Members

Sen. Travis Holdman, Chairperson
Sen. Connie Sipes
Rep. Vanessa Summers
Rep. Matthew Lehman
Cinda Kelley
Tracie Wells
Rebecca Bickel
James Greeson
Melanie Brizzi
Gregory Larkin
Mitch Roob
Dana Jones
Brenda Summers

COMMITTEE ON CHILD CARE

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Authority: IC 12-17.2-3.3

MEETING MINUTES[1]

Meeting Date:	**September 29, 2010**
Meeting Time:	**9:00 A.M.**
Meeting Place:	**State House, 200 W. Washington St., Senate Chamber**
Meeting City:	**Indianapolis, Indiana**
Meeting Number:	**2**

Members Present: **Sen. Travis Holdman, Chairperson; Sen. Connie Sipes; Rep. Vanessa Summers; Rep. Matthew Lehman; Tracie Wells; James Greeson; Melanie Brizzi; Gregory Larkin; Dana Jones; Brenda Summers.**

Members Absent: **Cinda Kelley; Rebecca Bickel; Mitch Roob.**

Sen. Holdman called the meeting to order at 9:10 a.m. and asked the members to introduce themselves.

Indiana Child Care Regulation Comparison

Sen. Holdman explained that he had requested that Ann Naughton, Attorney for the Committee, compile a chart comparing the legal requirements that apply to child care providers in Indiana. The chart also provides information concerning the Child Care and Development Fund (CCDF) payments made to each type of child care provider during the previous year. He requested that Ms. Naughton present to the members the chart.[2] Ms. Naughton made the presentation, during which questions and

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[1] These minutes, exhibits, and other materials referenced in the minutes can be viewed electronically at http://www.in.gov/legislative Hard copies can be obtained in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for hard copies may be mailed to the Legislative Information Center, Legislative Services Agency, West Washington Street, Indianapolis, IN 46204-2789. A fee of $0.15 per page and mailing costs will be charged for hard copies.

[2] Attachment 1.

comments regarding the chart were addressed by Ms. Naughton, Melanie Brizzi, Bureau of Child Care, Family and Social Services Administration, and Jeff Short, Office of the State Fire Marshal.

Bureau of Child Care (BCC) Inspection Information and Data

Ms. Brizzi provided two handouts[3] and described: (1) inspections of child care providers by the BCC; (2) standards that serve as the basis for the inspections; (3) noncompliance citations according to provider type and category of noncompliance; (4) complaints according to provider type; (5) statutorily permitted BCC follow-up to inspections and complaints (license probation, suspension, and revocation, temporary closure, emergency closure, and revocation are permitted); (6) statutorily permitted BCC follow-up for registered ministries (pursuit of a court order through the Attorney General's office is permitted); and (7) injuries reported by child care centers. She explained that some complaints are difficult to track and address because they are not related to any legal requirement. Those not related to a legal requirement have not been included in the information presented by Ms. Brizzi.

In response to questions and comments by Sen. Holdman, Rep. Lehman, and Sen. Sipes, Ms. Brizzi: (1) agreed to provide to the members more specific information about: (a) complaints per individual provider type; and (b) ratios for provider type per total number of complaints; (2) emphasized the need to make valid complaint comparisons and questioned whether current data would allow more specificity in some areas; (3) described the administrative process for suspension, revocation, probation, closure, and appeals with respect to noncompliance by licensed providers; (4) replied that there is no administrative process for noncompliance by registered ministries and that a court order through the Attorney General is necessary to address such noncompliance; (5) acknowledged that the lack of an administrative process for ministries may result in a lengthy process, and stated that ministries that are noncompliant sometimes voluntarily close for a time to correct the noncompliance without the need for an emergency injunction (which may take several days to obtain); (6) stated that noncompliance by CCDF providers can result in decertification, and that it is possible for a decertified provider to later re-apply for certification; (7) clarified that many licensed providers fail to comply with administrative determinations, which also requires that the BCC obtain a court order to address the noncompliance; and (8) clarified that only child care centers are required to report injuries.

Child Care Quality Assessment, Participation, and Challenges

Ms. Brizzi discussed various studies[4] providing information concerning child care quality assessment, including participation by providers and challenges to progress. She noted that there are limitations to the state and national research done to date, so care should be taken in interpreting the results.

In response to questions from Rep. Summers and Ms. Wells, Ms. Brizzi stated that: (1) the age of the studies that she used reflects the gaps in research concerning child care, but that results of recent research that has been done do not conflict with the older research; (2) violations that are posted on the Carefinder internet site must be validated in a regulated category, so some complaints do not result in a posted violation; and (3) national criminal history checks are required only for licensed provider applicants/licensees.

Sen. Holdman suggested that information provided by the chart presented by Ms. Naughton, the data and information presented by Ms. Brizzi, and additional information that is available or will be available in the future might be compiled and kept up to date so that it is more systematically available for

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[3]Attachments 2 and 3.

[4]Attachments 4, 5, and 6.

evaluation of the effect of legislative and other changes.

Karen Ruprecht, Purdue University, provided information concerning an American Recovery and Reinvestment Act (ARRA) - funded child care ministry quality assessment project[5] that Purdue University and the United Way are implementing. She noted that during the spring of 2010, Purdue University completed baseline evaluations of ministries voluntarily participating in the project. During the intervening 12 months, mentoring, professional development, and other quality improvement-focused activities are occurring in the ministries through the assistance of the United Way. Purdue will perform post-project evaluations during the spring of 2011 to determine whether the activities are helpful to improving quality of child care in those ministries. She explained that: (1) the evaluation tools used are highly regarded as a means of evaluating child care quality; (2) the lowest scoring measures in the baseline evaluation were personal care and activities measures; and (3) the highest scoring measures in the baseline evaluation were parent/staff relations and interaction measures.

In response to a question from Rep. Summers, Ms. Ruprecht said that the ARRA funds are being used to pay for the 12 month project.

Child Care Ministry Advisory Group Report

Barb Newton, representative of the child care ministry advisory group, briefly described the composition of the group and its work with the BCC. She noted that the group is not statutorily recognized, and that they would like to be recognized in that way. She also stated that the group is in favor of staff/child ratios in child care ministries.

In response to a question from Rep. Summers, Ms. Newton explained that the group supported HB 1036-2010, which included language to statutorily establish: (1) the group as an advisory committee to the BCC; and (2) staff/child ratios for ministries.

Committee Discussion

Sen. Holdman set the final meeting for October 27, 2010, at 10:00 a.m.

Sen. Holdman emphasized that the Committee's work thus far this interim was intended to provide objective information about regulation and quality of child care providers with a goal of ensuring the safe and appropriate care of children, and to allow any issues needing attention to "rise to the top". He requested that the members discuss any concerns about areas of concern (including concerns about over or under regulation of child care providers) based on the information presented during the Committee's meetings.

Rep. Lehman expressed his belief that care-focused provisions for which a lack of regulation might create a threat for children (such as first aid training, cardiopulmonary resuscitation training, and policies concerning use or possession of drugs, alcohol, or illegal substances) should be required for all child care providers.

Ms. Brizzi stated that she believes that: (1) a requirement for at least one qualified adult to actively supervise children at all times is needed; and (2) the ability for the BCC to proceed through an administrative process to address regulatory noncompliance by any type of child care provider (rather than being required to seek a court order) would be beneficial. Sen. Holdman agreed that being required to seek a court order to address noncompliance raises issues to a level of conflict that is

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[5]Attachments 7, 8, and 9.

unnecessary, and stated that providing an administrative process for each type of provider would be less costly for everyone.

Sen. Holdman stated that: (1) he would like to require national criminal history checks for the licensee or director of each type of provider; and (2) staff training about child abuse and neglect and reporting of suspected abuse and neglect should apply to each type of provider. He also noted the need for: (1) exits to be clear; (2) hot and cold running water to be available; and (3) staff/child ratios to ensure safety of children, particularly to help prevent frustration of caregivers who may be overwhelmed by the number of children in their care at one time.

Ms. Wells expressed concern about fire safety inspections according to the "primary use of the building", rather than with a focus on the specific safety needs of children in child care in a building. Mr. Short clarified the implementation of that standard during Fire Marshal inspections. He noted that child care ministries are located in many types of buildings, not just church buildings (i.e., strip malls), which has changed from the time the statute providing for inspections according to "primary use of the building" was enacted. Rep. Summers requested further clarification for a change from a "primary use of the building" standard to a standard that is reasonable for the particular building, such as occupant load.

Mr. Carnes noted the need for appropriate handwashing and nutrition requirements for all child care providers.

There was general discussion among the members concerning the specific requirements addressed above, the impact of the requirements, and issues such as cost and impracticability.

Sen. Holdman stated that any recommendations for the final report or for proposed legislation should be sent to Ms. Naughton before October 6, 2010, to allow time to prepare the documents for the October 27, 2010 meeting. He explained that the final report of the Committee and any proposed legislation will be considered and voted upon at that meeting.

With no further business to discuss, Sen. Holdman adjourned the meeting at 10:55 a.m.

Indiana Child Care Provider Comparison

September 29, 2010

Legal Requirements	License-Exempt Home	Class I Home	Class II Home	Center	Ministry	CCDF Provider
Basic Provider Type Factors						
Regulatory status	Exempt	Licensed	Licensed	Licensed	Registered	Licensed or comply with IC 12-17.2-3.5
Number of children	< six unrelated	Six to twelve unrelated	Thirteen to sixteen unrelated	At least one		One CCDF-eligible child
Operator or type of building		Residential	Residential	Nonresidential	Religious organization tax exempt under Sec. 501 of Internal Rev. Code	

Please note that in the tables on the following pages: "X" indicates that a legal requirement exists for the provider type; "X" does not indicate that legal requirements are identical; text indicates a more specific difference in the legal requirements.

