

Spokane County

Quality Rating and Improvement System

Findings and Recommendations

Submitted by  
Washington State University Spokane and  
Community Minded Enterprises/Family Care Resources  
May 15 2008

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Juliet Torres, Psy.D.  
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Dear Juliet Torres:

The Spokane County QRIS Planning process has brought together over 75 parents, providers, and professionals for in-depth and ongoing conversations. The following information was generated by a series of professional and parent workgroup meetings held January, February, March, and April of 2008, and from 211 providers and 192 parents of young children who responded to a survey distributed throughout the Spokane community in March 2008. Initial findings from the Tiered Reimbursement Pilot Program (TRPP) evaluation have also been integrated in to the overall QRIS findings.

The QRIS Community Advisory Team and five workgroups--parents, center providers, family child care providers, schoolage providers, and representatives from community based training and higher education--have met repeatedly to address QRIS planning considerations. One-time focus group conversations were also held with center and family child care providers in the Tiered Reimbursement Pilot Project (TRPP) and the Spokane Regional Child Care Initiative in February. The local WSU/FCR QRIS Management Team also integrated QRIS information and surveys at the Eastern Washington Family Child Care Association (EWFCCA) and Eastern Washington Association of the Education of Young Children (EWAEYC) conferences during February and March.

The QRIS Community Advisory Team has guided the planning process and includes representation from the center and family child care provider and parent workgroups, Family Care Resources, Spokane Falls Community College, Spokane County Libraries, Children's Home Society of Eastern Washington, Spokane Regional Health District, ESD 101, Spokane Public Schools, and the Washington State Department of Early Learning.

We are grateful to everyone who has participated in the planning discussions across the workgroups, focus groups, and through the survey process. Because of their help during this QRIS planning process we are able to provide the following information and recommendations. We are hopeful that these local recommendations, along with lessons learned from state models across the US, and new best practices related to infants, toddlers, and school-age children will be considered for the pilot implementation plan.

Sincerely,

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# Spokane County QRIS Planning

## Findings and Recommendations

May 15 2008

### OVERALL KEY RECOMMENDATIONS

#### WHAT PROVIDERS NEED TO BE ABLE TO MEET THE NEEDS OF CHILDREN

- Increased opportunities for teacher education and training on child development, developmentally, linguistically, and culturally appropriate practice, observation, and assessment
- Resources for teacher planning and communication with other professionals and parents
- Child development skills building opportunity between providers and parents

#### CONSIDERATION OF DIVERSE CULTURES

- Engage the diverse parent and provider communities about their experience with early learning; Include culture, ethnic and economic diversity
- Integrate the concept of culture and diversity across provider settings
- Engage ESL and monolingual parents and providers in focus group and key-informant conversations

#### INCLUSION OF ALL CHILDREN

- Create a network of special developmental needs, mental health, and behavioral support specialists who are available to childcare providers at their site free of charge
- Create a simple communication tool for parents and providers wishing to navigate the systems of supports
- Increase the availability and affordability of special needs health service for children of all families, specifically middle income families, no matter their income level
- Provide professional development opportunities that emphasize child development, observation, documentation, and parent engagement
- Do not penalize childcare providers for serving subsidized children—ensure childcare providers receive consistent subsidy reimbursements for children who are absent more than 5 days

#### PARENT, FAMILY, AND COMMUNITY INVOLVEMENT

- Create a local parent network and advisory team
- Provide scholarships, based on a sliding scale, to parents at 200-400 % FPL to access quality childcare providers
- Increase subsidy reimbursement rate to 75<sup>th</sup> percentile to help providers who serve subsidized children raise their level of quality
- Provide time (through paid staff) for providers to conduct child observations, perform child assessment and planning, and communicate and collaborate with parents and other early childhood professionals
- Provide professional development opportunities for coordination of provider and parent skills development

- Create and sustain a pool of family resource specialists who can work in coordination with providers to link parents to services
- Provide communication pathways for parents, including community early learning events and activities
- Provide basic licensing and quality standard information tool to parents
- Create inclusive and transparent community mobilization and quality improvement process
- Provide sustained funding for ongoing quality improvement and early learning partnerships
- Strengthen the connection between early learning and the K-12 system through structured meetings, communication, transference of information, and ongoing trainings
- Increase the K-12 system's understanding of early learning and its contribution to success in school
- Increase early learning and K-12 system's understanding of children living in high risk environments

#### HEALTH AND SAFETY

- Maintain licensing regulations and clear roles for on-site licensors
- Ensure partnership with local health jurisdiction
- Maintain research-based quality standards
- Reduce the child-to-teacher ratio at higher levels of quality
- Increase health and safety training for all staff

#### CURRICULUM AND THE LEARNING ENVIRONMENT

- Support child-centered, developmentally appropriate, and individualized early learning curricula and environments
- Provide time (with paid staff) for providers to observe children, document their observations, plan for the child and the group, and talk with parents
- Utilize reliable and valid assessments like the DECA, Creative Curriculum, Child Observation Record, or the ECERS/ITERS

#### PROFESSIONAL DEVELOPMENT AND TRAINING OF PROVIDERS, DIRECTORS, & STAFF

- Ensure competency-based professional development pathway with articulated programs and clear marketing to the public
- Create a financially supported, accessible, and available pre-licensing/pre-employment training requirement
- Increase access into professional development path with increase in scholarships for Accreditation, Building Bridges, Washington Scholarships, CDA, 1-year certificates, Associate level, and BA programs
- Provide paid time for staff to attend classes and trainings
- Increase staff salaries and provide health benefits to complement professional development
- Provide consistent support for ongoing mentoring and coaching
- Increase education and information about professional development resources and opportunities; create support center to help advise and guide individuals through the professional development system based on their professional development plan
- Ensure the professional development system includes and is sensitive to rural areas

### STAFF COMPENSATION

- Develop a sustainable funding strategy to increase staff compensation without increasing the rates that parents must pay for their child care
- Continue and expand the Career and Wage Ladder Program for centers, and extend to include family child care providers
- Provide tiered reimbursement for quality improvement
- Increase subsidy rate to 75<sup>th</sup> percentile
- Provide scholarships, based on a sliding scale, to parents at 200-400% FPL to access quality providers

### MANAGEMENT PRACTICES

- Increase support and links to services for children and families
- Ensure inclusive and transparent process for quality improvement that includes financial support
- Provide paid time for teacher collaboration and quality improvement planning
- Provide mode of parent and professional leadership, business, and early childhood skills development

### QUALITY IMPROVEMENT AND PROGRAM EVALUATION

- Organize around key values
  - Promote development of the whole child
  - Promote public policies that focus on children and families
  - Build on what childcare businesses need; provide adequate support for childcare business models
  - Be transparent and maintain open ongoing communication across stakeholders
  - Be inclusive of center, family childcare, and schoolage providers
  - Link parents to quality early childhood education and care providers
  - Link parents to community resources and support systems
  - Link early childhood education and care providers to professional development and quality improvement opportunities
  - Utilize planning, coaching and mentoring for quality improvement
- Organize around key standards of quality based on best practices
  - Professional Development and Training
  - Curriculum and Learning Environment
  - Child Observation and Assessment
  - Family, Provider, and Community Partnerships
- Launch in-depth and broad public education campaign regarding childcare quality
- Create accountability structure for accuracy and full disclosure across participating entities
- Utilize lessons learned from North Carolina Smart Start and Star Rating Program
- Structural Recommendations (see pages 31-33)

# Spokane County QRIS Planning

## FINDINGS and RECOMMENDATIONS

### WHAT PROVIDERS NEED TO BE ABLE TO MEET THE NEEDS OF CHILDREN

#### KEY RECOMMENATIONS:

- Increased opportunities for teacher education and training on child development, developmentally, linguistically, and culturally appropriate practice, observation, and assessment
- Resources for teacher planning and communication with other professionals and parents
- Child development skills building opportunity between providers and parents

#### **1a. What are the best ways to gauge and follow children’s learning and developmental status?**

Participants across the provider workgroups suggest using observation and being grounded in an understanding of child development. Knowing what to expect at certain developmental levels allows providers to coordinate that with information from parents, peers, and early childhood assessments. The center workgroup acknowledged utilizing the DECA, Creative Curriculum, the Ages and Stages questionnaire, written progress notes, portfolios, and parent conferences to follow and support children’s development.

Providers expressed that observation is not the hard part, but the challenges come with the time requirements to document their observations and share them with others. Related, training staff to use child assessment in a reliable manner is expensive and difficult to maintain with high staff turnover. Providers also expressed the wish that they had better connections with support for children who are showing developmental concerns.

