

Paths to

QUALITY

A Child Care Quality Rating System for Indiana

What is its Scientific Basis?

James Elicker
Carolyn Clawson Langill
Karen Ruprecht
Kyong-Ah Kwon

PURDUE
UNIVERSITY

Center for Families and Department of Child Development & Family Studies

EXECUTIVE SUMMARY

**Paths to QUALITY--
Child Care Quality Rating System for Indiana
What is its Scientific Basis?**

**James Elicker
Carolyn Clawson Langill
Karen Ruprecht
Kyong-Ah Kwon**

**Child Development & Family Studies
Purdue University**

October 23, 2007

Paths to QUALITY—A Child Care Quality Rating System for Indiana: What is its Scientific Basis?

Executive Summary

Paths to QUALITY is Indiana's new statewide child care quality rating system, scheduled to begin implementation in selected regions of the state in 2008 and then continue phased implementation through 2009. Child care quality rating systems are a relatively recent trend in the United States.

The main components of most state QRS programs are: 1) a set of quality standards that apply to home-based and center-based child care; 2) a process for objectively assessing child care quality and maintaining accountability; 3) a system of training and technical assistance to help child care providers improve quality; 4) incentives to encourage providers to reach higher levels of quality; and 5) public information to inform parents about what the QRS is and how to use it when they make child care decisions. As of January, 2007, 15 states had already implemented a QRS for child care, and several other states, including Indiana, were planning QRS programs.¹

In 2007 Indiana's Bureau of Child Care, a division of the Family and Social Services Administration, contracted Purdue University to complete a scientific review of the quality standards contained in Paths to QUALITY, the proposed quality rating system. The overall goal of this review was to conduct an external evaluation of the scientific validity of the Paths to QUALITY standards.

The review focused on the following three questions:

1. What are the known results and effects of the two existing Indiana QRS pilot programs to date? (Fort Wayne and Evansville areas)
2. Will the proposed Indiana QRS levels and criteria result in increasing the quality of child care children receive? (What does existing research tell us?)
3. Will the Indiana QRS system improve developmental outcomes for children? (What does existing research tell us?)

Paths to QUALITY Levels and Criteria

Indiana Paths to QUALITY (PTQ) establishes four levels of quality that apply to licensed child care centers, licensed family child care homes, and registered child care ministries. Each level includes specific criteria that must be met in order for that level to be awarded. The quality levels are labeled:

Level 1 – Health and Safety

Level 2 – Learning Environment

Level 3 – Planned Curriculum

Level 4 – National Accreditation

Paths to QUALITY History

Paths to QUALITY in Indiana

The Paths to QUALITY program was created by the Child Care and Early Education Partnership, a group of organizations working together in the Northeast Indiana “to develop awareness of and commitment to the importance of high quality early care and education for all children in the community.”² During 1996 to 1999, Paths to QUALITY, a child care quality indicator system, was created as a strategy to identify high quality early care and education.

Goals of Paths to QUALITY

Paths to QUALITY is a voluntary system created to assist parents in identifying and selecting quality child care and recognize providers for ongoing efforts to achieve higher standards of quality that the minimum state licensing requirements. Providers who choose to join PTQ receive a verification visit, are assessed, and are placed on one of four levels. Providers receive yearly re-verification visits to determine if they have maintained their current level or achieved a higher level.

The goals of the Paths to QUALITY as originally conceived were:

- 1. raise the quality of child care and early education experiences for children,**
- 2. give parents tools to help determine the best quality program for their children, and**
- 3. support and recognize providers for quality care.**

Implementation of Paths to QUALITY

In 2000, PTQ was implemented in Allen County in Northeast Indiana by the Early Childhood Alliance (ECA) Child Care Resource and Referral agency. In 2001, PTQ was implemented in the surrounding 5 counties of DeKalb, Whitley, Steuben, Noble, and LaGrange.

In 2005, 4C of Southern Indiana implemented the PTQ program in the 11 county service area of Vanderburgh, Posey, Pike, Dubois, Warrick, Knox, Martin, Daviess, Spencer, Gibson, and Perry Counties.