Indiana Child Care Provider Comparison

September 29, 2010

Legal Requirements	**License-Exempt Home**	**Class I Home**	**Class II Home**	**Center**	**Ministry**	**CCDF Provider**
Staff Requirements/Qualifications				*		
Staff must have High School Diploma/GED		Licensee only	Licensee only	X		
Supervisory caregiver must be at least 18 years old		X	X	X		
State or local criminal history check		X	X	X	X	X
National criminal history check		Applicant only	Applicant only	Applicant only		
Staff trained in universal precautions		X	X	X		
Staff trained in first aid		X	X	X		X
CPR-trained person on site		X	X	X		X
Staff physical exam upon employment		X	X	X		
Staff has test for tuberculosis upon employment and annually		X	X	X		X
Staff has been tested for illegal drugs		X	X	X		X
Written policy concerning drugs, alcohol, illegal substances		X	X	X		X
Staff trained in symptoms/reporting of child abuse		X	X	X		
Staff orientation training		X	X	X		

*Staff education and training is specific and more extensive for centers than other providers.

Indiana Child Care Provider Comparison

September 29, 2010

Legal Requirements	License-Exempt Home	Class I Home	Class II Home	Center	Ministry	CCDF Provider
Physical Site				*		
Thirty-five square feet per child		Only for additional children	X	X		
Premises in sound, neat, sanitary condition		X	X	X	X	
Fire detection equipment		X	X	X	* X	X
Fire suppression system/extinguishers required		X	X	X	**Primary use of bldg	X
Exits not blocked & do not require passage through material storage area		X	X	X		X
Written documentation of fire drills		X	X	X	**Primary use of bldg	X
Lighting standards		normal	normal	specific		
Heating/ventilation standards		normal	normal	specific		
Hot and cold running water		X	X	X		X
Air conditioning standards		screens	screens	specific	screens	

* correction made during the Committee on Child care meeting 9/29/2010.
(previously said "** primary use of bldg".)

Indiana Child Care Provider Comparison

September 29, 2010

Legal Requirements	License-Exempt Home	Class I Home	Class II Home	Center	Ministry	CCDF Provider
Physical Site (continued)						
Toilet/Sink availability		X	X	toilet/person ratios	X	
Handwashing after diaper change		X	X	X	X	
Dangerous items (i.e., medicines/chemicals/poisons/fire arms) inaccessible to children		X	X	X		X
Telephone access		X	X	X		X
Child emergency telephone numbers		X	X	X		X
* Centers must have and post many more procedures and instructions (i.e., disaster, first aid, diapering, activities and schedules, special diets, menus, sterilization, etc.) than other providers.						
**"Primary use of building" means that different requirements apply dependent on whether the building is used primarily as a church, ministry, or otherwise. Unless the primary use is as a ministry, or the occupancy reaches a certain threshold, the ministry is not included in determining whether the requirements are met – i.e., fire extinguishers are not required for a ministry in a building that is not required to have a sprinkler system; fire drills would not necessarily include the children in care of the ministry.						
Child/Staff						
Child/staff ratios for all age groups		X	X	X		
All children under direct supervision at all times		X	X	X		X
Age grouping and group size				X		

Indiana Child Care Provider Comparison

September 29, 2010

Legal Requirements	License-Exempt Home	Class I Home	Class II Home	Center	Ministry	CCDF Provider
Program and Equipment		*	*	*		
Discipline		X	X	X		
Appropriate educational/play equipment/activities		X	X	X		
Parental visits allowed at any time		X	X	X	X	
Safety of transportation		X	X	X		
* Centers have very specific equipment and program requirements (i.e., toys, activities, methods of activities, furnishings, diaper areas and requirements, toilet training requirements, sleeping requirements including covering method and type and how to allow children to awaken, methods of coping with separation, literacy development, transportation requirements, specific playground equipment and design, water play areas, and educational equipment). Homes have some similar requirements, but much less extensive and detailed.						
Health Requirements						
Formal health program				X		
Child physical exam within 30 days of enrollment		X	X	X		
Maintain record of child's age-appropriate immunizations (annual)		X	X	X	Only on enrollment; specific immunizations	X
Care of ill children		X	X	X	X	
Medications		X	X	X		

Indiana Child Care Provider Comparison

September 29, 2010

Legal Requirements	License-Exempt Home	Class I Home	Class II Home	Center	Ministry	CCDF Provider
Nutritional /Food Requirements		*	*	*		
Nutritionally balanced meals/snacks		X	X	X		
Drinking water		X	X	X	not in bathroom	
Food service sanitation		basic	basic	detailed	detailed	
Approved kitchen				X		
*Centers have very specific food, meal, and feeding requirements (i.e., meal guidelines, specific meal components, timing of meals, conversation during meals, type of plate, posting of menus, special diets, formal food service/nutrition program, picnics, vendors, etc). Homes have some of the same types of requirements for feeding and food handling, but much less extensive.						
Inspections						
FSSA personnel		annual	annual	annual	semiannual	annual
State Fire Marshal		upon COFC request	upon COFC request	annual	annual	

CCDF Funding September, 2009 through August, 2010

Provider Type	Amount	
License-Exempt Homes	$3,951,663	
Class I and Class II Homes	$56,691,630	
Centers	$75,117,450	
Ministries	$27,669,418	
Programs not "child care providers"	$1,892,689	(i.e., school age programs, preschools, school system programs, etc.)
Total	**$165,322,850**	

The Committee On Child Care

Melanie Brizzi,
FSSA, Division of Family Resources
Bureau of Child Care (BCC)
September 29, 2010

BCC Inspections

- Licensed Centers- annual
- Licensed Homes- annual
- Unlicensed Registered Ministries –semi-annual
- CCDF Provider Eligibility Standards- annual

Requirements

- Licensed Centers- 192 standards
- Licensed Homes- 94 standards
- Unlicensed Registered Ministries-21 standards
- Provider Eligibility- 17

- These are broad categories of standards. This does not include Homeland Security standards

Non Compliances Cited (Sept 09-Aug 2010)

Facility Type (number of facilities)	Total Non Compliances	Unique Non Compliances
Center (599)	3265	393
Home (3045)	6808	94
Ministry (725)	5206	54
Totals	15279	541

Non Compliances for CCDF eligibility standards (Sept 09- Aug 10)

- 604 non-compliances cited
  - incomplete packet 372
  - immunization record 55
  - criminal history check 32
  - working telephone 32

Complaints (Sept 09-Aug 10)

Type/number	Complaints	Complaints Not Regulated	Most Common
Center-600	200	4	Ratio
Home-3045	313	24	Supervision
Ministry-725	57	32	Supervision
Totals	570	60	

BCC follow up to non-compliances

- For all licensed/registered providers follow up is conducted to be sure the facility is meeting the regulations
- Follow up to non-compliances varies from mailing in documentation or additional follow up visits

Probationary Licenses- Centers and Homes

- Repeated violations of the same requirement and the non-compliance doesn't present an immediate threat to the health and safety of the children
- May be issued for up to 6 months at a time, after the probationary license has expired can extend probation (no more than 12 mo), resume regular license or revoke
- Parents are notified

Suspension/Temporary Closure

- For violations that pose an immediate threat to the health and well being of the children an emergency or temporary order may require that the home/center immediately cease operations.
- Families are notified

Emergency Closures for Centers/Homes

- Building damage due to flooding, earthquakes, fire, wind, tornado, ice, lead or asbestos contamination
- Sewage problems
- Inadequate or unsafe water supply
- No electricity
- No heat
- Gas leaks
- Filthy conditions
- Rodent, roach, vermin infestation
- Building renovation in the area(s) occupied by the children

Revocations for Centers/Homes

- Centers and Homes may have their licenses revoked for failure to meet the requirements
- Centers and Homes may be denied for re-licensure for failure to meet the requirements.

Provider response to enforcements

- Informal Meetings
- Administrative Appeals

Number of probationary/revoked licenses (Sept 09-Aug 10)

Probationary licenses
Centers 31
Homes 38
Revoked Licenses
Centers 5
Homes 36

Number of Denied Licenses/Emergency Closures (Sept 09-Aug 10)

Denied Licenses
Centers 0
Homes 20
Emergency Closures
Centers 0
Homes 6

Follow up for Registered Ministries

- No provisions for Probationary Registration
- No provisions for Emergency or Temporary Closure
- Attorney General's office must seek a court order to close a Registered Ministry

Injuries Reported (Sept 09-Oct 10)

Only Licensed Centers are required to report injuries requiring medical attention

Injuries From Fall	154
Injuries On Playground Equipment	46
Injuries Occurred Outside	79
Injuries Occurred Inside	140
	319

Indiana Quality Research

- CCCRP Child Care for Working Poor Families
  2005, Purdue University
- United Way Child Care Ministry Quality Improvement Project- preliminary data

National Quality Research

- Center for Family Policy & Research-Midwest Child Care Research Consortium-2001
- 13 Indicators of Quality Child Care: Research Update 2002
  http://aspe.hhs.gov/hsp/ccquality-ind02

Thank you.