Providers expressed a challenge working with parents to support the child’s development. Parents are sometimes defensive or don’t understand child development. Providers want more user-friendly printed resources related to child development that could be used in communication with parents.

Parent workgroup participants talked about how important it is for them to maintain a relationship with their child’s teacher. Parents expressed interest in talking to providers each day at drop off and pick up, following communication logs, talking over child assessments (and report cards for schoolage children), parent conferences, and asking providers how activity at home and in care are best supports the child’s development.

The advisory team talked about the importance of providers and parents working together to gauge and follow children’s learning progress over time. Having helpful tools for communication is important for provider/parent partnerships. The DECA incorporates a parent scale and can be used to engage parents around the social-emotional status of their child. The advisory team expressed that providers need time to review, reflect, and collaborate with other educators and parents.

**1b. What do you do to describe or detail children’s progress over time?**

Providers talked more about using observations and documentation of mastery of certain skills to detail children’s progress over time. Through daily interactions the providers feel confident they know the children in their care. Providers reported using anecdotal notes, portfolios, parent conversations, and some provides use child assessments like the DECA, Creative Curriculum, and Child Observation Record.

Parent workgroup participants reported using portfolios, and reviewing their child’s work.

**2a. Do educators in your community use the Washington State Early Learning and Developmental Benchmarks as a resource guide for child development?**

The majority of provider workgroup participants reported that the benchmarks are not being used. Center child care providers indicated the benchmarks are not used because they are not an acceptable form for NAEYC to use for assessments. Several years ago DCCCEL announced that they would be updated so they stopped using them. Family child care providers reported that they did not use the benchmarks because they are confusing and difficult to use.

The majority of the advisory team reported they do not use benchmarks. However, the Spokane Regional Health District is starting to create policies which reflect these benchmarks.

Parent workgroup participants were unsure or had not heard of the benchmarks.

**2b. What are the best ways to use this document as a resource guide**

No suggestions where made throughout the workgroups. The Spokane Regional Health District did report that they are starting to create policies which reflect these benchmarks.

**3. What are the best strategies to ensure that educators are considering development of the whole child in preparing children for what they’ll need to know and be able to do?**

Provider workgroup participants referenced tools like the DECA, the Creative Curriculum, and Ages and Stages are being used that emphasize each domain of development. Providers watch for and offer social, physical, and cognitive opportunities for children. Challenges for providers include not having the time or trained staff to make changes based on assessments. Providers also report that parents do not understand the importance of these tools and the results can become meaningless to them.

Parent workgroup participants expressed differing values for their children. Some parents emphasized wanting to make sure their child feels comfortable and makes friends in their childcare setting. Other parents talked about wanting their children to begin to learn about numbers and letters.

The advisory team emphasized the importance of the social-emotional development of children in support of learning. The advisory team reported that providers using the DECA

and Promoting First Relationships curriculum have a helpful way of organizing their care around a set of research-based values.

## CONSIDERATION OF DIVERSE CULTURES

### KEY RECOMMENDATIONS

- Engage the diverse parent and provider communities about their experience with early learning; Include culture, ethnic and economic diversity
- Integrate the concept of culture and diversity across provider settings
- Engage ESL and monolingual parents and providers in focus group and key-informant conversations

#### **4. If using the Washington State Early Learning and Developmental Benchmarks, what cultural adaptations are being made to this resource document to consider diverse cultures in your community?**

Provider participants are not using the Benchmarks.

Parent workgroup participants have not heard of the Benchmarks.

The advisory team confirmed that cultural considerations should be reflected in the benchmarks. The advisory team suggested talking to the culturally diverse community, including ethnic cultures as well as diverse economic groups. The advisory team recommended ensuring the benchmarks consider the diversity of the provider as well as the diversity of the families.

#### **5. What are the best strategies to aid educators in ensuring that their classroom curriculum and family support consider diverse cultures in appropriate and relevant ways?**

Provider workgroup participants mentioned a range of different ways to incorporate diverse cultures into their care setting. Providers encourage families to share their culture through pictures, books, music, activities and educational materials. Providers reported using map exercises, foods, holiday celebrations, cultural projects, and different languages as well as emphasizing how we are all different and alike to recognize culture.

The advisory team recommended that the culturally diverse communities should be asked this question. Cultures most seen at the Spokane health district are Russian and Hmong. Also, there are diverse economic groups in Spokane and in Spokane's child care system. Benchmarks need to ask: 1) are you a diverse provider AND 2) are you aware of the culture of families. It's about both the organization and the consumers.

Parent workgroup participants expressed a desire for their children to be exposed to diversity and to be respected for their view of their world. Parents would like to see diversity handled as a universal standard by the center and family child care home.

## **6. What are the most effective strategies for educators to work with children and families who speak a native language other than English?**

Provider workgroup participants who have families whose native language is other than English report difficulty at first to engage the parents and ensure the child feels comfortable in care. Center providers would like additional resources for their classrooms including translation materials, books, CDs and materials for children to conduct dramatic play. Some providers have brought in bilingual staff or translators though the cost is prohibitive. Overall providers would like to have affordable access to translators.

All participants in the parent workgroup are native English speakers and had no opinion about this question.

The advisory team recommends working directly with families, getting to know them and being persistent to keep communication channels open. The advisory group encourages providers to understand the nuances of cultures and families (i.e. how cultures value the emphasis on early learning, or cultural considerations for home visits). Overall the advisory team recommends acknowledging, respecting and having an interest in cultures and native languages and avoiding generalizations about diverse groups.

## **INCLUSION OF ALL CHILDREN**

### **KEY RECOMMENDATIONS:**

- Create a network of special developmental needs, mental health, and behavioral support specialists who are available to childcare providers at their site free of charge
- Create a simple communication tool for parents and providers wishing to navigate the systems of supports
- Increase the availability and affordability of special needs health service for children of all families, specifically middle income families, no matter their income level
- Provide professional development opportunities that emphasize child development, observation, documentation, and parent engagement
- Do not penalize childcare providers for serving subsidized children—ensure childcare providers receive consistent subsidy reimbursements for children who are absent more than 5 days

## **7. What are the best ways to ensure that providers and educators have the means to work with children who have special needs?**

The majority of provider workgroup participants acknowledged struggling to provide the level of support needed for children in their care with special needs (including allergies, asthma, and challenging behaviors, both diagnosed and undiagnosed). Providers strongly recommend having access to free consultants who know about special needs and at risk children, especially mental health needs and challenging behaviors. The majority of providers prefer those services to come to them at their childcare site. Providers also spoke

of the difficulty for children and families who do not qualify for Medical Coupons to access services for their children with special needs.

Providers who responded to the QRIS planning survey prioritized increased training opportunities for working with special needs and increased funding for providers to provide specialized care. The following mean ratings describe the level of support needed in their work with children with special needs (using a 1-4 scale, with 1 being a high level of support needed, and 4 being no support needed).

	MEAN
Increased staff support in classroom to decrease the child-to- staff ratio to serve children’s needs	<u>2.29</u>
On-site staff consultation available for specific areas of concern	<u>2.40</u>
Professional support for parents available on-site	<u>2.37</u>
Increased training opportunities for working with children with special needs	<u>1.74</u>
Increased funding for providers to provide specialized care	<u>1.97</u>

28.8 % of parents who responded to the planning survey reported having at least one child with special needs (including allergies, asthma, challenging behaviors, diagnosed or undiagnosed). Three out of the seven parent workgroup participants stated they have children with special needs. Those parent workgroup participants reported having difficulty navigating the system of support for their children. Parents of special needs children are adamant about ensuring that children with special needs are placed with providers who are trained to tailor their care to the child’s special needs. Parents in, or familiar with, the Head Start program admire the professional support for special needs children built in to the Head Start program. Participants in the parent workgroup expressed wanting access to specialists for behavioral management, speech therapy, physical therapy, and on-site mental health counseling. Parents also expressed a desire for support from their employers in the business community. Parents worry about losing their jobs if issues related to their children disrupt their work schedule.

The advisory team recommends increasing communication among parents, providers, and mental health specialists through increases infrastructure and availability of services. The advisory team recommends making information available and educating the community about the resources available. The advisory team recommends increasing funds available for on-site consultation, where experts would go to the provider’s facility. The advisory committee also recommends providing a respite for childcare providers who are caring for at risk children and children with special needs. The advisory team recommends decreasing the child-to-staff ratio for classroom support while emulating the ECEAP and Head Start program models with their family service coordinators who help families identify and negotiate for social service supports.

