program or director can be identified. If at any time, you feel uncomfortable with the questions, you can ask me to stop the interview and I will do so.

Do you have any questions regarding the interview or evaluation procedures? Would you be willing to have 4C release its information to us and to participate in the telephone interview?

(IF YES) – Thank you for your willingness to be a part of the evaluation study. I would like to set up a time that is convenient for you to call back and ask you the interview questions. (SET UP APPOINTMENT)

(IF NO) – Thank you for your consideration. We wish you the best of luck at NAME OF CENTER.

**Interview Questions**

1. How did you hear about 4C's Paths to Quality initiative?
2. What interested you in voluntarily joining the Paths to Quality rating system?
3. What level was your center/home initially assessed (Level 1-4)?
- 3b. What was the date of your initial assessment?
4. What is your current Paths level that you are on?
- 4b. If level has changed, what was the date of the assessment?
5. Have you requested any follow-up visits from 4C since your initial level was assessed? If yes, what was the nature of those visits?
6. What level do you expect to be at when 4C conducts its yearly visit?
7. How have you informed your staff about the Paths to Quality system?
8. Are staff aware of the different levels and what it takes to advance to the next level?

9. Since you received your Level XX rating, what types of things have you or your staff done at your center/child care home to advance to the next level?

9a. If there has been a level change, what were the challenges in going from 1<sup>st</sup> level of assessment, to the 2<sup>nd</sup>.

9b. If level 4 has been achieved, what is being done to maintain the level 4

10. In your opinion, what are the 2-3 biggest obstacles you face in advancing to the next level? How do you expect you can overcome those obstacles?

10a. If there has been a level change, what were the biggest obstacles in changing levels.

10b. If level 4 has been reached, what are the obstacles in maintaining a level 4 rating.

11. Have you received any assistance from 4C in either progressing to the next level or maintaining your current level? If so, what?

11b. Have you received any assistance from any other organizations that have either helped you to progress to the next level, or maintain your current level? If so, what?

Center Code: \_\_\_\_\_

Date: \_\_ \_\_/ \_\_ \_\_/ \_\_ \_\_

**Center Director Survey**

1. Number of classrooms in program:
 

<input type="checkbox"/> Infant classrooms	<input type="checkbox"/> Toddler classrooms
<input type="checkbox"/> Early childhood classrooms	<input type="checkbox"/> Mixed age classrooms
2. Length of time as a center director: \_\_\_\_\_
3. Length of time in current position: \_\_\_\_\_
4. Number of full time staff: \_\_\_\_\_
5. Number of part time staff: \_\_\_\_\_
6. Number of volunteer staff: \_\_\_\_\_
7. Total number of children enrolled in center: \_\_\_\_\_
8. Program licensed by state?  Yes  No
9. Is your program currently accredited, by any of the following national recognized child care accrediting bodies?
 

<input type="checkbox"/> National Association for the Education of Young Children (NAEYC)
<input type="checkbox"/> Other: _____
10. Are you a member of:
 

<input type="checkbox"/> National Association for the Education of Young Children or state affiliate
<input type="checkbox"/> 4C of Southern Indiana
<input type="checkbox"/> Evansville Area Early Childhood Association
<input type="checkbox"/> Other: _____
11. What was the turnover rate for the program (over last year)? \_\_\_\_\_
 

<input type="checkbox"/> For infants/toddlers classrooms
<input type="checkbox"/> For 3,4, and 5 year-old classrooms
12. How are children transitioned from one classroom to another in your program?
 

<input type="checkbox"/> Birthdates
<input type="checkbox"/> Mixed age groupings
<input type="checkbox"/> Primary groupings
<input type="checkbox"/> Other: _____
13. How do you put into practice continuity of care for infants/toddlers?
14. How do you put into practice continuity of care for children ages 3, 4, and 5?