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Top Non Compliances Cited for Licensed Centers, Licensed Homes, Registered Ministries

Centers:

The center shall operate the kitchen, all food preparation areas, and all food service areas in compliance with 410 IAC 7-20, a copy of which shall be in the kitchen at all times for reference (154)

The administrator or director is responsible for maintaining all interior and exterior surfaces, including walls, floors, ceilings, equipment, toys, furnishings, and cribs, in a safe condition, free of sharp points or jagged edges, splinters, protruding nails or wires, loose parts, rusty parts, or materials containing poisonous substances (145)

The specific guidelines of the most current, Handbook for Public Playground Safety, as published by the United States Consumer Product Safety Commission, Washington, D.C. 20207, shall be used to determine compliance with the following safety rules: Assembly, installation, and the anchoring process shall be completed in strict accordance with the manufacturers specifications (142)

Child/staff ratios shall be maintained during all hours of operation (113)

Homes:

The caregiver shall maintain and make available verification of the following: Annual Mantoux tuberculin test or chest x-ray for direct child care providers and all family members over eighteen (18) years of age (617)

Enrollment form for each child receiving services which shall include the following: Childs name and date of birth (472)

The licensee shall maintain the following documentation in the child care home for review by the COFC: Documentation of certification of a current first aid course, training in Universal Precautions, and annual CPR certification by direct child care providers (463)

The licensee shall ensure that no conditions exist in the home or on the grounds where child care services are provided that would endanger the health, safety, or welfare of the children (448)

Registered Ministries:

All interior surfaces, equipment, materials, furnishings, and objects with which children will come in contact shall be well maintained, in a clean and sanitary condition, and of nontoxic durable construction (1385)

All restrooms shall be equipped with flush toilets and hand washing sinks and shall be ventilated to the outside. An adequate supply of water, under pressure, shall be provided at all hand washing sinks, as well as soap and disposable paper towels in dispensers. Toilet paper in dispensers shall be located at each toilet (322)

Diapers- The diapering process shall be done on a table, in a clean and sanitary manner. The diaper changing surface shall be sanitized after each use and materials used for skin cleansing shall be discarded after each use into a tightly covered, easily sanitized container. Individuals responsible for diaper changing shall wash their hands after each diaper change (305)

The parent or guardian of a child shall, when the child is enrolled in a child care ministry, provide the child care ministry with proof that the child has received the required immunizations (275)

Executive Summary

COMMUNITY CHILD CARE RESEARCH PROJECT

CHILD CARE FOR WORKING POOR FAMILIES: QUALITY, CHILD DEVELOPMENT, AND PARENT EMPLOYMENT OUTCOMES

2001-2004
Purdue University

James Elicker, Carolyn Clawson, Soo-Young Hong, Tae-Eun Kim, Demetra Evangelou, and Susan J. Kontos

March, 2005

While the effects of child care quality on low-income children and parents are well documented, little is known about how local communities are providing child care to low-income working families in the wake of welfare reform in the mid-1990s. The three-year Community Child Care Research Project examined child care for young children used by low-income working families in four Indiana communities (Marion, Lake, Allen, and St. Joseph counties). The project was funded by the U.S. Department of Health and Human Services/Child Care Bureau and conducted by researchers at Purdue University. Sources of the research data were parent focus groups, interviews with community child care leaders, structured observations and assessments of 307 children in their child care settings, and questionnaires completed by parents and caregivers.

Participants in the Community Child Care Research Project were volunteers in a non-random research sample. Therefore while the results accurately describe the experience of these low income working families and their child care providers, they cannot be confidently generalized to the broader population of low income working families in these Indiana cities or elsewhere.

Indiana offers a unique context for examining child care issues. Although many center-based and home-based child care providers are regulated by the state, a high proportion of child care providers are legally exempt from licensing. Indiana child care regulations exempt child care centers from licensing if they operate as "child care ministries," programs operated by a church or religious organization that is tax-exempt. Another reason for abundant exempt child care in Indiana is that home-based child care providers are not required to be licensed unless they care for six or more unrelated children (with one provider). Family child care homes are licensed for six to sixteen children. In addition, many child care subsidy and quality improvement spending decisions are made at the county level. For these reasons, Indiana provides a unique opportunity to examine how differences in communities may play a role in the availability and quality of care.

THE OBJECTIVES OF THE RESEARCH WERE TO:

1. Describe child care for young children (6 months to 6 years) used by low-income working families in the four communities.
2. Assess the quality of child care used by low-income working families.
3. Determine if there are variations across four Indiana communities for low-income working families in the types and quality of child care used.
4. Determine if developmental outcomes for children and employment for parents in low-income working families are linked to the quality level of child care they use.

KEY FINDINGS

Low-income Working Families and Their Child Care Providers

1. The typical parent participating in this study was a woman, a single parent with two children, working full time, and earning less than $18,000 per year, but not receiving Temporary Aid to Needy Families (TANF). Because it was not possible to randomly sample low-income working families, this study relied on a volunteer sample. Therefore the research results will not exactly represent the general population of low-income working parents and children in these communities. Compared to 2000 census population data for low-income families with at least one child under the age of 6 in the four communities, this sample reported a higher education level, a greater percentage of single parents (57% compared to 42%), and a greater proportion of African-Americans. However, this large sample of low-income working families provides valuable new information about members of a vulnerable population. With the welfare reforms of 1996, federal policy has encouraged personal responsibility and economic self-sufficiency. The families in this research were doing just that— working, going to school, and taking care of their children, with little or no government assistance.

2. The typical child care provider in this study was a 39-year-old woman with a high school diploma and some college credit, with about 10 years of child care experience, providing care without a specialized professional credential in early childhood education or child development. Caregivers of preschoolers were twice as likely (52%) to have specialized education in early education and care as caregivers of infants and toddlers (25%).

Child Care Issues in Four Communities

3. Availability of licensed child care and voucher subsidies to help low-income families pay for child care varied across these four communities, according to official state records. Licensed child care was least available in Allen County and most available in Marion County. Marion County had the largest waiting list for voucher subsidies to help low-income families pay for child care, while Lake County reported the shortest waiting list.

4. Selected child care leaders interviewed in the four communities identified several problems in providing child care for children from low-income working families, including: insufficient funding for child care subsidies, low quality care (especially for infants and toddlers), concerns about the growth of legal yet unregulated child care, and a lack of available child care services during evening hours or for sick children. Community leaders also mentioned strengths and challenges specific to each community.

5. A large proportion of low-income working parents reported in focus groups and surveys that their primary reason for using child care was to work or attend school. Most parents surveyed expressed satisfaction with their current child care arrangements—85% thought the quality of their child care was "perfect" or "excellent." However, parents also identified child care problems: concerns about the cost, quality, and safety of out-of-home child care; heavy reliance on friends and family members for primary or back-up child care; and lack of flexibility in child care and work schedules, especially for evening employment, sick children, or during holidays or school vacations.

6. More than one-third of the low-income working parents in this sample reported missing at least some work or school in the past month because of child care problems. A small proportion of mothers received assistance from their employers: finding child care (13%), financial assistance (8%), pre-tax accounts (17%), or allowing employees to take sick time to care for an ill child (53%). Fathers generally reported lower levels of child care assistance from their employers. Fathers in the sample in St. Joseph County reported the highest levels of employer flexibility, and fathers in Lake County reported the lowest levels.

Types of Child Care Used

7. The most common types used as primary child care by this sample of 307 low-income working families were licensed child care centers (38%) and licensed family child care homes (24%). Other types were child care ministries (16%), Head Start (9%), unlicensed family child care (8%), and relative care (5%). Twenty percent (20%) of the children started in child care soon after birth, and more than 75% of the children in this sample were enrolled in some type of child care by age 8 months. Infants and toddlers were slightly more likely to be in family child care homes, and preschoolers were more likely to be placed in child care centers.

8. Licensed family child care was used at a high rate by the sample families in Lake County (43%), while center-based care was more often used by the families in Marion and St. Joseph counties (57%). Families in the sample from Allen County used a more balanced distribution of types of child care.

Child Care Quality

9. Despite parents' high ratings of their child care quality, quality levels as assessed by our trained observers of all types of care used by our sample of low-income working families in these four communities were relatively low. Using widely accepted quality scales, the overall average level of child care quality was rated below "good," and just above "minimal." Almost half of the children in this sample attended child care that may not provide experiences and environment thought to be important for development. Approximately 25% of the classrooms or homes observed fell below "minimal" quality. The highest levels of overall or global quality were found in Head Start and licensed child care centers or preschools, while the lowest levels of quality were observed in child care ministries, licensed family child care, unlicensed family child care, and relative care.

10. In general, licensed child care in this sample was of significantly higher overall quality than unlicensed care. Child care for preschool age children was of higher quality than child care for infants and toddlers in both center-based and home-based settings. Child care quality for infants and toddlers was rated at the minimal level or below in all types of settings, in all four communities. The lowest mean quality levels of care for infants and toddlers were observed in unlicensed settings and in Lake County sample.

11. In general, child-adult ratios in the child care settings in this sample complied with National Association for the Education of Young Children (NAEYC) guidelines. Caregivers in center-based child care and all forms of licensed child care reported more general and specialized education than caregivers in home-based or unlicensed care.

12. The quality of relationships between parents and child care providers, as reported by both, was generally high, especially in home-based child care. However, in home-based child care settings, caregiver relationships with infants and toddlers were significantly less positive than relationships with preschool age children. This age difference was not found in center-based settings. Head Start centers and licensed child care centers/preschools were observed to have higher caregiver sensitivity than other settings. The highest levels of caregiver responsive interaction with infants and toddlers were observed in Head Start, relative care, and licensed child care centers/preschools. The lowest levels were found in licensed family child care. In general, licensed family child care tended to be the lowest of all types of care in several process quality assessments (e.g., caregiver sensitivity; caregiver responsive interactions with children), especially for infant/toddler care.

Child Care Quality and Children's Development

13. Many children in this sample scored below established test norms in areas of cognitive and language competence. Among children under 3 years, more than 80% were below test norms in key aspects of cognitive competence. Among children 3 to 6 years, 80% scored below test norms in receptive language.

14. Using a number of different quality and child development measures, the quality of children's child care was found to be associated with their cognitive, language, and social-emotional development, even after controlling for mothers' education level and children's age. These associations between child care quality and children's development were found for both infants/toddlers and preschool children. In general, these findings did not vary by community, nor by type of child care setting.

Specific Results for Infants and Toddlers:

- When overall child care quality (measured with ECERS-R or FDCRS) was higher, infants and toddlers also scored higher on early learning skills (visual reception, fine motor, receptive vocabulary, and expressive vocabulary).
- When caregivers of infants and toddlers had specialized education in child development or early childhood education, infants and toddlers were rated higher in social-emotional competence by their parents.
- When caregivers were observed to be more sensitive in their interactions with children (positive, warm, and non-punitive), infants and toddlers also scored higher on early learning skills.