## **8. What are some of the best strategies for working with children and families who are English Language Learners?**

See # 6 above

Participants in the provider workgroups recommend building a close relationship with families who are English Language Learners by showing interest, honoring, and respecting differences. Providers suggest that being knowledgeable about their families' cultures and languages builds trust and confidence. Providers agreed that it is important to learn how their families view early education and family involvement. Providers recommend accessing interpreters for initial meetings with families. Family childcare providers recommend receiving STARS training for how to further work with English Language Learners and introductory language lessons. Providers also may teach key words so that children can communicate with their peers, provide translation materials, books in other languages, dramatic play materials, and world music, hire staff who speak other languages, or work with interpreters,.

Parent workgroup participants are all native English speakers and did not have a strong opinion on this question.

## **9. What consultation services or systems are recommended to support educators' work with inclusion?**

See #7 above

Provider workgroup participants recommend the following for support with inclusion:

- Training on how to objectively document observations
- Training on how to approach parents about their child's need for an evaluation
- Training on how to help negotiate all the social services on behalf of children in care
- A resource guide with all the resources in the community listed; they need guide to help families access the services they need
- Consistent funding for ongoing onsite support
- Child-to-staff ratios that will allow for individualizing for at risk children
- Increased access to health benefits; Many children need medical coupon to access services
- More mental health professionals with early childhood training

Parent workgroup participants recommend increased access to special health care, screening, behavioral management and family counseling services.

The advisory team recommends increased system development between existing service providers.

**10. What are the best ways to link early learning with the K-12 system to ensure smooth transitions, continuity of services, and academic/social success?**

Providers who responded to the QRIS planning survey suggest that current connections between early learning and K-12 are low. The following mean ratings describe the current relationship between early learning and K-12 programs (using a scale of 1-4, 1 being a strong connection and 4 being no connection).

	MEAN
Linkage between early learning programs and K-12	<u>3.59</u>
Continuity of curriculum between early learning programs and K-12 <i>(transfer of learning between early learning and elementary grades)</i>	<u>3.62</u>
Assessment measures, such as information on kindergarten readiness or portfolio of child’s work shared between early learning and K-12	<u>3.71</u>

Overall participants in the provider workgroups expressed a desire for mutual respect and understanding of each others’ work. Early learning providers would like the K-12 system to acknowledge the value early care has toward ongoing child growth and development. Providers want the K-12 system to value play as learning for young children.

Providers recommend talking directly with the K-12 system and Kindergarten teachers in specific to find out what schools are looking for when they arrive in Kindergarten. Providers recommend that school personnel visit the early childhood environment to gain a better understanding of the skills and strategies that children gain before entering kindergarten.

Providers recommended creating a system so that children are not treated as unknown kids when they show up at Kindergarten, especially for at risk children and children with special needs. Information and relationships need to follow the child through the different learning systems.

Providers who use the DECA recommend working with the K-12 system to receive DECA information from early learning providers for better understanding of their incoming Kindergartners.

Parent workgroup participants expressed wanting to better understand the roles of early childhood care providers and how they connect to the K-12 system, as well as the expectations of the K-12 system. Parents of schoolage children expressed wanting increased communication protocols between the before and after-school caregivers and the K-12 classroom teachers to reduce the burden on parents to communicate with both sets of teachers and to best support the child across settings. Parents of schoolage children also expressed an expectation for closer connections between the afterschool curriculum and the K-12 curriculum.

The advisory team recommends the continuity of care through ongoing relationships between early childhood providers and the K-12 system. Spokane Schools is addressing on-site registration for kindergarten at some childcare centers. Spokane Schools is also highlighting the success of neighboring centers on school “assessment walls.”

The advisory team recommends that the professional development of early childhood educators emphasize play as learning as well as early cognitive functions. The advisory team recognizes that early learning is the key to school success.

## PARENT, FAMILY, AND COMMUNITY INVOLVEMENT

### KEY RECOMMENDATIONS:

- Create a local parent network and advisory team
- Provide scholarships, based on a sliding scale, to parents at 200-400 % FPL to access quality childcare providers
- Increase subsidy reimbursement rate to 75<sup>th</sup> percentile to help providers who serve subsidized children raise their level of quality
- Provide time (through paid staff) for providers to conduct child observations, perform child assessment and planning, and communicate and collaborate with parents and other early childhood professionals
- Provide professional development opportunities for coordination of provider and parent skills development
- Create and sustain a pool of family resource specialists who can work in coordination with providers to link parents to services
- Provide communication pathways for parents, including community early learning events and activities
- Provide basic licensing and quality standard information tool to parents
- Create inclusive and transparent community mobilization and quality improvement process
- Provide sustained funding for ongoing quality improvement and early learning partnerships
  - Strengthen the connection between early learning and the K-12 system through structured meetings, communication, transference of information, and ongoing trainings
  - Increase the K-12 system's understanding of early learning and its contribution to success in school
  - Increase early learning and K-12 system's understanding of children living in high risk environments

### **11. What are the best ways to involve parents and families as leaders in improving early learning quality?**

Participants in the provider and parent workgroups suggested providing early learning events and education nights and increasing communication through newsletters and boards at child cares.

Parent workgroup participants have also shown interest in a deeper level of involvement in improving early learning quality. Parent participants see that deeper level of involvement would be to form a local parent network and advisory group where parents can be advocates for their children. These groups would include culturally and socioeconomic diverse participants.

**12. What programs or policies could be adopted to increase parent’s demand for high-quality early learning?**

A significant issue that continued to surface throughout all provider, parent, and advisory workgroups included the ability for parents to pay for quality care. Participants are worried that the increase of quality would mean the increase child care costs. Some suggestions included providing scholarships, based on a sliding scale, to parents who could not afford quality care or increasing subsidy levels to 300%-400% of the poverty level in order to bring in parents from lower-to-middle incomes who would not otherwise be able to afford access to higher quality care. Other changes recommended include increasing subsidy reimbursement rates so that providers will be able to take subsidized children.

**13. What can or should early learning educators do to encourage parent and family participation in the learning activities and learning environments of young children?**

Provider workgroup participants expressed how important it is to have ongoing communication with parents. They discussed how they invite parents to look at the curriculum and environment to illustrate how important these factors are in their child’s growth and development. Providers stated they were currently using a variety of communication methods to engage parents. Some of these methods include newsletters, flyers, information boards at child care, and open houses. Other suggestions included having agencies that work with parents provide information about the importance of early learning.

Providers who responded to the QRIS planning survey want time to conduct child assessments, time to hold parent conferences, and training on how to provide support to families. The following mean ratings describe the types of support providers need in their work with families (using a scale 1-4, with 1 being a high level of support needed, and 4 being no support needed).

	MEAN
Time for teachers (with paid staff available) to conduct child assessment and parent conferences	2.03
Support to offer a quarterly Parent newsletter	2.94
Support to offer family night at the child care	2.88
Support to offer home visits to each family enrolled in the child care	2.68
Training/education opportunities for staff on how to provide support/services to families	2.42

Parents in the parent workgroup want to receive more updates about how their children are developing within all domain levels (social, emotional, physical, and cognitive). Parents also would like to be able to talk to the same provider they dropped their child with at the beginning of the day.

**14. What types of information do parents want to know about quality?**

Provider workgroup participants expressed that parents did not understand the definition of quality in the early learning setting. Providers report the first questions the majority of

parents ask is: do they have an open slot and, what it will cost. Providers echoed concerns about the risk of isolating parents further from quality childcare by making it too expensive for parents. They also see parents wanting to know when their child will reach specific educational milestones and if their child is safe.

Participants in the parent workgroup discussed how they would like more information about licensing requirements (child-to-staff ratios and safety), staff’s educational backgrounds, how positive discipline and redirection is used, cleanliness, and being able to see what the children are learning. It was very important to this parent group to see how their children are progressing within all domain levels (physical, cognitive, socio-emotional). Overall they wanted more information as to how to define quality.

The parent workgroup also explored the possible factors that would attribute to quality such as accreditation, staff’s education level, and access to services (such as special needs children with challenging behavior, special health care needs, and diagnosed disabilities). Overall, the parent workgroup discussed how they are most concerned with whether the teacher or provider is caring and provides a good environment for their children to learn and grow. They shared the same concerns as providers when they expressed concerns about how an increase in quality could raise the price of child care.

The top three kinds information parents who responded to the QRIS planning survey are interest in accessing are: ways to support their child’s early reading skills, ways to support their child’s development at different ages, and ways to help their child manage his or her emotions. The following means show the level of interest parents have for accessing different information (using a 1-4 scale, with 1 being a high interest, and 4 being no interest at all).