15. Are infants/toddlers assigned a primary caregiver? If so, how is it handled?
16. Are children ages 3, 4, and 5 assigned a primary caregiver? If so, how is it handled?
17. What are your 3 primary goals for the child care program for the next 5 years?
18. What areas are you most concerned with in your center?

Space and furnishings (indoor space, furniture, room arrangement, child-related display, gross motor space and equipment)

Personal care routines (greeting/departing, meals/snacks, nap/rest, diapering/toileting, health and safety practices)

Language/Reasoning; Listening and Talking (books/pictures, understanding/using language, reasoning skills, informal language)

Activities (fine motor, art, blocks, dramatic play, nature/science, math/number, diversity, active physical play)

Interaction (supervision, discipline, staff-child interactions, interactions among children)

Program structure (schedule, free play, group time, caring for children with disabilities)

Parents and staff (provisions for parents, personal/professional needs of staff, staff cooperation/evaluation, professional growth)

19. Do you offer your employees:

Health insurance       Paid vacation       Holidays  
 Sick days               Reduced child care       Retirement  
 Release time for conference/training  
 Other: \_\_\_\_\_

20. Does your program participate in the USDA Child Care Food Program?

Yes               No

21. Do you accept child care vouchers/subsidies?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

22. During this calendar month, what percent of children in the center are having their child care paid for by federal/state child care subsidies?

\_\_\_\_\_ % of children

Center code: \_\_\_\_\_ Classroom code: \_\_\_\_\_ Date: \_\_\_\_\_

**Center Provider Survey**

1. How long have you been a child care provider? \_\_\_\_\_
2. How long have you been a child care provider at this center? \_\_\_\_\_
3. Are you a: \_\_\_\_\_ Full time provider      \_\_\_\_\_ Part time provider
4. How many hours per week do you work in this center? \_\_\_\_\_ hours/week
5. Do you have a second job?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
6. What is your highest level of education? Check all that apply.

<b>Check your highest level of education:</b>		<b>Check if you are enrolled or working toward degree:</b>	
<input type="checkbox"/>	Less than High School	<input type="checkbox"/>	Less than High School
<input type="checkbox"/>	High School or GED	<input type="checkbox"/>	High School or GED
<input type="checkbox"/>	Some training beyond high school but not a degree	<input type="checkbox"/>	Some training beyond high school but not a degree
<input type="checkbox"/>	Child Development Associates (CDA) degree	<input type="checkbox"/>	Child Development Associates (CDA) degree
<input type="checkbox"/>	Two Year Degree	<input type="checkbox"/>	Two Year Degree
<input type="checkbox"/>	Four Year Degree	<input type="checkbox"/>	Four Year Degree
<input type="checkbox"/>	Graduate Training or Graduate Degree	<input type="checkbox"/>	Graduate Training or Graduate Degree

7. If you have a degree beyond high school, what best describes your area of study?
  - \_\_\_\_\_ Child Development/Early Childhood Education
  - \_\_\_\_\_ Other area, child-related
  - \_\_\_\_\_ Other area, not child-related
8. If you have a four year degree or more, do you have an early childhood teaching endorsement or license?
  - \_\_\_\_\_ Yes      \_\_\_\_\_ No
9. Have you completed a Child Development (CDA) credential?
  - \_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ In process
10. List the training programs have you completed in the last year:



If so, how? \_\_\_\_\_ Director \_\_\_\_\_ Other providers \_\_\_\_\_ Mail

20. What is your role in the classroom?

\_\_\_\_\_ Head or Co-Teacher \_\_\_\_\_ Assistant Teacher  
 \_\_\_\_\_ Other: \_\_\_\_\_

21. What do you consider your race?

\_\_\_\_\_ White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian  
 \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian or Alaska Native  
 \_\_\_\_\_ Other: \_\_\_\_\_

22. What are your 3 primary goals for your career in child care in the next 5 years?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

23. What is your age? \_\_\_\_\_

24. Income is an important feature to learn about child care providers. What is your personal annual income before taxes from child care?