- When caregivers were observed using more complex language with infants and toddlers, the children were also rated higher on measures of social-emotional competence by their parents.

Specific Results for Preschool Age Children:

- When overall child care quality was higher, preschool age children also scored higher on early cognitive, language, and academic skills (i.e., FACES preacademic tasks and receptive vocabulary).
- When caregivers used more complex language with them, preschool age children also scored higher on early academic skills.
- When parents rated the quality of the parent-caregiver relationship more positively, children had more positive academic attitudes as assessed by parents and caregivers and were higher on measures of social-emotional competence as assessed by parents.
- With the exception of Head Start and relative care, when caregivers rated the parent-caregiver relationship more positively, children were rated higher on social-emotional competence by caregivers.
- When caregivers rated the caregiver-child relationship more positively, children also were rated higher on social-emotional competence by both parents and caregivers.

Child Care Quality and Parent Employment

15. In this research sample, many low-income working families experienced challenges balancing work, schooling, and child care. A majority of male and female heads of household in the sample were employed or attended school or training programs 35 or more hours per week. Most worked standard daytime shifts. Approximately 15% more males than females reported working full time. Males tended to report working at their current employer longer than females, and females were more likely to report work interruptions due to illness or child care problems.

16. In general, there were few significant links between child care quality and parent education and employment outcomes. The type of child care setting or the community of residence did not contribute to parent employment or education outcomes. However, there was scattered evidence that families whose children were enrolled in higher quality child care settings also had more stable employment patterns.

CONCLUSIONS & ISSUES FOR FUTURE RESEARCH

The results of the Community Child Care Research Project provide new data describing the child care experiences of low income working families in 4 communities in Indiana. Because the study participants were volunteers rather than randomly selected, and because the research design was correlational rather than experimental, conclusions drawn from these findings necessarily have limitations. The findings cannot be confidently generalized to other low income working families and child care providers, nor can the links between child care quality and children's development be assumed to be causal. For example, while it is quite possible that higher quality child care does support better child development outcomes, it is also plausible that families whose children have more advanced levels of development found and used higher quality child care. Despite these limitations, the research results do represent the recent experiences of more than 300 low income working families, their children, and their child care providers. The results suggest a number of key issues that need further investigation by policy makers and researchers.

1. **Are children from low-income working families at risk for less than optimal development?** Many children in this sample scored lower than established norms in areas of cognitive competence. This is not unusual for children from low income families. The existing research literature suggests that both family and child care experiences influence children's development and school readiness. However the significant correlations we found between child care quality and children's abilities, even after controlling for maternal education and children's age, suggest that efforts to improve child care quality could have an impact on children's development. These findings did not vary by community or type of child care.

2. **Is child care obtained by low income working families of low quality?** The observed quality levels of all types of child care used by this sample of low income working families in four communities were low. Almost half of the children in this study attended child care that may not provide experiences and environments thought to be important for development. Educating parents about how to select good quality child care is important. However, there also appeared to be limited child care options for families, due to issues of affordability and accessibility of good quality care. Effective child care policies for low income working

families should take quality, availability, and affordability into account, so that good quality care is a realistic option for all children.

3. **Is there is a critical need to improve the quality of infant and toddler care for low income working families?** Child care quality for infants and toddlers observed in this research was low, using several quality measures, in all types of settings, in all four communities. Finding and affording good quality infant-toddler care may be especially problematic for young parents with lower education levels and lower wages, because they are least able to afford infant-toddler child care, which is typically more expensive than care for older children.

4. **Are new efforts needed to improve the quality of licensed family child care?** Even though licensed child care was generally of higher quality than unlicensed care, licensed family child care in this sample was observed to be low in overall quality and low in several aspects of process quality (e.g., caregiver sensitivity; caregiver responsive interactions with children)-- especially for infant/toddler care. The need for improvement in caregiver-child relationships in licensed family child care should be further investigated.

5. **Indiana should investigate quality levels in the rapidly growing number of child care ministries, currently license exempt.** Registered child care ministries are serving increasing numbers of children in Indiana. While this research observed a small sample of children in child care ministries, in general quality in these programs was lower than in licensed child care centers or Head Start. These results suggest the need for a more comprehensive look at quality of care in child care ministries, to determine the need for increased regulation to improve quality.

6. **Greater flexibility in child care and employment is needed for low-income working families to accommodate changing work shifts, non-traditional hours, and care for sick children.** Parents as well as child care leaders in this study pointed to the need for affordable and accessible quality child care that provides more flexibility for low income working families, to accommodate challenging work and school schedules, job training, and child illness. Employers should also look at the possibility of increasing support and work schedule flexibility for workers who are parents of young children.

7. **It is important that the strengths and limitations of individual urban communities are recognized and incorporated when planning for improvements in child care quality for low-income working families.** Indiana provides a unique context for child care because many child care decisions are made at the county level. Even though many experiences of this sample of low income families were similar across these four communities, there were significant differences in the demographics of families, availability of child care, types of care selected, quality levels of specific types of care, and in the focus of county-level quality improvement initiatives. This suggests there are important individual community strengths and limitations in child care for low income working families, and that future initiatives to improve quality should account for these variations.

The Principal Investigators of The Community Child Care Research Project were: James Elicker and Susan J. Kontos, Child Development and Family Studies, Purdue University. The Community Child Care Research Project and this report were made possible by grant number 90YE0047 from the Child Care Bureau, Administration on Children, Youth and Families, U.S. Department of Health and Human Services. The total amount of the federal grant award was $634,463 plus an additional 20% matching funds provided by Purdue University. The contents of the report are solely the responsibility of the authors and do not represent the official views of the funding agency, nor does publication in any way constitute an endorsement by the funding agency.

For more information or a complete report, contact Dr. Jim Elicker, (765) 494-2938, elickerj@purdue.edu, or go to the project web site: www.cfs, purdue.edu/cccrp/.

OVERALL QUALITY AMONG LICENSED AND LICENSE-EXEMPT EARLY CHILDHOOD CENTERS

Findings from the Midwest Child Care Research Consortium indicate a notable difference between licensed and license-exempt early childhood centers in several areas: teacher education and professional development, compensation, and program quality.

Background

In 2001, university researchers and state program partners in four states (Missouri, Iowa, Kansas, and Nebraska) initiated the Midwest Child Care Research Consortium (MCCRC). The focus of the Consortium's work is to conduct a large longitudinal study on a range of issues associated with child care quality. Across the four states, a random selection of 2,022 child care providers participated in the study representing licensed infant, toddler, and pre-school centers including Head Start and Early Head Start programs, license-exempt centers, and licensed and unlicensed family child care homes. In Missouri, 319 center-based providers participated in telephone interviews. Of those, 77 providers were randomly selected to have a researcher visit her program to conduct an on-site assessment of child care quality.

This brief will discuss several important aspects of early childhood centers. The findings presented are those that show statistically significant differences between licensed and license-exempt centers. Each program was observed for two- to three-hours using the Caregiver Interaction Scale (CIS) and either the Early Childhood Environmental Rating Scale or the Infant-Toddler Environmental Rating Scale depending on the age of the children.

Teacher Education and Professional Development

The findings from this study indicate that early childhood teachers who work in licensed child care centers have more education and participate in more professional development opportunities when compared to teachers who work in license-exempt centers.

Education: Teachers in licensed centers more frequently reported that they had completed the process to earn a Child Development Associate (CDA) credential and they reported having more formal child development-related education than teachers in license-exempt centers.

Professional Development: Teachers in licensed centers more frequently participate in professional development activities than those in license-exempt centers. Teachers in licensed centers were more likely to:

- Belong to the National Association for the Education of Young Children (NAEYC)
- Attend a training in specific curricula designed for early childhood programs (e.g., Project Construct, High Scope)
- Pursue on-going training opportunities that further their knowledge of child development and their career as an early childhood educator

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Teacher Compensation

Although compensation is frequently limited to salary, the MCCRC study also examined this from the perspective of benefits. The findings indicate that teachers who work in licensed child care centers received more benefits than teachers who work in license-exempt centers.

Retirement: Teachers in licensed child care centers more frequently reported that they participate in a retirement program through their place of employment than teachers in license-exempt centers.

Health Insurance: Teachers in licensed child care centers are more likely to receive personal health insurance and health insurance for family members than teachers in license-exempt centers (the cost and scope of the health insurance plans were not examined in this study).

Program Quality in Licensed and License-Exempt Centers

Important differences were identified between licensed and license-exempt centers in two critical areas related to the learning experiences of young children. These include:

Overall Program Quality: Licensed centers in urban and rural areas scored higher on overall program quality than license-exempt centers. Further, license-exempt centers in rural communities scored lower than license-exempt centers in urban areas. Licensed centers also scored higher than license-exempt centers on the CIS positive interaction subscale and lower on the detached behavior subscale. This means caregivers had more positive interactions and exhibited less detached behavior as they interacted with the children. Licensed centers participate in the USDA food program more frequently than license-exempt centers.

Reading to Children: Teachers in licensed programs were more likely to agree to the following statement than teachers in license-exempt centers, "Every day, every child in your care is read to or receives picture book experiences."

Policy Recommendations

When formulating policy regarding the well-being of children, policies should function to enhance the care and education of children. Therefore:

- Ensure all small business owners, including owners of child care facilities, have the opportunity to purchase affordable health insurance for their employees.
- Require training hours in general child development and health and safety practices for persons who work in license-exempt centers.
- Provide on-site training and continued professional development consultations for early childhood educators working in early childhood programs and target rural communities.

(Thornburg, K., Scott, J., Mayfield, W., 2002)

The Primary Investigators of the Midwest Child Care Research Consortium are: Kathy Thornburg (Missouri), Helen Raikes, Carolyn Edwards, and Julia Torquati (Nebraska), Susan Hegland and Carla Peterson (Iowa), and Jean Ann Summers and Jane Atwater (Kansas). Funded by HHS Child Care Bureau and the Ewing Marion Kauffman Foundation.