	MEAN
Ways to support their child’s development at different ages	<u>1.28</u>
Ways to help their child start kindergarten ready to do his or her best	<u>1.52</u>
Ways to support their child’s early reading skills	<u>1.26</u>
Ways to help their child manage his or her emotions	<u>1.30</u>
Ways to help their child get along with others	<u>1.38</u>
Ways to help their child have a healthy diet and be physically fit	<u>1.46</u>
Positive ways to discipline their child	<u>1.34</u>
Programs, events, and places to go in the community that are designed for families	<u>1.26</u>
How to choose child care for their child	<u>1.85</u>
Services and resources for parents concerned about their children’s development or behavior	<u>1.78</u>
Services and resources for parents of children with disabilities and other special needs	<u>2.49</u>

### **15. What efforts would be best used for parent and consumer education?**

Participants in the childcare provider workgroups who are currently doing parent and consumer education outreach acknowledged that venues such as doctor’s offices, television, public/private school system, and radio work well to reach parents with key early learning messages. For more in depth education providers suggested parenting classes (such as Love

and Logic), and one-on-one programs such as the First Steps program that provide important ongoing education to parents.

Parents in the parent workgroup listed their trusted messengers as trained professionals at the child care sites, doctors, teachers/educators or psychologists or specialists who have studied younger children. Other venues include the courthouse, Department of Health, DSHS, Child Protective Services, college campus student service office and campus child care, friends, and word of mouth.

The parents said they would like information in the form of brochures and in a monthly newsletter or calendar. They would also like to have more information through parent classes and support groups, parent and community collaborative groups and events regarding early learning, and would like to see an ongoing parent-involved voice represented in the community.

Parents responding to the QRIS planning survey reported using family, friends, or their child’s provider or teacher most often to obtain information about early learning opportunities in their community. The different resources parents use for information about early learning are portrayed with following means (using a scale of 1-4, with 1 being a high use, and 4 being no use at all).

	MEAN
Child’s health care provider	<u>2.85</u>
Child’s child care provider or teacher	<u>2.39</u>
A family or friend	<u>1.76</u>
Faith or religious community	<u>3.13</u>
Written materials that come in the mail	<u>2.81</u>
Parenting classes	<u>3.50</u>
Home visits	<u>3.68</u>
Television or radio	<u>3.07</u>
Magazines or books	<u>2.68</u>
An internet site	<u>2.69</u>
A toll-free parent advice line	<u>3.91</u>
Area Schools	<u>2.96</u>
Family Care Resources (local child care R & R agency)	<u>3.02</u>
DEL	<u>3.50</u>

**16. What are the best ways to involve the community in improving early learning quality?**

Provider workgroup participants acknowledged seeing an increase in education about early learning in our community. Some of these efforts have included the development of the Inland Northwest Alliance for Early Learning, the Early Learning Mobilization team, Tiered Reimbursement project, and the latest Quality Rating Improvement System project. These developments have been important in linking early learning with the economic/business communities.

While these efforts are currently happening in the Spokane community, advisory team participants see the need to continue increasing relationships with legislators and business leaders which will in turn hopefully increase early learning investments. These investments are vital to increasing quality and educating the community about the importance of early learning. At the same time, linkages need to occur among all systems that provide services to parents.

Advisory team participants mentioned needing adequate financial support and time to involve the community about improving early learning quality. They were also concerned about children having continual care and whether parents who are low income or middle income will be able to afford quality care. It is important to also have a system that becomes integrated into the community so that early learning is not made up of many different businesses. Advisory Team participants feel that in order to involve the community you need to seek equal input and contribution from all members of the community whether they are business, parents, teachers, child care providers, or other early learning professionals.

### **17. What are the best ways to link local quality service delivery providers?**

Across the provider workgroups participants discussed challenges in linking local quality service delivery providers. Providers talked about how difficult it is to communicate with other providers, parents, teachers, and community members and groups. The participants mentioned receiving email updates through the Spokane Regional Child Care Initiative but expressed a need to find ways to better link quality service delivery providers.

The advisory team talked about the importance of gathering more information about the linkage of service delivery providers through a community needs assessment to determine the level of services currently available to Spokane's children and families. The community could then use that needs assessment to tighten existing links and forge new ones.

### **18. How can key community partnerships be sustained over time to support increases in early learning quality?**

Provider workgroup participants discussed their common values in providing services to families while increasing early learning quality. Providers report that it is a constant battle to provide early learning and quality child care for families while at the same time still making the child care profitable for business owners. Providers want to see early childhood educators and care providers have access to education and incentives for teachers to stay at centers (such as Wage and Career Ladder). The provider workgroups expressed how they work hard to keep promising programs in place when funding is not consistent but that ultimately they are not able to sustain quality improvement without consistent funding and support.

Across the provider workgroups a consistent value expressed is the need for sustainable program delivery and quality improvement opportunities. In order to be sustained over time, there needs to be an increase in early learning investments. One local example is the Inland Northwest Alliance for Early Learning which is building a comprehensive early learning system. They are asking business and community leaders to put money into early learning to move the system forward. The provider workgroup participants recognize that with over 75%

of Spokane's businesses being small businesses this is only one piece to supporting increases in early learning quality.

The advisory team discussed the community partnerships that are looking at how to increase funding, particularly for at risk children and children with special needs. This could include raising the eligibility rate for WCCC subsidy to 300% - 400% of the federal poverty level, or, minimally providing scholarships, based on a sliding scale, to parents at the 200-400% FPL. Advisory team participants would like to see kids on subsidy have continuity of care; the advisory team strongly agreed that children should not have to be moved from one childcare provider to another because they lose or gain subsidy.

Above all, and across the workgroups, participants suggested community partnerships need consistent and continual funding to maintain key partnerships that will support the increases in early learning quality. They also need time to educate parents and the community about quality early learning.

## HEALTH AND SAFETY

### KEY RECOMMENDATIONS:

- Maintain licensing regulations and clear roles for on-site licensors
- Ensure partnership with local health jurisdiction
- Maintain research-based quality standards
- Reduce the child-to-teacher ratio at higher levels of quality
- Increase health and safety training for all staff

### **20. What are the best ways to ensure health and safety for all children in early learning environments?**

Across provider workgroups participants acknowledged that the best ways to ensure health and safety for all children in early learning is licensing of facilities working with children. Another theme that emerged from the center workgroup is staff orientation. New staff need to be oriented shortly upon hire to the policies and procedures of the child care. Periodic orientation should occur for all staff on a regular basis.

Other ways to ensure health and safety is to lower child-to-staff ratios and supervision of the children. A challenge to these issues is the cost to the business.

The advisory team also mentioned partnering with local health jurisdictions and Washington State Department of Health for on-site nurse consultants.

### **21. How can State Child Care Licensing be utilized to aid in maintaining health and safety in early learning programs?**

The provider workgroup participants suggested a streamlined background check system would be helpful because the system seems to duplicate the checks and is cumbersome if staff turnover is moderate to high. If a person leaves one child care facility and goes to work in another one, they have to have another background clearance. The challenge posed is

knowing if there is an action against that teacher/provider if not done each time person starts a new job.

Center providers suggested more licensing visits and licensors also having the ability to talk with staff. The other suggestion was licensors spending more time observing and less time on paperwork.

The school-age provider workgroup feels that licensing programs helps with health and safety and would also like to see more FTE's for the health surveyor position.

Family child care providers focused on communication and documents. Communication from DEL needs to be clear, consistent, and immediate especially when interpretations of WAC/policies change or if a new RCW is passed. Documents need to be easy to read and clear about intent.

The majority of provider workgroup participants agreed that funding needs to be available to meet standards. All groups are concerned about the cost to the early learning programs. Another concern is that if the child care facilities need to charge more, the parents will not be able to afford child care or quality child care.

## **22. What standards are necessary to promote and support health and safety in all early learning facilities?**

The clear majority of provider workgroup participants agreed that all standards should be research-based. Further, the majority agreed that lower staff-to-child ratios are ideal, and that health and safety should not be cut to save costs in a QRIS system. The majority also agree that supervision is important in keeping children safe.

Center providers feel that there should be more teacher observation and utilization of assessments to help meet standards. Center providers mentioned needing well-trained staff in health and safety issues, and also in CPR, First Aid, and Emergency Response. Center providers also cited the importance of standards for healthy snack and nutrition.

Across the center, family child care, and schoolage provider workgroup participants admit that the clear challenge is cost to the program to meet standards.

## **23. What are the best ways to engage and include local community partners to ensure health and safety for all children in early learning environments?**

Provider workgroup participants suggest utilizing resources in the community such as Spokane Regional Health District, health nurses, Family Care Resources (local resource and referral agency), speech therapists, and many others who could come to the child care site to provide quality care of young children in that familiar care setting. All providers agreed that it is critical to be able to access help for children with behavior issues and mental health issues. Centers also mentioned food program, licensing, and field trips. Across the provider workgroups people mentioned accessing Accreditation and training.