\_\_\_\_\_ Less than \$12,500 \_\_\_\_\_ \$12,500-\$16K \_\_\_\_\_ \$16K-\$20K  
 \_\_\_\_\_ \$20-25K \_\_\_\_\_ \$30K or more

25. Do you receive the following from your employment:

\_\_\_\_\_ Health insurance \_\_\_\_\_ Paid vacation \_\_\_\_\_ Holidays  
 \_\_\_\_\_ Sick days \_\_\_\_\_ Reduced child care \_\_\_\_\_ Retirement  
 \_\_\_\_\_ Release time for conference/training  
 \_\_\_\_\_ Other: \_\_\_\_\_

26. Which of the following did you receive training in before working in the classroom? Check all that apply.

- \_\_\_\_\_ Developmentally appropriate practice in the early childhood program
- \_\_\_\_\_ The goals and philosophy of the center
- \_\_\_\_\_ Daily schedules, routines, and transition procedures
- \_\_\_\_\_ Parent communication policies
- \_\_\_\_\_ Child abuse detection, prevention, and responsibilities
- \_\_\_\_\_ Recognizing symptoms of illness
- \_\_\_\_\_ Leading, sanitation, and disinfection procedures
- \_\_\_\_\_ Special needs inclusion policies
- \_\_\_\_\_ Training specific to the special needs of children under their care
- \_\_\_\_\_ The center's confidentiality policy

### Family Home Providers

Center code: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Classroom code: \_\_\_\_\_

1. How long have you been a child care provider?
  
2. How long have you been a child care provider at this family home?

3. Are you a

	Full time provider
	Part time provider

4. How many hours per week do you work in this family home?

5. Do you have a second job?

	Yes
	No

6. What is your highest level of education? Check all that apply.

	Check your highest level of education		Check if you are enrolled or working toward degree
	Less than High School		Less than High School
	High School or GED		High School or GED
	Some Training Beyond High School but not a Degree		Some Training Beyond High School but not a Degree
	Child Development Associates (CDA) degree		Child Development Associates (CDA) degree
	Two Year Degree		Two Year Degree
	Four Year Degree		Four Year Degree
	Graduate Training or Graduate Degree		Graduate Training or Graduate Degree

7. If you have a degree beyond high school, what best describes your area of study?

	Child Development/Early Childhood Education
	Other area, child-related
	Other area, not child-related

8. If you have a four year degree or more, do you have an early childhood teaching endorsement or license?

	Yes
	No

9. Have you completed a Child Development (CDA) credential?

	Yes
	No
	In process

10. List the training programs have you completed in last year.

11. Have you completed CPR or First AID certification/recertification within the past year?

	CPR only
	First Aid only
	Both CPR and First Aid
	Neither CPR nor First Aid

12. In the past year, did you do any of the following?

	Attend a regional, state, or national conference for early childhood training
	Attend a workshop or meeting in your community for child care
	Formally participate in the T.E.A.C.H. program
	Receive college credit for a child care-related class
	Utilize the services of 4C

13. Do you know about any available funding sources for early childhood education?

	Yes
	No

14. How many clock hours of child care-related training did you complete during the past year?

15. Do you conduct yearly parent conferences?

	Yes
	No

16. Do you follow a curriculum as a guide to daily program activities?

	Yes, specify curriculum _____
	No

17. Do you have a way of documenting each child's developmental progress?

	Yes, specify how
	No

18. Are you a member of

	National Association for the Education of Young Children (NAEYC) or state affiliate
	National Association for Family Child Care (NAFCC) or state affiliate
	4C of Southern Indiana, Inc
	Evansville Area Early Childhood Association
	Other, Please specify: _____

19. Have you received information about your development in the child care field?

	Yes
	No

If so, how?