13 Indicators of Quality Child Care: Research Update

Presented to:
Office of the Assistant Secretary for Planning and Evaluation
and
Health Resources and Services Administration/Maternal and Child Health Bureau
U.S. Department of Health and Human Services

Presented by:
Richard Fiene, Ph.D.
Pennsylvania State University
National Resource Center for Health and Safety in Child Care, University of Colorado

2002

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- Handwashing/Diapering Indicator
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Overview

The purpose of this research brief is to provide guidance for state child care agencies as they think about revising their state child care regulations. The brief is based upon a synthesis of literature around the health and safety standards for out-of-home child care found in *Stepping Stones to Using Caring for Our Children*, using 13 predictor/indicator topics to provide focus. The brief examines evidence that exists to support how these standards protect children from harm. The audiences for this research brief are state administrators and policymakers, child care providers, and early childhood researchers. It combines two licensing measurement methodologies (Fiene & Kroh, 2000): 1) Licensing weighting and 2) indicator systems. Licensing weighting and indicator systems are two licensing measurement tools that have been utilized in the licensing literature for the past 20 years. These two methodologies are part of the *Licensing Curriculum* developed by the National Association for Regulatory Administration. These methodologies constitute the most researched tools for conducting inferential inspections by licensing agencies.

The National Resource Center for Health and Safety in Child Care utilized the two licensing measurement methodologies to develop a user-friendly, shortened assistance tool based upon *Caring for Our Children: National Health and Safety Performance Standards for Out-of-Home Child Care*, a comprehensive standards document containing over 900 standards. The shortened assistance tool, *Stepping Stones to Using Caring for Our Children* , is a statistically determined version of *Caring for Our Children* , based upon the most critical standards to protect children from harm in out-of-home child care. Employing the indicator system methodology, this research brief builds upon *Stepping Stones* by focusing on those standards that protect children from harm in child care. These standards are also key predictors regarding children's positive outcomes while in child care and are statistical indicators of overall compliance with child care regulations. The indicators in this brief contain a reduced number of standards from those presented in *Stepping Stones* . These standards have gone through a weighting consensus based on risk factors as well as an indicator methodology that selects standards on the basis of being able to predict overall compliance with standards and positive outcomes for children. As state regulations are rewritten, this brief will constitute a major step forward in support of state child care agencies as they attempt to ascertain which standards are the keys to protecting children.

This research brief is the final product of a lengthy process that started in 1979, when the Federal Interagency Day Care Requirements (FIDCR) were being drafted and the Department of Health, Education and Welfare (HEW) was looking for a streamlined tool for conducting monitoring reviews. The weighted licensing indicator system was just being developed in Pennsylvania (Fiene & Nixon, 1981) and this new methodology looked like a potential solution for the FIDCR standards. Although the FIDCR standards went through several drafts, the standards were never finished and implemented. However, the interest of HEW (became the Department of Health and Human Services (HHS) in 1980) in the weighted licensing indicator system methodology never wavered. A federal demonstration grant was given to Pennsylvania to further develop this methodology and begin pilot testing it in a consortium of states from 1980-1985 (Fiene, 1988). After 1980 it became clear that the monitoring focus for child care programs was shifting from the federal government to the states. HHS wanted to assist states in their monitoring efforts and felt that the weighted licensing indicator system was an innovative means for doing this.

During 1980's and early 1990's, many states utilized this methodology to help streamline their licensing enforcement systems. In 1994, a study from the U.S. General Accounting Office (GAO) estimated that 30 states were using the methodology in one form or another. The methodology has been used in child care and in other human services areas as well, including: mental health, early intervention, child welfare, and youth services (Fiene, 1988). During this time, a national data base was established at the

Pennsylvania State University in order to track the various state regulations that constituted respective states' weighted licensing indicator systems. The remarkable aspect of this data collection effort and data base was that a core set of indicators began to appear. Although the wording was not exact from state to state, every state had the same indicators appearing on their indicator checklists in some fashion. Thirteen key indicators consistently appeared. The 13 indicators were the following: child abuse reporting and clearances, proper immunizations, staff child ratio and group size, director and teacher qualifications, staff training, supervision/discipline, fire drills, administration of medication, emergency plan/contact, outdoor playground safety, inaccessibility of toxic substances, and hand washing/diapering.

From the early 1990's, the methodology began to gain the attention of national organizations that were interested in utilizing it outside of the licensing domain. For example, the National Child Care Association was interested in using it for their newly developing accreditation system (Fiene, 1992). In 1994, the Maternal and Child Health Bureau and the National Resource Center for Health and Safety in Child Care became interested in exploring a means for targeting certain standards in *Caring for Our Children* based upon the methodology. *Stepping Stones* is the product of that endeavor. However, only the weighting consensus portion of the methodology was utilized in the development of *Stepping Stones* . This research brief completes that process by incorporating the key indicator portion of the methodology.

This research brief updates reviews of recent research that is related to the 13 indicators that form the basis of the national database maintained at the Pennsylvania State University. It also lists the standards from *Caring for Our Children* that correspond to the 13 indicators. In many of the indicators, several standards are listed because the indicator was represented by different wording or emphases in the various state regulations. Therefore, when the comparison between the *Caring for Our Children* standards and the national data base of the state child care regulations was completed, many variations on each specific indicator were included.

The research brief then summarizes the research that has been completed in the 1990's and identifies gaps where additional research is needed. Following that, a summary table gives additional detail in an annotated bibliographic fashion on key studies that demonstrate the importance of the particular indicator. This research base and review clearly documents the importance of the 13 indicators when determining the health and safety of young children in child care and the overall quality of a program.

These key indicators support and embrace the overall research literature related to child care quality. Many of the indicators have been identified as key surrogates of child care quality that have an impact on young children and as being a reliable tool for identifying high compliant versus low compliant programs. The research literature over the past 20 years has demonstrated that these indicators accomplish two things. One, they statistically predict overall compliance with regulations in particular states. And two, a significant relationship exists between compliance with these indicators and positive outcomes for young children (Fiene, 1994).

Please see full document at this web site.

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Introduction

The Office of the Assistant Secretary for Planning and Evaluation and the Bureau of Maternal and Child Health in the U.S. Department of Health and Human Services have commissioned this research brief through an interagency agreement; it was developed from a comprehensive literature search conducted by the National Resource Center for Health and Safety in Child Care.

United Way
of Central Indiana

Central Indiana Child Care Ministry Improvement Project
Classroom Observation Pre-Test Findings

This report highlights the findings from the classroom observations that were conducted in April-July 2010 for the Central Indiana Child Care Ministry Improvement Project. A total of 60 classrooms were assessed using either the Infant Toddler Environment Rating Scale-Revised (ITERS-R) or the Early Childhood Environment Rating Scale-Revised (ECERS-R), valid and reliable tools widely used in research studies to measure the quality of early childhood classrooms.

Classrooms that serve children birth-2 ½ were assessed using the ITERS-R. There are seven subscales and 39 items on the ITERS-R:

- Space and Furnishings – includes items related to the structural features of the indoor space, availability of furniture, and room arrangement
- Personal Care Routines – includes items related to meal preparation, diapering, nap, health practices and indoor/outdoor safety
- Listening and Talking – includes items related to helping children use and understand language and the availability and usage of books
- Activities –includes play materials that are available and accessible to children
- Interaction – includes items related to supervision, peer interactions, discipline and staff-child interactions
- Program Structure – includes items related to the daily schedule, free play, group play, provisions for children with disabilities (if applicable)
- Parents and Staff – includes items related to provisions for parents and staff, professional development of staff, staff interaction and continuity, and supervision of staff

The ITERS-R is scored on a 7 point scale, with 1 representing inadequate care, 3 is minimal care, 5 is adequate care and 7 is considered excellent care.

Classrooms that serve children from 2 ½-5 years of age were assessed using the ECERS-R, which consists of seven subscales described above and 43 items. The subscales are:

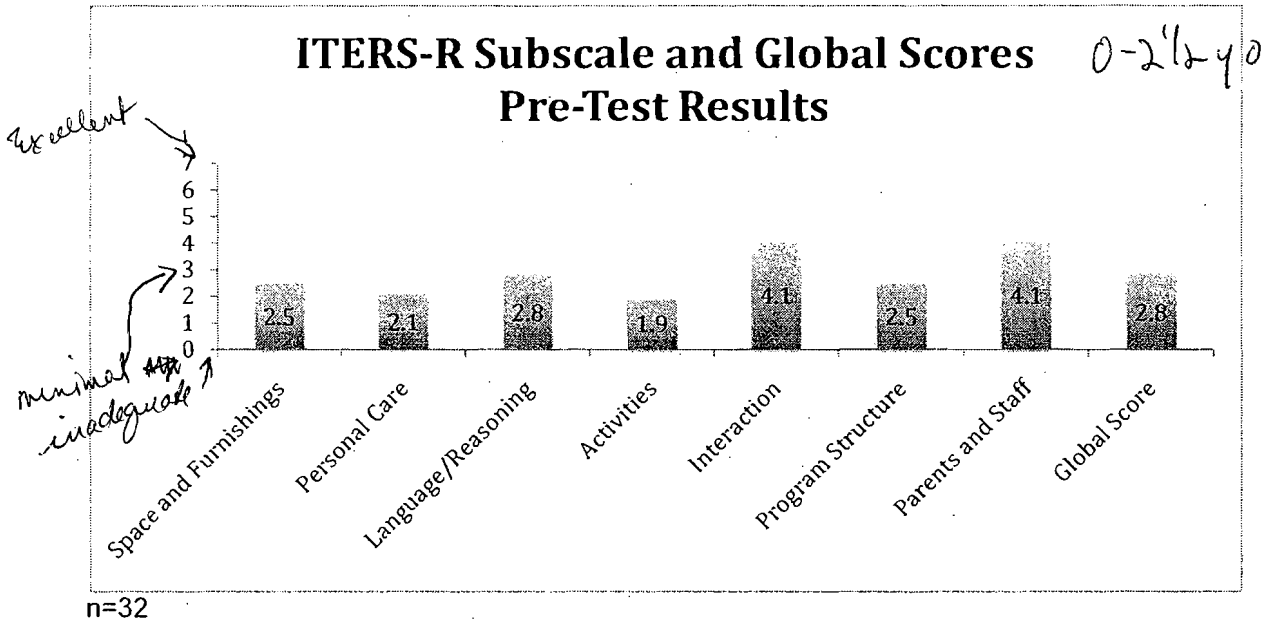
- Space and Furnishings
- Personal Care Routines
- Language-Reasoning
- Activities
- Interaction
- Program Structure
- Parents and Staff