All agreed that a challenge is having sustained funding to continually offer the needed services/resources both for early learning facilities and for parents. It is imperative that parents and providers be able to access services free of charge unless their insurance will cover it.

## CURRICULUM AND THE LEARNING ENVIRONMENT

### KEY RECOMMENDATIONS:

- Support child-centered, developmentally appropriate, and individualized early learning curricula and environments
- Provide time (with paid staff) for providers to observe children, document their observations, plan for the child and the group, and talk with parents
- Utilize reliable and valid assessments like the DECA, Creative Curriculum, Child Observation Record, or the ECERS/ITERS

### **24. What are the best strategies for assessing and ensuring the quality of classroom environments?**

The vast majority of provider workgroup participants agreed that assessment tools are part of the strategy for ensuring the quality of the learning environment. Tools mentioned were: DECA, ECERS, Creative Curriculum, and COR. The majority of providers also agreed on the importance of child-centered and individualized approaches, making sure the environment and materials are developmentally appropriate for the ages and developmental levels of the children. Provider participants also agreed that strength-based approaches are ideal.

Center providers indicated that teacher planning time, group size (lower child-to-staff ratios), and administrative policies were part of the strategies for assessing and ensuring the quality of the programs.

Family child care providers focused on relationships and their importance in the quality of the environment, and also in assessing the learning of the children.

Although centers and family child care providers agreed that education and training are key components to ensuring quality, the avenues are different. Centers focus more on higher education and teachers starting at a CDA level. Family child care focus on CDA, community-based training combined with experience and mentoring.

Across the workgroup providers voiced the concern about assessment taking training, time, and money while they are daily faced with the high needs of children in their care.

### **25. What curricula, or learning approaches if any, support quality early learning environments?**

Providers who responded to the QRIS planning survey reported wanting similar but also unique early learning environment support. Family child care providers want technical assistance, and on-site training and coaching. Center providers want technical assistance and

help with licensing requirements. Schoolage providers want materials and on-site training and coaching. The following mean ratings represent what kind of early learning environment support providers currently need (using a scale of 1-4, with 1 being a high need, and 4 being no need at all).

<u>Early Learning Environment Support</u>	<u>Family Provider MEAN</u>	<u>Center Provider MEAN</u>	<u>Schoolage Provider MEAN</u>
Curriculum/Approach	<u>2.6</u>	<u>2.8</u>	<u>3.0</u>
Materials	<u>2.6</u>	<u>3.0</u>	<u>2.5</u>
Learning environments	<u>3.1</u>	<u>2.7</u>	<u>3.0</u>
Developmentally appropriate play areas	<u>2.7</u>	<u>2.7</u>	<u>3.0</u>
Technical assistance	<u>2.4</u>	<u>2.4</u>	<u>2.5</u>
Scholarships for staff professional development	<u>3.4</u>	<u>3.5</u>	<u>3.0</u>
On-site training and coaching	<u>2.4</u>	<u>2.8</u>	<u>2.5</u>
Help with licensing requirements	<u>2.5</u>	<u>2.5</u>	<u>2.8</u>
Time for professional development (paid staff in classroom)	<u>3.0</u>	<u>2.9</u>	<u>2.9</u>
Incentives to decrease staff turnover	<u>3.2</u>	<u>3.7</u>	<u>3.5</u>

The majority of provider workgroup participants agreed that learning should be child-centered, developmentally appropriate, and individualized. The majority also agreed that play is learning for children and must be supported through-out the day. Many of the centers use Creative Curriculum and it was mentioned often. However, they also feel that a variety of curriculums can be used. Center directors and staff also mentioned that approaches/curriculum should be linguistically appropriate. Family Child Care providers commented that routines are important for children but should not be rigid. School-age providers said homework centers should be available but also emphasized those children coming to care from school need some down time plus time to socialize. They also emphasized that the children need activities that reflect their interest areas.

During the Tiered Reimbursement interviews providers were asked to endorse the statement “I use the training/education I have gained in planning for children.” Providers in both the intervention and matched control groups report very high levels of agreement with no change over time. There is a significant result by type of provider where Center participants were initially more negative about their ability to use their training but improved over time. Because this was true for both the intervention and matched groups, this change cannot be attributed to the TRPP intervention.

Use training question: (1=Strongly Agree, 5= Strongly Disagree)	Baseline	3-6 Months	9-12 Months	15-18 Months	21-24 Months
TRPP Center	2.5	2.2	1.9	1.9	2.1
TRPP Family Home Care	1.3	1.2	1.6	1.8	1.4
Comparison Center	2.0	1.6	1.5	1.6	1.6
Comparison Family Home Care	1.6	1.6	1.5	1.4	1.8

Similarly, when asked if they were having trouble finding the time to use what they have learned, providers strongly disagreed that this was an accurate reflection of their experience. There was no evidence of change over time or differences from the matched control group (results not shown).

Parent workgroup participants expressed a high value on early learning settings with multi-age groups and those that allow the children to use their imaginations. Parents also emphasized health and fitness. Parents want their children to get the physical outlet they need for stress and for health.

Parents who responded to the QRIS parent survey gave the following mean ratings of their child's current care arrangement using a 1-4 scale with 1 being very often, and 4 being never.

	MEAN
My caregiver is happy to see my child	<u>1.02</u>
My child is treated with respect	<u>1.02</u>
The caregiver recognizes my child's special abilities	<u>1.08</u>
There are plenty of toys, books, pictures, and music for my child	<u>1.02</u>
There are plenty of natural learning experiences; (i.e. playing in the sand or with water)	<u>1.10</u>
My child is provided opportunities for physical exercise and development	<u>1.10</u>
My child watches a great deal of TV and videos while in care	<u>1.02</u>
The caregiver shows good training and education in caring for children	<u>1.01</u>
My child has a consistent caregiver during their time in care	<u>1.04</u>
The caregiver handles discipline matters easily without being harsh	<u>1.05</u>
My caregiver is supportive of me as a parent	<u>1.06</u>
The caregiver is sensitive to my culture and me	<u>1.11</u>
My caregiver and I share information	<u>1.08</u>
My child likes going to his/her child care arrangement	<u>1.03</u>
My child has well established routine that provides for a balance of structure & flexibility	<u>1.03</u>
The caregiver offers many opportunities to encourage my child's interest in reading & writing	<u>1.08</u>
My provider has a conference with me at least once per year so we can review my child's experience, and set goals together	<u>1.21</u>

PROFESSIONAL DEVELOPMENT AND TRAINING OF PROVIDERS, DIRECTORS, & STAFF

**KEY RECOMMENDATIONS:**

- Ensure competency-based professional development pathway with articulated programs and clear marketing to the public
- Create a financially supported, accessible, and available pre-licensing/pre-employment training requirement
- Increase access into professional development path with increase in scholarships for Accreditation, Building Bridges, Washington Scholarships, CDA, 1-year certificates, Associate level, and BA programs
- Provide paid time for staff to attend classes and trainings
- Increase staff salaries and provide health benefits to complement professional development
- Provide consistent support for ongoing mentoring and coaching
- Increase education and information about professional development resources and opportunities; create support center to help advise and guide individuals through the professional development system based on their professional development plan
- Ensure the professional development system includes and is sensitive to rural areas

**26. What are the best means to provide professional development opportunities to early educators?**

Participants in the provider workgroups would like the professional development system to help providers stay in the business of working with children. Provider workgroup participants voiced concern about making sure that family child care providers are not encouraged out of the business if they pursue an AA, BA, or more.

During the QRIS survey and Tiered Reimbursement analysis process we compared education levels across TRPP intervention, TRPP matched control, and QRIS survey participants. We found that TRPP participants are generally a better educated group of providers than the QRIS community sample would suggest. This is true for both center directors and family care providers.

	TRPP Center N=10	Control Center N=9	QRIS Survey Center N=24*		TRPP Family Care N=10	Control Family Care N=8	QRIS Family Care N=44
High School	0%	11%	8%		10%	18%	50%
Some College***	10%	22%	33%		35%	41%	36%
AA/AAS	30%	44%	21%		20%	29%	8%
Bachelors/Masters	60%	22%	38%		35%	12%	6%
AA/BA/MA combined	90%	66%	59%		55%	41%	14%

\*QRIS center information is restricted to program directors.

\*\*\*In QRIS, we provided an option for ECE certificates and CDA. These are included in the ‘Some College’ group for QRIS.

Completion of STARS training exceeds 80% in both TRPP and QRIS center staff and family care providers.