Conclusions from PTQ pilot programs in Northeast and Southwest Indiana:

- The dramatic growth in participation rates and increases in levels by providers in both regions illustrate the success of the program.
- In both regions relationships between providers and child care resource & referral staff, in particular mentoring services and training opportunities, were reported to be critical to the success of the programs and advancement in PTQ levels.
- Barriers for providers to advance levels in PTQ included: completing voluntary certification participation, meeting education and training requirements of staff, providing accessible, appropriate learning materials, understanding and implementing a developmentally appropriate curriculum, providing parent/teacher conferences, and implementing various administrative changes (developing parent contracts, writing strategic plans, instituting parent surveys and evaluations).
- Increased participation in training and professional development events made the greatest difference in helping providers advance to higher levels.
- The pilot programs demonstrate that the PTQ system is understandable to child care providers and provide preliminary evidence that when providers reach higher levels, they are increasing the quality of care and education they provide for children, as assessed by objective and valid quality measures.
- The successes of PTQ pilot programs provide encouragement for the development of a statewide quality rating system using the PTQ levels.

Key Quality Indicators Contained in the Paths to Quality Levels

After reviewing the Paths to QUALITY standards, the Purdue research team identified 10 “key quality indicators” within the standards: 1) Regulation, 2) Teacher education and specialized training, 3) Structural quality, 4) Process quality, 5) Assessment, 6) Provisions for children with special needs, 7) Program policies and procedures, 8) Director professional development, 9) Parent-teacher communication and involvement, and 10) Accreditation by NAEYC or other organizations.

We defined a “quality indicator” as something that:

1. is a concrete, observable, or otherwise documentable aspect of child care settings or practices;
2. has been identified as a “best practice” in national policies or professional position statements; and
3. has been evaluated specifically in the published scientific early education and child care literature.

Next, we identified the Paths to QUALITY levels and criteria that include each indicator and reviewed available evidence for the importance of each indicator and its relation to other measures of quality and its relationship to children’s development and well-being.

Conclusions: Validity of the PTQ Levels and Criteria

- A thorough review of 10 main quality indicators (including 12 additional sub-indicators) within the PTQ levels and standards revealed substantial scientific evidence for the validity of the PTQ quality criteria.
- 75% of the quality indicators we examined had “substantial evidence” for their validity.
- In addition, most of the PTQ quality indicators had significant evidence that they support children’s development, learning, or well-being in child care.
- Overall, we found significant support for the validity the PTQ quality indicators in the child development and early education scientific literature.
- In addition, most of the PTQ standards have the support of prominent early childhood education organizations, which have designated them as “best practices.”

General Conclusions

- Based on our analysis of the PTQ program as developed in regional pilots and upon review of the evidence for the validity of the proposed PTQ quality standards, we conclude that, if implemented with diligence, care, and accountability, the PTQ program has the potential to increase the quality in child care centers, child care ministries, and child care homes in Indiana.
- Further, if implemented with care, the PTQ system has the potential to help child care providers increase their support of Indiana young children’s learning, development, and well-being.

¹ National Child Care Information Center. (2007, April). Quality rating systems: Definition and statewide systems. Retrieved September 21, 2007 from www.nccic.org/pubs/qrs-defsystems.html.

² Child Care and Early Care Partnership Mission, 1996.

**Paths to QUALITY--
A Child Care Quality Rating System for Indiana
What is its Scientific Basis?**

**James Elicker
Carolyn Clawson Langill
Karen Ruprecht
Kyong-Ah Kwon**

**Child Development & Family Studies
Purdue University**

October 23, 2007

Acknowledgments

The authors wish to thank the staff of the Early Childhood Alliance in Fort Wayne, Indiana, especially Madeleine Baker, Teresa Reidt, and Pam Leffers, for their assistance in the compilation of data describing the history and accomplishments of the first Paths to QUALITY pilot program in Indiana.

We also wish to acknowledge the many contributions of the staff of 4C of Southern Indiana, Inc., especially Erin Ramsey and Jennifer Gronotte. In addition to sharing data they collected over the first two years of the PTQ program, they collaborated with Purdue University in an external evaluation study funded by the Welborn Baptist Foundation, Inc.

Funding for this report was provided by contract with Purdue University from the Indiana Bureau of Child Care, a department of the Division of Family Resources, Indiana Family & Social Services Administration. The Indiana Paths to QUALITY program is directed by Michelle Thomas, State Child Care Administrator with the Bureau.