Following are highlights of the classroom observation findings:

- The overall average global score for the infant/toddler classrooms was 2.8 out of 7, with a range of scores from 1.4-4.9. The overall score falls below what is considered "minimal" care on this scale.
- The overall average global score for the preschool classrooms was 2.6, with a range of scores from 1.4-4.7. The overall score falls below what is considered "minimal" care on this scale.
- Scores for the Parents and Staff subscale were the highest (4.1 out of 7) for both the infant/toddler and preschool classrooms
- Interaction scores were higher in infant/toddler classrooms (4.1 out of 7) compared to preschool

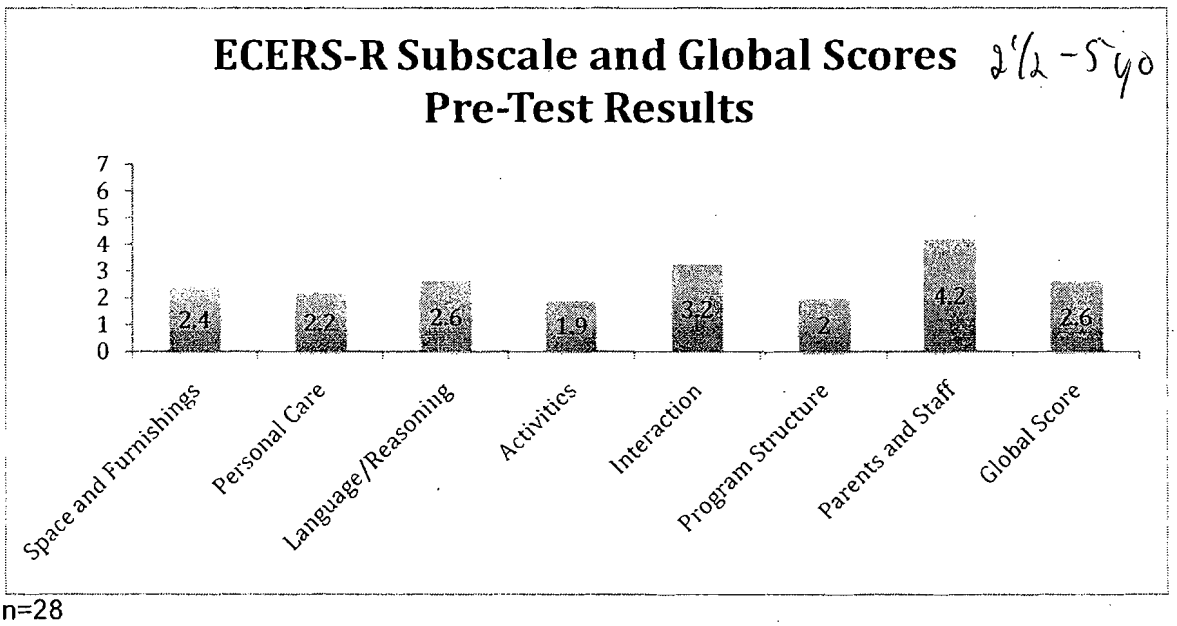
classrooms (3.2 out of 7)

- Scores for the Activities subscale were the lowest for both infant/toddler classrooms and preschool classrooms (1.9 out of 7)



n=32

1=Inadequate care; 3=minimal care; 5=adequate care; 7=excellent care



n=28

1=Inadequate care; 3=minimal care; 5=adequate care; 7=excellent care

United Way of Central Indiana's Child Care Ministry Improvement Project, funded by an American Recovery an Reinvestment Act grant and United Way's Capital Improvement Fund, aims to improve the quality of 60 child care ministries in Central Indiana; enabling more of these unlicensed registered ministries to participate in Indiana's Paths to QUALITY rating system. For questions, contact Ted Maple at 317-921-1235 or ted.maple@uwci.org.

United Way of Central Indiana Child Care Ministry Improvement Project
Report to the Data Development Committee
Preliminary Data: July 2010

The following document provides background information to members of the Data Development Committee on recent evaluation data collection activities for the Central Indiana Child Care Ministry Improvement Project. Please note that all data presented within this report are preliminary and are internal discussion purposes only.

Overview of Data Collection Activities

Ruprecht and Hoke Consulting will update the committee on the status of the following data collection activities at the July 16th meeting:

1. Classroom Observations (ITERS-R and ECERS-R Pre-Assessments);
2. Caregiver Responsiveness (Arnett);
3. Lead Teacher Education and Training;
4. Stage of Change Assessment; and
5. Survey of Ministry Directors.

Classroom Observations

A total of 61 classrooms that were assessed using either the ITERS-R or ECERS-R and a total of 60 sites that remain in the program as of late June are represented in Chart 1. Four or five additional sites that recently joined the project may be added to the final pre-assessment totals.

Classrooms that serve children from 2 ½-5 years of age were assessed using the **Early Childhood Environment Rating Scale (ECERS).** Classrooms that serve children birth-2 ½ were assessed using the the **Infant Toddler Environment Rating Scale-Revised (ITERS-R).** All assessments are scored on a 7 point scale, with 1 representing inadequate care, 3 is minimal care, 5 is adequate care and 7 is considered excellent care.

Highlights

- Overall global scores for infant/toddler and preschool classrooms fall below the minimal rating of quality (2.7 out of 7)

- Scores for the Parents and Staff subscale were the highest (4.1 out of 7) for both the infant/toddler and preschool classrooms

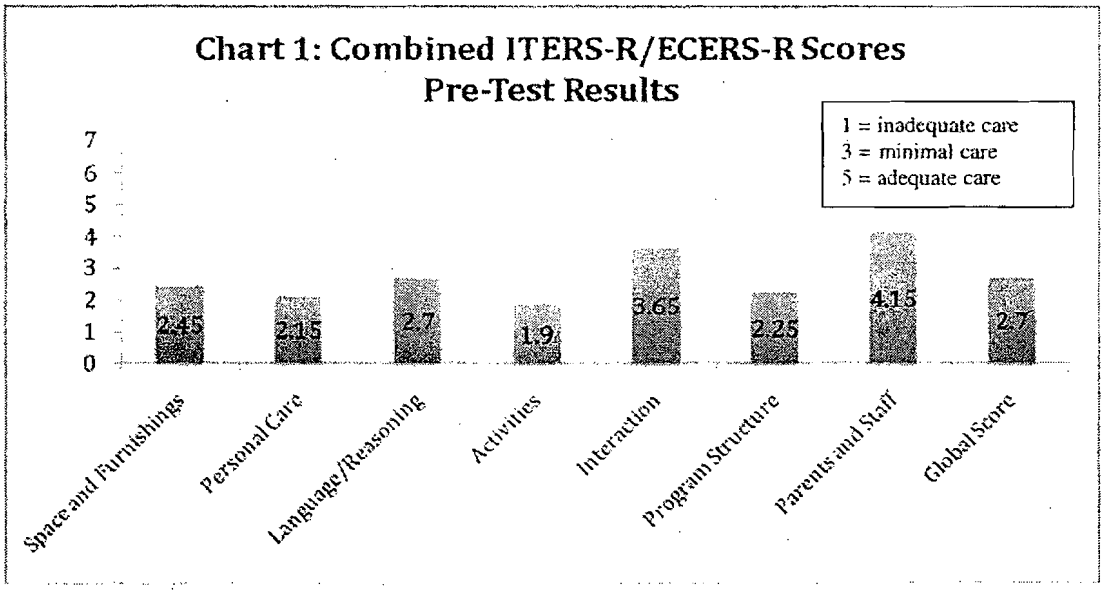
- Interaction scores were higher in infant/toddler classrooms (4.1 out of 7) compared to preschool classrooms (3.2 out of 7)

- Scores for the Activities subscale were the lowest for both infant/toddler classrooms and preschool classrooms (1.9 out of 7)

- One-third of classrooms (n=20) that were observed were out of ratio; 8 out of 27 infant/toddler classrooms were out of recommended ratio during the observation; 12 out of 33 preschool classrooms were not in recommended ratio

- The average staff:child ratio for infant/toddler classrooms was 1.7 staff to 6.5 children; for preschool classrooms, the average ratio was 1.4 staff to 9.7 children

The combined pre-assessment average global score in addition to the seven subscales are presented in Chart 1.



Teacher Training/Education

Lead caregivers in each of the classrooms were asked specific questions related to their highest educational level, whether they were currently enrolled in a CDA program, number of early childhood conferences they attended in past two years and the total number of training hours they completed in the past 12 months.

Highlights include:

- 12% of caregivers have a CDA credential; 14% of caregivers are currently enrolled in a CDA program. This represents 25% of the lead caregivers (n=15) in the sample.