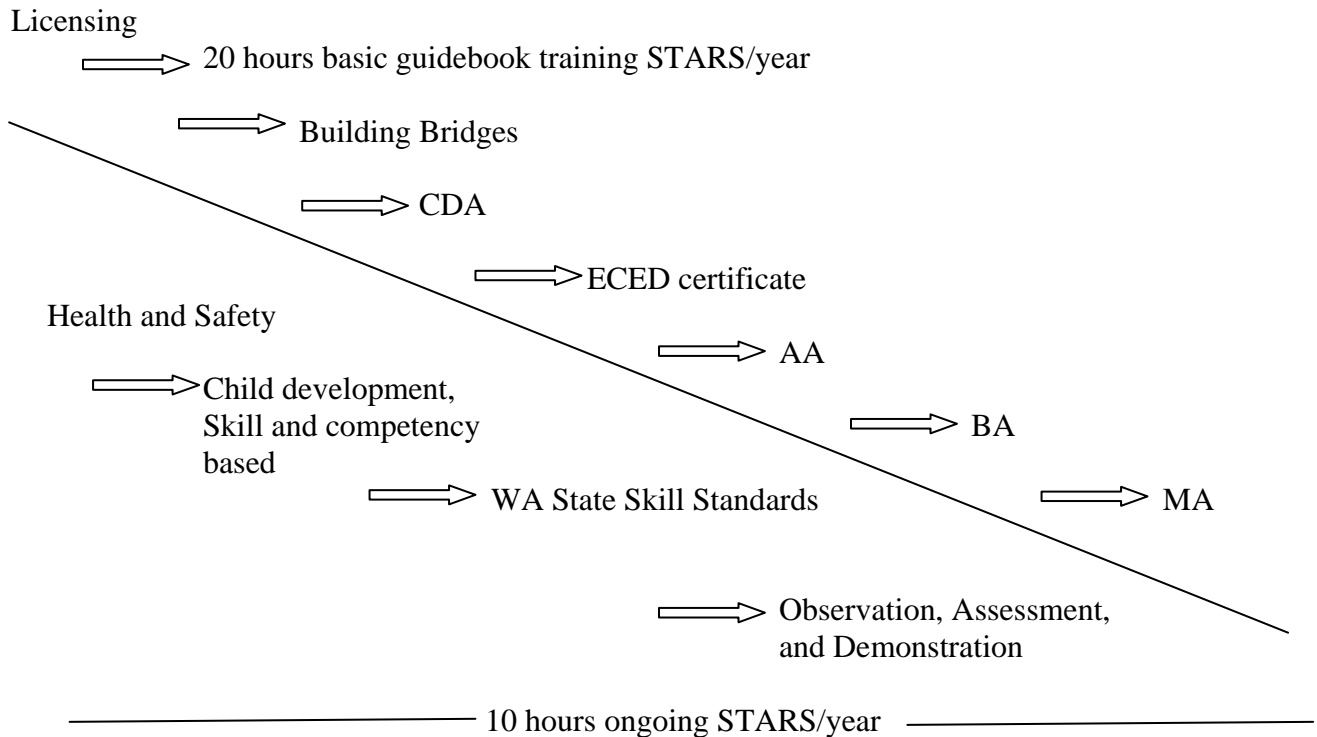
Participants in TRPP and respondents to the QRIS survey are equivalent in experience level and generally have been in the field for significant periods of time.

	Mean Years In Field
TRPP Centers	15.5
Control Centers	13.0
QRIS Center	17.5
TRPP Family Care	16.1
Control Family Care	18.5
QRIS Family Care	14.7

The professional development workgroup would like to be able to provide a consistent message that honors people as professionals as they progress anywhere along the professional development pathway. The advisory team suggests that the system of professional development should be an integrated system with multiple entry points, starting where people are and moving them through as far as they want to go. Once a system is in place helping people navigate through it becomes easier.

The professional development workgroup suggests creating an agreed upon lattice of professional development steps that helps people know where they will qualify to work at different levels along the pathway.

The professional development workgroup suggests using the following simple flow diagram to illustrate the system currently in place and the general skill development across the development benchmarks.



**27. What should the content of professional development be, and what are the most beneficial strategies for delivering professional development and continued training to those involved in providing early education?**

Provider workgroup participants mentioned the following specific topics for professional development:

- Child development
- Children with challenging behaviors
- Child assessment
- Observation and documentation
- Portfolio development
- Curriculum development
- Infant cues
- Literacy
- Science activities
- Parent engagement
- Self-care
- Business management

Providers suggested that delivery of professional development should include classes and trainings on flexible schedules to accommodate providers in the evening and over the weekend. Providers also recommend frequently repeating topics so teachers from the same center can stagger their attendance.

The professional development workgroup encourage the content of professional development to be both theory and application, intentional, and evidence based. Core competencies

should include emphasis on foundational skills and more progressive skills as people move along the pathway.

## **28. What support for programs and educators currently exists and what needs to be developed?**

The advisory team and professional development workgroup know of the following professional development programs/options that currently exist in Spokane County:

- WA Scholarships
- Early Childhood Apprenticeship Program
- Career and Wage Ladder (currently eight centers participating)
- Building Bridges to Higher Education (10-15 awards at SFCC; waiting list maintained)
- DEL partnership with Schools Out Washington for professional development of schoolage care providers
- DEL partnership with WAEYC for subsidy training to Family child care providers
- Washington STARS scholarships for 20 hours basic guidebook training or 10 hour ongoing training
- Student financial aid
- DEL scholarships for conferences through WAEYC
- Loan forgiveness program that includes early childhood and education

The professional development workgroup also acknowledges the following support needs:

- Need agreement on core competencies, standards, expectations, that is seen as a trajectory of training that adds up to a cumulative professional development system
- STARS training content should be organized sequentially around core competencies and developing quality
- Need preservice orientation to child development and business management
- Need professional development plan for individual entering the system
- Need clear understanding of how competency and skill development matures from CDA to AA to BA
- Need scholarships/tuition for entry into pathway
- Need mentors and coaches to advise early childhood people and help guide them through the field
- Need agreed upon professional development system communication plan to help early childhood learners navigate the professional development system
- Need enhanced education and information about professional development resources and opportunities; need central clearinghouse of information about the early childhood education professional development pathway
- Need substitute pay so providers can attend classes and complete practicum requirements
- Need livable salaries so providers are rewarded for their professional development
- Need increased CDA funded capacity (CDA received 45 applications and could only accept 25 applicants)
- Need articulation agreement between CDA and AA at SFCC

## STAFF COMPENSATION

### KEY RECOMMENDATIONS:

- Develop a sustainable funding strategy to increase staff compensation without increasing the rates that parents must pay for their child care
- Continue and expand the Career and Wage Ladder Program for centers, and extend to include family child care providers
- Provide tiered reimbursement for quality improvement
- Increase subsidy rate to 75<sup>th</sup> percentile
- Provide scholarships, based on a sliding scale, to parents at 200-400% FPL to access quality providers

### **28. What are the most economically viable and practical strategies available to provide sustainable compensation for early educators who provide high levels of quality in early learning environments?**

Provider workgroup participants emphasize wanting incentives for and recognition of their increasing level of quality care. Family child care providers want monetary compensation that is not reimbursed. Higher child care rates could be a strategy but they didn't seem to feel that they could get the parent market to pay higher rates. The center provider workgroup participants want a livable wage and benefits. It is a very important issue because everyone acknowledges that below market staff compensation and lack of benefits contributes to the high turnover of staff at centers and family child care businesses. The provider workgroups mentioned continuing the Career Wage Ladder Program and Tiered Reimbursement. They also recommended paid training hours and a bonus when staff completes a degree in addition to a raise.

Parent workgroup participants want access to funds to help pay for quality childcare. 64% of parents who responded to the QRIS parent survey reported they have to pay much more than they can afford to have their child in care. Of the other 36% who reported they pay less than they could afford to have their child in care 22% are accessing Working Connections Childcare subsidy and are responsible for varying levels of co-payments, and the other 78% are getting assistance from family and friends.

The advisory team recommended increased financial assistance for professional development. Recommended strategies include fully fund Washington Scholars, and expand it to 4 years, provide tiered financial reimbursement for quality improvement, increase the subsidy rate to the 75<sup>th</sup> percentile, provide parent scholarships, based on a sliding scale, to access quality providers, reduce the amount of parent co-pays, increase staff compensation, provide livable wages and health benefits, reward increased education with cash, build a sustainable system like K-12 and higher education. The advisory team recommends including the early learning system in the definition of basic education.