	Family home business owner
	Other providers
	Ma <input type="checkbox"/>

20. What is your role in the classroom?

	Head (or Co-) Teacher
--	-----------------------

	Assistant Teacher
	Other, Please specify:

21. What do you consider your race?

	White
	Hispanic/Latino
	Black/African American
	American Indian or Alaska Native
	Asian
	Other, please specify:

22. What is your age?

23. Income is an important feature to learn about child care providers. What is your personal annual income before taxes from child care?

	Less than \$12,500
	\$12,500 to less than \$16,000
	\$16,000 to less than \$20,000
	\$20,000 to less than \$25,000
	\$25,000 to less than \$30,000
	\$30,000 or more

24. What are your 3 primary goals for your career in child care in the next 5 years?

25. Do you receive the following from your employment:

	Health insurance
	Paid vacation
	Holidays
	Sick days
	Reduced child care
	Release time for conference/training
	Retirement
	Other, please specify _____

**Early Childhood Environment Rating Scale  
Subscale Scores**

**Table 1. Subscale Scores in Preschool Classrooms in MAP Program: Change in ECERS Scores Over Six-Month Period.**

**For all MAP Program (n=21)**

	<b>Time 1 Mean Score</b>	<b>Time 2 Mean Score</b>	<b>Mean Difference</b>	<b>T value</b>	<b>P value</b>
Space & Furnishings	5.15	4.76	.39	3.076	.006
Personal Care Routines	4.28	3.55	.72	2.672	.015
Language-Reasoning	4.31	4.09	.22	1.237	.230
Activities	4.10	4.32	.21	-1.27	.219
Interaction	5.85	5.11	.73	2.04	.054
Program Structure	5.35	4.65	.70	2.45	.024
Parents & Staff	5.28	5.60	.33	1.946	.067
Global Score	4.77	4.54	.23	1.73	.098

**Table 2. Subscale Scores in Preschool Classrooms Not in MAP Program: Change in ECERS Scores Over Six-Month Period.**

**For MAP-Comparison Group (n=7)**

	<b>Time 1 Mean Score</b>	<b>Time 2 Mean Score</b>	<b>Mean Difference</b>	<b>T value</b>	<b>P value</b>
Space & Furnishings	5.77	5.20	.57	1.431	.202
Personal Care Routines	4.26	3.58	.678	1.274	.250
Language-Reasoning	4.54	4.61	.071	.180	.863
Activities	5.19	4.92	.260	.826	.441
Interaction	5.48	4.72	.765	1.433	.202
Program Structure	5.71	5.07	.634	1.590	.163
Parents & Staff	5.63	5.55	.070	.153	.884
Global Score	5.14	4.80	.335	.901	.402

### 4C Leadership Retreat Follow-Up Survey

**Please take a few moments to complete this survey regarding your impressions of the 4C Leadership Retreat and mail it back in the postage-paid envelope provided. Purdue University is conducting an evaluation of the Leadership Retreat and your responses are *Very Important To Us!***

1. Are you a ...

- Child Care Center Director
- Child Care Center Teacher
- Family Child Care Provider
- Other (specify: \_\_\_\_\_)

2. How long have you been in the child care field? \_\_\_\_\_ years

3. What types of positions have you held in the child care field?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

4. Which of the following sessions did you attend while at the Leadership Retreat?

- Managing Change-Leading Change
- Reaching Your Retirement Goals
- Marketing Your Child Care Center
- Leadership

5. On a scale of 1 to 5 (5 = extremely useful; 4 = useful; 3 = neutral, 2 = mostly not useful; 1= not useful at all) rank the sessions at the Leadership Retreat in terms of how useful you found them to be:

Managing Change, Leading Change	5	4	3	2	1	NA
Reaching Your Retirement Goals	5	4	3	2	1	NA
Marketing Your Child Care Center	5	4	3	2	1	NA
Leadership	5	4	3	2	1	NA

6. Have your leadership/management practices changed as a result of attending the Leadership Retreat?

- Yes
- No

6b. If yes, please describe how below:

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7. Have you changed daily operations or practices in your center or home as a result of attending the Leadership Retreat?