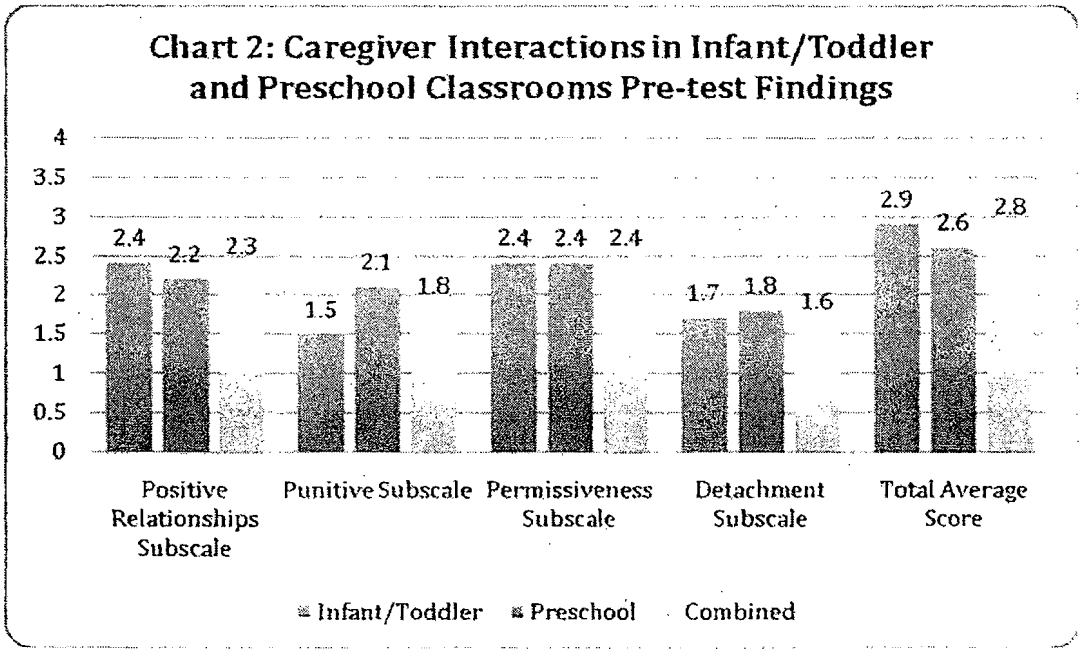
- 54% of lead caregivers (n=32) have participated in less than 12 hours of training in the past 12 months.

- 58% of lead caregivers (n=34) have not attended any early childhood education conferences in the past two years.

Caregiver Interactions

The Caregiver Interaction Scale (CIS) was used to assess the quality and content of the teacher's interactions with children. Average scores range from 1 to 4 with higher scores indicating more caregiver sensitivity. Chart 2 represents average scores on the CIS 4 subscales:

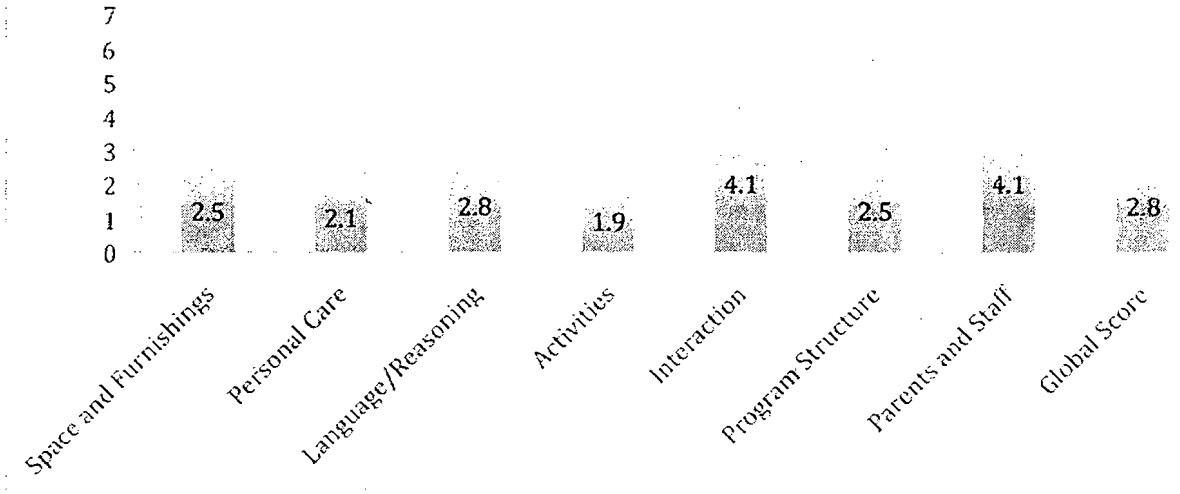
- Caregiver Warmth – this reflects appropriate interactions, enthusiasm and warmth
- Caregiver Permissiveness - this reflects tolerance of misbehaviors
- Caregiver Punitivnesss – this reflects hostile and excessively critical behavior toward children
- Caregiver Detachment – this reflects the degree to which the teacher is uninvolved or uninterested in the children.



Updates on the Stage of Change Tool and the Survey of Ministry Directors will be presented at meeting on July 16th.

ITERS-R and ECERS-R Scores
UWCI Child Care Ministry Improvement Project
Pre-test Findings
July 31, 2010

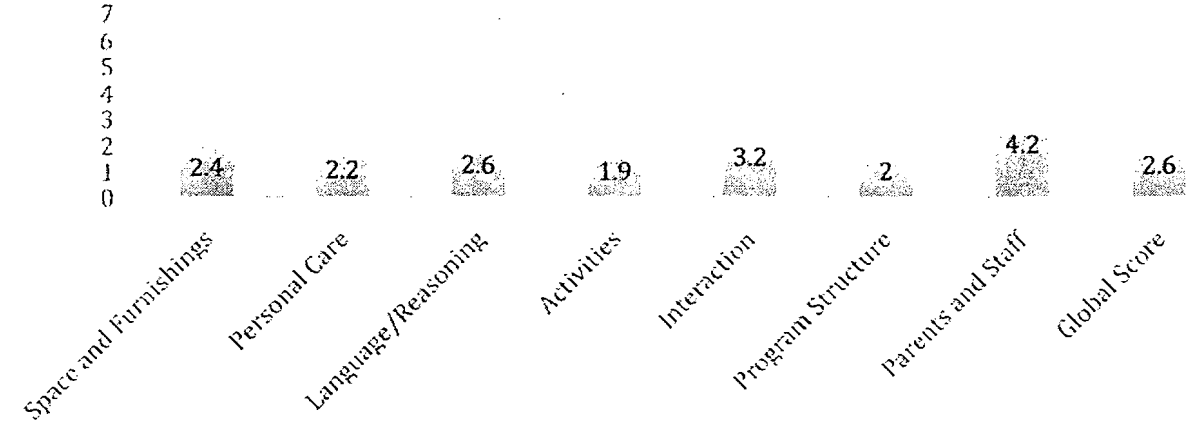
ITERS-R Subscale and Global Scores
Pre-Test Results



n=31

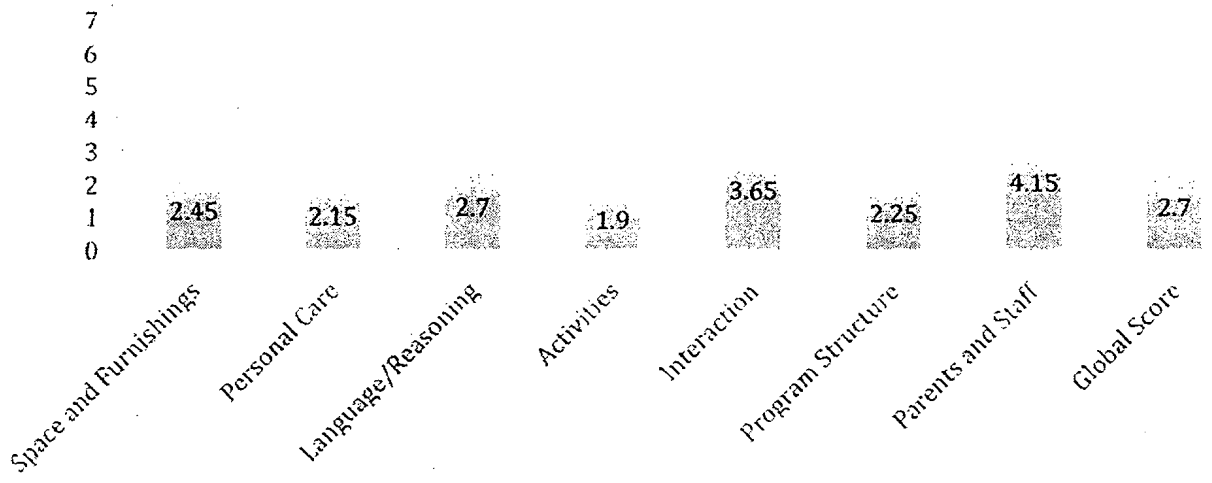
1=Inadequate care; 3=minimal care; 5=adequate care; 7=excellent care