## MANAGEMENT PRACTICES

### KEY RECOMMENDATIONS:

- Increase support and links to services for children and families
- Ensure inclusive and transparent process for quality improvement that includes financial support
- Provide paid time for teacher collaboration and quality improvement planning
- Provide mode of parent and professional leadership, business, and early childhood skills development

### **29. What influence can/should early education administrators, such as child care center directors and/or family child care home providers, have in increasing the quality of early learning environments?**

The majority of providers across the provider workgroups want to improve the quality found at their facilities and sites. Their influence is their desire to improve. Here is the list of needs that came from each of the provider workgroups:

- Increased support to work with at risk children and children with special needs
- Educate parents about quality care
- Provide m parent education nights
- Expand parent access to quality providers with scholarships or a increase in the subsidy level for working parents
- Increase the subsidy reimbursement rates for providers
- Pay for teachers to have more planning time
- Paid time off for teachers to increase their education
- Spokane CDA program funded through WA Scholars

Providers want trainings during paid time and repeated frequently so different staff can attend. And they want on site coaching and mentoring.

The challenge is to secure funding to do all of the above. Current subsidy rates and parent fees cannot support these strategies for improving quality. If there was funding providers would offer their staff:

- Higher salaries tied to professional development
- Paid time for teachers to work of classroom portfolios
- Extra staff person to help alleviate teacher workload
- On-going directors group focused on improving quality

Both the QRIS survey and the Tiered Reimbursement interviews asked providers about how they spend their time each day. The following table compares TRPP center directors and family care providers at baseline from both the intervention and matched control groups with respondents in the Winter 2008 QRIS survey. As expected, family care providers are far more involved with direct service to children as a function of their type of care. Within the centers, TRPP intervention group center directors are less likely to be involved in direct service and more likely to be involved in business management as a significant aspect of

their work. TRPP intervention family care providers are comparable to their peers in the control group and the QRIS sample.

	TRPP Center N=10	Control Center N=9	QRIS Survey Center* N=24		TRPP Family Care N=10	Control Family Care N=8	QRIS Family Care N=44
Direct Service	15%	26%	35%		70%	71%	78%
Adult Supervision	19%	27%	27%		5%	8%	2%
Business Management***	36%	19%	22%		14%	9%	8%
Parent Relations	20%	18%	16%		9%	7%	9%
Other	11%	10%	2%		3%	4%	3%

\*QRIS center information is restricted to program directors.

\*\*\*Business management difference for centers is statistically significant for TRPP intervention directors compared to the other two groups.

When we examined the difference in time-on-task over the course of the TRPP study, the difference between intervention and control group directors disappeared by the end of the first year of the evaluation.

### **30. What are the best ways to develop early education leaders for the purpose of guiding and modeling best practices?**

The advisory team recommends the following to help develop early education leaders:

- Develop advocacy skills
- Re-define leadership (for example: maintaining high quality standards is leadership)
- Allow others to take charge
- Build new leadership
- Create more networking opportunities
- Convene professional development conferences
- Engage with local and state affiliated professional organizations
- Support effective on-going communication strategies about emerging issues in the field
- Utilize email alert (like SRCCI's)

### **31. What are effective strategies in promoting shared leadership for administrators and staff?**

The advisory team participants acknowledge that successful strategies in the classroom are shared with the entire staff by the teacher who implemented the strategy. Peer-to-peer mentoring and support becomes an important strategy in promoting shared leadership. When all staff at all levels are involved in collaborating about decisions then all staff can feel empowered and valued in their role. Advisory team participants noted that when staff take turns offering insight and suggestions, allowing opportunities for all level of voices to be heard, a collective sense of success and direction.

### 32. What is the best way to balance business viability with quality initiatives?

Providers who responded to the planning survey report needing computer and information technology and effective parent communication strategies the most. The following means suggest the types of technical assistance support needed in childcare provider business activities (using a scale of 1-4, with 1 being a high need and 4 being no need at all).

	MEAN
Computer and Information Technology	<u>2.45</u>
Business Plan Development for Loans	<u>3.13</u>
Accounting	<u>3.27</u>
Benefit Management	<u>3.15</u>
Personnel/ Management Marketing	<u>3.19</u>
Effective Parent Communication	<u>2.83</u>

The provider workgroup participants stress that the cost to implement quality initiatives cannot be passed on to family child care and centers as a direct expense to their business. While improving the quality of their care they still need to maintain high program standards day to day. Providers want:

- Adequate financial support during the process of quality improvement
- Adequate time that translates into cost to implement improvement strategies
- Equal input into quality initiatives (providers don't want it dictated to them from the state level or local level)
- To give clear messages to parents during this process
- The quality initiative process to secure staff retention with higher salaries and benefits from the system-not their bottom line
- To be able to offer the higher quality of care without significantly raising rates to parents
- Support to improve curriculum, purchase materials and equipment, and enhance indoor and outdoor play areas
- Central support to go to find out about improving quality
- More technology support

Interviews with TRPP providers show consistent satisfaction with their work as well as their professional vulnerability. All participants in this study report very high levels of satisfaction with their work as early learning professionals. We found no group differences or change over time.

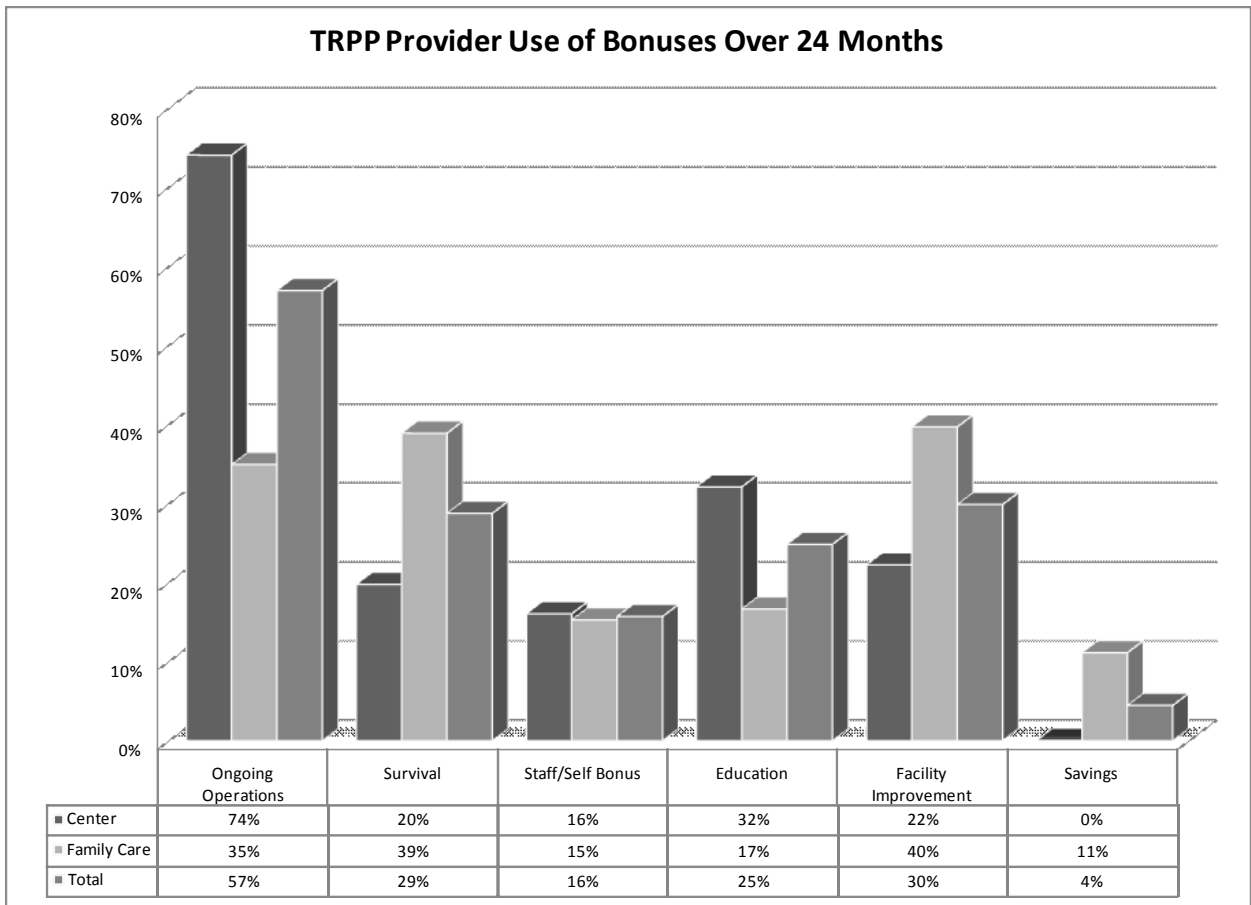
Scale of items about career satisfaction (1=Strongly satisfied, 5= Strongly not satisfied)	Baseline	3-6 Months	9-12 Months	15-18 Months	21-24 Months
TRPP Center	1.4	1.3	1.4	1.4	1.5
TRPP Family Home Care	1.2	1.2	1.1	1.1	1.1
Comparison Center	1.4	1.4	1.4	1.4	1.5
Comparison Family Home Care	1.3	1.6	1.4	1.5	1.6

TRPP interviews also asked a series of questions about the profitability and business viability of the centers and family care providers in the two groups. Overall, providers are reporting significant levels of vulnerability. We did not find that TRPP resulted in reported changes in this business vulnerability.