- Yes
- No

7b. If yes, please describe below:

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8. What was the most valuable aspect of the Leadership Retreat for you?

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9. What was the least valuable aspect of the Leadership Retreat for you?

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10. Do you have any suggestions for improving the leadership retreat in the future?

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11. Other comments or suggestions?

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### 4C Resource Library Usage Survey

Please take a few minutes to complete this survey regarding your usage of the 4C Resource Library and mail it back in the postage-paid envelope provided. Purdue University is conducting an evaluation of the Resource Library and your responses are very important to us!

1. Are you a...

- Child care center director
- Child care center teacher
- Family child care provider
- Registered ministry director
- Registered ministry teacher
- Other: \_\_\_\_\_

2. How did you find out about the 4C Resource Library?

- My center director
- Another child care provider
- 4C personnel
- Other (please specify): \_\_\_\_\_

3. In the past 12 months, how often have you used the 4C Resource Library?

- Once (first time user)
- 2-3 times
- 4-5 times
- More than 5 times

4. What types of material did you check out from the 4C Resource Library?

- Toys/Equipment
- Books
- Resource Materials/Curriculum plans
- Other (please specify): \_\_\_\_\_

5. How useful was the material for your child care center/home?

- Very useful
- Useful
- Somewhat useful
- Not very useful

6. Please describe how you used the checked out materials in your center or child care home:

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### 4C Early Childhood Scholarships Survey

Please take a few minutes to complete this survey regarding your usage of the 4C Early Childhood Scholarships and mail it back in the postage-paid envelope provided. Purdue University is conducting an evaluation of the scholarship program and your responses are very important to us!

1. Are you a...
  - Child care center director
  - Child care center teacher
  - Family child care provider
  - Registered ministry director
  - Registered ministry teacher
  - Other: \_\_\_\_\_
2. How long have you been in your current job or position? \_\_\_\_\_ years
3. How long have you been working in the child care field? \_\_\_\_\_ years
4. How did you find out about the 4C Early Childhood Scholarships?
  - My center director
  - Another child care provider
  - 4C personnel
  - Other (please specify): \_\_\_\_\_
5. How much scholarship funding did you receive from 4C? \$ \_\_\_\_\_
6. What was your goal in taking the course(s) you attended using funds from 4C?
  - CDA credential
  - CDA renewal
  - Bachelor's degree level course
  - Master's degree level course
  - Other: \_\_\_\_\_
7. If you had not received the 4C scholarship funds, would you have been able to take these courses?
  - Yes
  - No
8. If you answered "no" to Question #7 above, what other types of financial assistance would you have needed in order to take the course?
  - Not take the class
  - Take out a loan from bank
  - Apply for a student loan
  - Pay with own funds
  - Other \_\_\_\_\_
9. What are 2 or 3 important things you learned and used in your work by taking the course(s) funded by the 4C scholarship?

## Endnotes

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<sup>1</sup> Web site for Early Childhood Alliance Paths to Quality: [www.pathstoquality.org/HOME.HTML](http://www.pathstoquality.org/HOME.HTML).

Web site for 4C of Southern Indiana Paths to Quality: [www.child-care.org/services/paths-to-quality.tpl](http://www.child-care.org/services/paths-to-quality.tpl).

<sup>2</sup> Web site for 4C of Southern Indiana Paths to Quality: [www.child-care.org/services/paths-to-quality.tpl](http://www.child-care.org/services/paths-to-quality.tpl).

<sup>3</sup> Welborn Annual Report, 2005-2006, from the web site of 4C of Southern Indiana, [www.child-care.org/about/images/Annual-Report-1106.pdf](http://www.child-care.org/about/images/Annual-Report-1106.pdf).

<sup>4</sup> Many of the sites that were serving infants in the second half of 2006 had already been a part of the MAP program, were currently being mentored (17 classrooms), or were implementing Continuity of Care (75 classrooms), so they were not available for the comparison group.