ECERS-R Subscale and Global Scores
Pre-Test Results



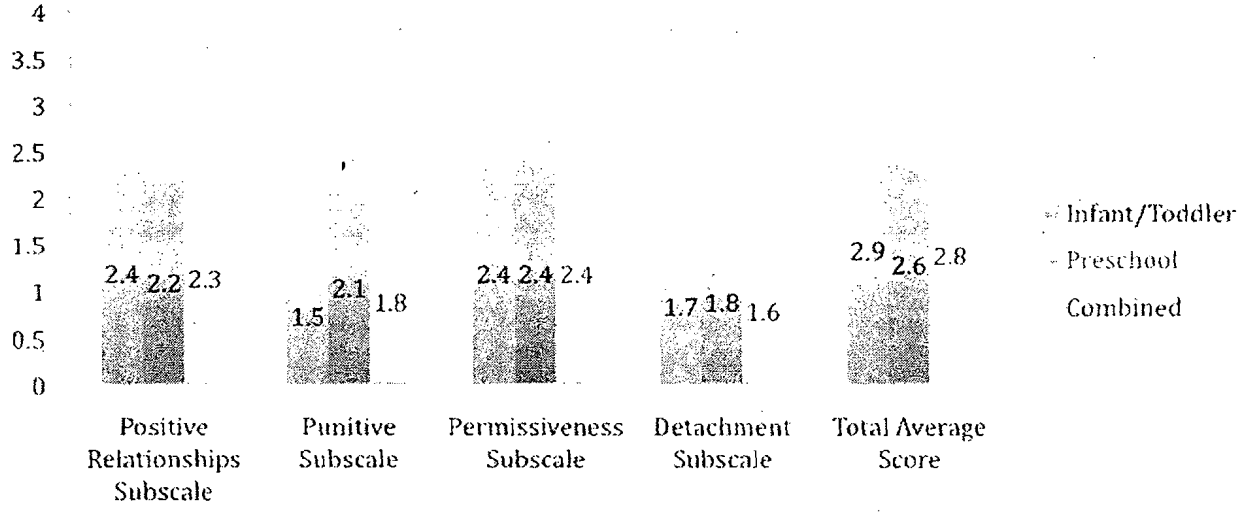
n=28

Combined ITERS-R/ECERS-R Scores Pre-Test Results



n=59

Caregiver Interactions in Infant/Toddler and Preschool Classrooms Pre-test Findings



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Scale: 1=not at all; 2=somewhat; 3=quite a bit; 4=very much

Caregiver Interaction Scale Explanation

Higher subscale scores means that the caregiver engages in more positive relationships, is more punitive, is more permissive, and is more detached. The **TOTAL score** indicates the caregiver is warmer, less permissive, less punitive, and less detached. The higher the total score, the more engaged and interactive the caregiver is with the children in the classroom.

Positive Relationships – this reflects appropriate interactions, enthusiasm and warmth. Example items include:

- Speaks warmly to children
- Seems to enjoy the children
- Encourages children to try new experiences
- Pays positive attention to the children as individuals

Caregiver Punitivnesss – this reflects hostile and excessively critical behavior toward children. Example items include:

- Seems critical of the children
- Places high value on obedience
- Threatens children in trying to control them
- Finds fault easily with children

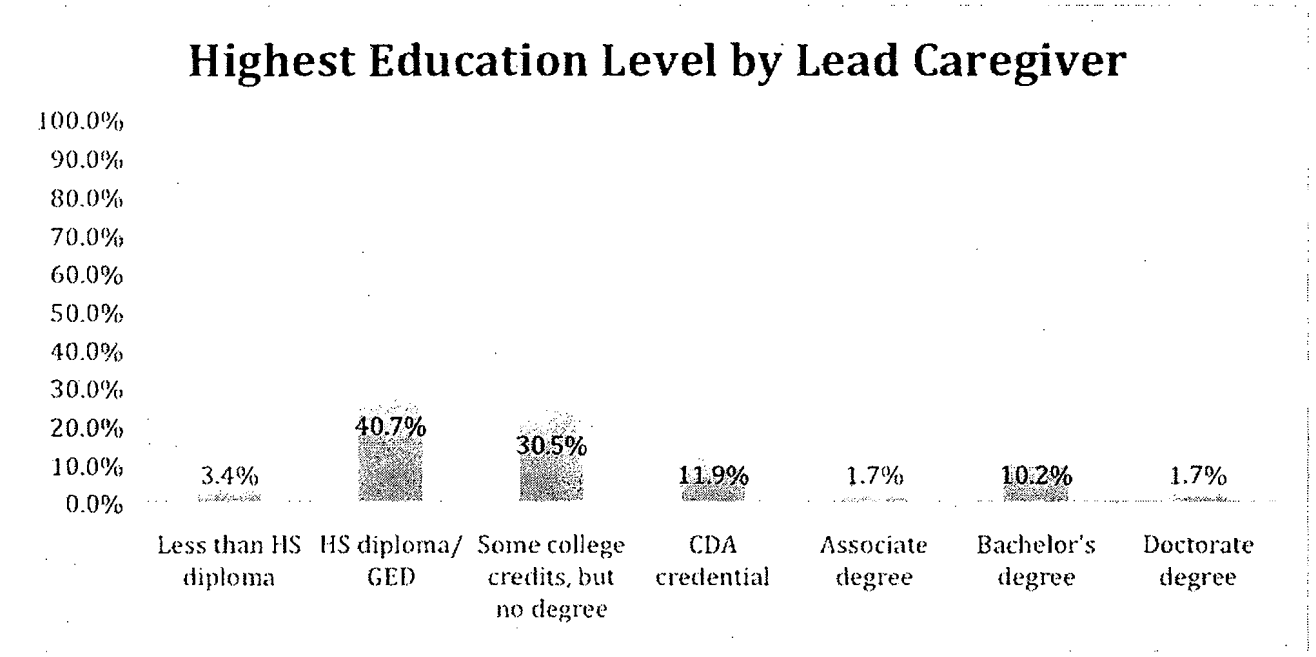
Caregiver Permissiveness - this reflects tolerance of misbehaviors. Examples items include:

- Exercises a great deal of control over the children
- Reprimands children when they misbehave
- Exercises firmness when necessary
- Expects the children to exercise self-control

Caregiver Detachment – this reflects the degree to which the teacher is uninvolved or uninterested in the children. Example items include:

- Seems distant or detached from the children
- Spends considerable time in activity not involving interaction with the children
- Fails to show interest in children's activities
- Fails to supervise children very closely

Teacher Education



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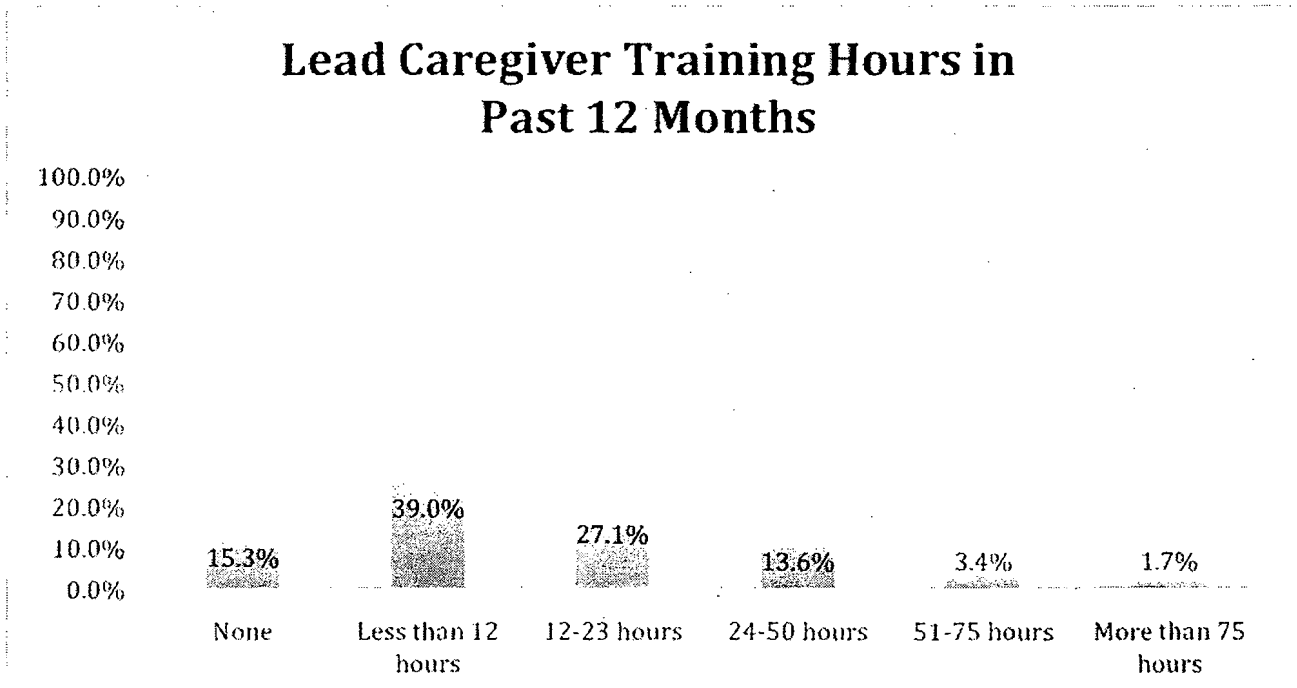

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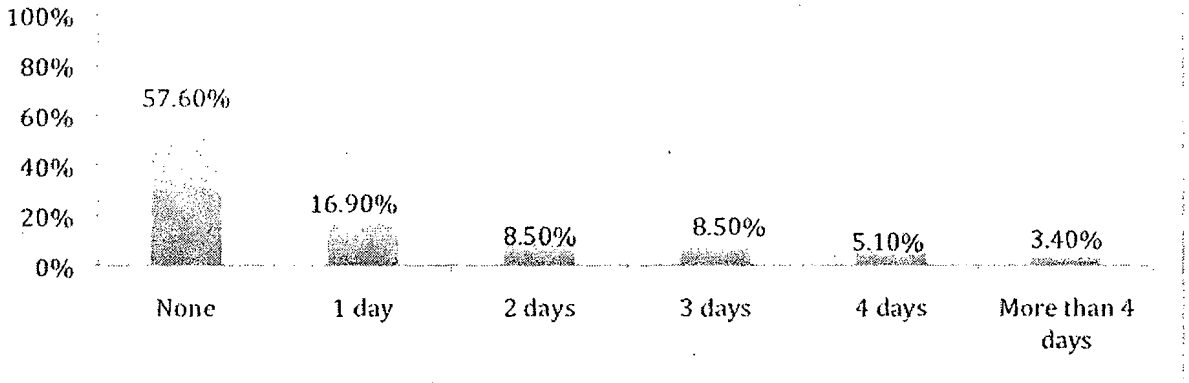
Lead Caregiver Participation in ECE Conferences (one day or more) in Past 2 Years



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