Scale of Business Stability (1-5 Scale, 1 being lowest stability, indicating more problems)	Baseline	3-6 Months	9-12 Months	15-18 Months	21-24 Months
TRPP Center	3.1	3.2	3.0	3.0	2.9
TRPP Family Home Care	3.3	3.2	3.3	3.2	3.1
Comparison Center	3.2	3.1	3.1	3.3	3.2
Comparison Family Home Care	2.3	2.8	2.6	2.6	2.6

The TRPP interview process also included asking providers what they did with their bonuses. The following chart presents the percent of times across the 24 months of follow-up that providers identified a specific function for their use of bonus TRPP funds. The percent is calculated based on the total number of interviews (N=9/person) times the number of participants. Three of the bonus use questions address use of the funds for stabilization of the childcare business (ongoing operations, survival, and savings) while three address quality improvement investments (staff/self bonus payments, facility improvements, and staff/self education).

The chart includes center, family care, and total responses. Centers and family care providers differ significantly on their use of funds for ongoing operations ( $p < .03$ ) and trend to a significant difference in use of bonuses for savings ( $p < .09$ ). Centers report more of their bonus funds are committed to covering the gap in ongoing operations. No center directors reported using bonuses for savings while 10% of family care providers did. The ‘survival’ response involves providers reporting that the bonus is address significant financial strains challenging the viability of their businesses.



We did not find a change over time in the use of bonuses.

In centers, education improvement in staff over time appears to be related to investment of bonuses in education but the number of providers is too small to permit a significant statistical test.

The principal quality improvement activities are education and facility improvements.

9.6% of parents who responded to the QRIS parent survey reported needing childcare over the weekends. And 14.6% of parents reported needing care before 6:00 am or after 6:30 Monday through Friday. These odd-hour care needs create a unique challenge for providers who typically operate Monday through Friday during the day.

## QUALITY IMPROVEMENT AND PROGRAM EVALUATION

### KEY RECOMMENDATIONS:

- Organize around key values
  - Promote development of the whole child
  - Promote public policies that focus on children and families
  - Build on what childcare businesses need; provide adequate support for childcare business models
  - Be transparent and maintain open ongoing communication across stakeholders
  - Be inclusive of center, family childcare, and schoolage providers
  - Link parents to quality early childhood education and care providers
  - Link parents to community resources and support systems
  - Link early childhood education and care providers to professional development and quality improvement opportunities
  - Utilize planning, coaching and mentoring for quality improvement
- Organize around key standards of quality based on best practices
  - Professional Development and Training
  - Curriculum and Learning Environment
  - Child Observation and Assessment
  - Family, Provider, and Community Partnerships
- Launch in-depth and broad public education campaign regarding childcare quality
- Create accountability structure for accuracy and full disclosure across participating entities
- Utilize lessons learned from North Carolina Smart Start and Star Rating Program
- Structural Recommendations (pages 31-33)

### **33. What should the structure of a QRIS look like?**

- 1) The process should be voluntary
- 2) 4-5 levels
- 3) Level 1-fully licensed
- 4) Top level-Nationally accredited from a research-based accrediting board
- 5) Separate tracks for each type of licensed care: school-age, center-based, family child care.
  - The school-age track should reflect the Council on Accreditation (COA) accrediting standards as well as integrate Schools Out Washington's state-wide professional development definitions
  - The center and family child care tracks should include specific infant and toddler quality standards
- 6) The over-all system should be simple and user friendly for parents and child care business owners.
- 7) Moving from one level to the next should offer recognition for the child care provider. There should be benchmarks that they reach as they move to the next level.
- 8) Child care providers should receive incentives and financial assistance as they move to higher levels within the rating system. Parents should receive financial assistance as they choose providers ranking at the higher levels.

- 9) The system should have a minimum funding level in the WCCC subsidy system--75<sup>th</sup> percentile for subsidy reimbursement and scholarships, based on a sliding scale, for parents at 200-400% FPL.
- 10) There should be a process to assure parents that a provider is maintaining the quality of a specific rating.
- 11) There should be an appeals process for providers if they contest the rating level that they have received.
- 12) Technical assistance should be offered to participants as they move through the rating scale. Technical assistance should be offered independent of licensing and the assessment rating. The role of technical assistance is to take the assessment rating and work with the provider to develop a plan to begin to move to the next level of the rating system. *(In North Carolina, the Resource and Referral agencies, independent contractors and the cooperative extension agencies offer technical assistance).*

### **34. How should quality be assessed and rated?**

The advisory team recommends that an independent group that is trained in early childhood do the assessment for the rating. There was also consensus within the provider work groups that licensing should not conduct these assessment ratings. The advisory team agrees that the ECERS and FDCRS would be useful for initial program assessments but that ongoing program and child assessment should depend on the circumstance. The DECA, the CLASS, the Creative Curriculum, Ages and Stages, and Promoting First Relationships were mentioned as potentially beneficial assessment measures. *(In North Carolina the University of North Carolina contracts for rating childcare quality across the state. They are highly trained and reliable to use the ECERS and FDCRS rating scales. Every 7<sup>th</sup> rating the raters are required to confirm their reliability. Providers are given a free assessment every 3 years. If they want an assessment more frequently then they must pay for it.)*

Provider workgroup and advisory team participants agree that licensing should have a role in the QRIS structure to assure cross communication between the systems. The provider workgroups and advisory team recommend that field-licensing capacity be increased to assure the attainment of minimum health and safety requirements outlined in Washington Administrative Code. *(In North Carolina licensing has an administrator role--they keep track of teacher education levels, degrees/training. They also provide compliance history. If providers have a clear history for more than 3 years they receive extra points. Licensing holds information about star ratings and holds the responsibility for marketing the star ratings)*

### **35. How will differences in “quality” be distinguished?**

All workgroups agree that each level will have requirements that mirror best practice indicators for higher quality. Level 1 and 2 will be built first, then phase in levels 3, 4, and 5 after a sustainable technical assistance capacity is grown.

Level 1-Fully licensed. In the State of Washington minimum licensing requirements are higher than many states. Presently start-up child care businesses go through a stage of the Initial license before they attain a Full license. Attaining a Full license recognizes an achievement for the child care business that should be celebrated with a Level 1 Star rating.

Levels 2-3 should combine the attainment of a specific assessment rating with achievement of training and educational levels for staff. This could include gaining credits towards an AAS degree and/or CDA.

Levels 4 –5 should combine completion of CDA or AAS degree for staff, attainment of a higher assessment rating than Level 3. The top level should be achievement of national accreditation from an accrediting entity with quality based research and evidence.

Each level should have clear benchmarks with ease of completion from Level 1-3 and increased difficulty to attain levels 4 and 5.

Educational incentives, financial incentives and facility incentives should be offered as providers progress through the levels.

**36. What are the best strategies to use to evaluate the effectiveness of the QRIS? That is, how can you tell that what is being done differently—as a result of QRIS—is making a difference?**

The advisory team suggests the following for evaluation of QRIS over time:

- Measure the number of providers who voluntarily elect to join the system and stay in the system
- Measure the changes in individual environment assessment ratings on each center, family child care home, or school age program
- Measure a change in parent knowledge about levels of quality using the quality rating criteria
- Measure the number of subsidized children in high quality care
- Develop ways to evaluate the social-emotional growth of children in QRIS centers and family child care homes

**37. What funding sources exist or are suggested to finance and sustain the recommended structure of QRIS?**

Participants across the provider and parent workgroups, as well as the advisory team, recommend that the system be financed from state legislated funds. They would like to see the WCCC funding elevated to 75<sup>th</sup> percentile for subsidy reimbursement and availability of scholarships, based on a sliding scale, for parents at 200-400% FPL. In order to achieve similar incentives and approaches statewide the funding source must be equitable across the state. If the system were to depend on local city-county tax levies or private funders, there is a chance that it would create an inequitable system that rewards different sections of the state.