Table of Contents

Introduction	4
Overview: Paths to QUALITY Levels and Criteria	5
Paths to QUALITY: History	6
Goals of Paths to QUALITY	6
History of PTQ in Indiana	7
Implementation of Paths to QUALITY	7
Overview of Results: ECA PTQ Program (Northeast Indiana)	7
Overview of Results: 4C PTQ program (Southwest Indiana)	10
General Conclusions: Indiana PTQ Pilot Programs.....	12
What Are the Key Quality Indicators in the Paths to QUALITY Levels?	13
Paths to QUALITY Indicators: Evidence for Validity	16
Introduction.....	16
Regulation	17
Teacher/Caregiver Education & Training.....	19
Structural Quality.....	21
Structural Quality: Teacher/Child Ratios.....	22
Structural Quality: Group Size.....	24
Structural Quality: Program Duration.....	26
Structural Quality: Classroom environment	27
Process Quality	30
Process Quality: Teacher-Child Interactions	31
Process Quality: Children’s Active Engagement.....	32
Process Quality: Child-Initiated and Teacher-Directed Activities	33
Process Quality: Activities in the Daily Routine	35
Process Quality: Developmentally- Appropriate Written Curriculum	37
Process Quality: Language and Literacy Opportunities	39
Process Quality: Diversity	41
Assessment.....	43
Provisions for children with special needs.....	45
Program policies & procedures.....	47
Director professional development.....	49
Parent-Teacher Communication & Involvement	51
Accreditation by NAEYC or other organizations	52
Conclusions: Validity of the PTQ Levels and Criteria	53
Appendix	
Quality Indicators Contained in Paths to QUALITY	2
Paths to QUALITY Pilot Program: Early Childhood Alliance	12
Paths to QUALITY Pilot Program: 4C of Southern Indiana, Inc	20

Paths to QUALITY—A Child Care Quality Rating System for Indiana: What is its Scientific Basis?

Introduction

Paths to QUALITY is Indiana's new child care quality rating system, scheduled to begin implementation in selected regions of the state in 2008 and then continue phased implementation statewide through 2009. Statewide child care quality rating systems are a relatively recent trend in the United States. According to the National Child Care Information Center:

A Quality Rating System (QRS) is a systemic approach to assess, improve, and communicate the level of quality in early care and education programs. Similar to rating systems for restaurants and hotels, QRS award quality ratings to early care and education programs that meet a set of defined program standards. These systems provide an opportunity for States to (1) increase the quality of care and education for children; (2) increase parents' understanding and demand for higher quality care; and (3) increase professional development of child care providers. QRS can also be an effective strategy for aligning components of the early care and education system for increased accountability in improving quality of care.¹

The main components of most QRS programs are: 1) a set of quality standards that apply to home-based and center-based child care; 2) a process for objectively assessing child care quality levels and maintaining accountability; 3) a system of training and technical assistance to help child care providers improve quality; 4) incentives to encourage providers to reach higher levels of quality; and 5) public information to inform parents about what the QRS is and how to use when they make child care decisions. As of January, 2007, 15 states had already implemented a QRS for child care, and several other states, including Indiana, were planning QRS programs.²

In 2007 Indiana's Bureau of Child Care, a division of the Family and Social Services Administration, contracted Purdue University to complete a scientific review of the quality standards contained in Paths to QUALITY, the planned quality rating system. The overall goal of this review was to conduct an external evaluation of the scientific validity of the Paths to QUALITY standards, as proposed. The review focused on the following three questions:

1. What are the known results and effects of the two Indiana QRS pilot programs to date? (Fort Wayne and Evansville areas)
2. Will the proposed Indiana QRS levels and criteria result in increasing the quality of child care children receive? (What does existing research tell us?)
3. Will the Indiana QRS system improve developmental outcomes for children? (What does existing research tell us?)

This report summarizes this review of scientific literature supporting the Paths to QUALITY standards. First, we present an overview of the four Paths to QUALITY levels, including the criteria child care providers must meet to attain each level. Second, we provide a summary of the original Paths to QUALITY program in the Fort Wayne area, and its subsequent replication in southwestern Indiana. We review the accomplishments and the documented impact of these

pilot programs on child care quality in these regions of the state. Third, we summarize our detailed analysis of 10 important “quality indicators” that are contained in the new Paths to QUALITY standards. This analysis includes a definition of each quality indicator, a description of where it appears in Paths to QUALITY levels, and a review of the scientific literature pertaining to each quality indicator. Fourth, we draw conclusions about the overall scientific validity of the Paths to QUALITY standards, projecting the program’s impact on Indiana’s child care quality and the development of its young children.

Overview: Paths to QUALITY Levels and Criteria



Indiana Paths to QUALITY establishes four levels of quality that apply to licensed child care centers, licensed family child care homes, and registered child care ministries. Each level includes specific criteria that must be met in order for that level to be awarded. The quality levels, with a brief description of the criteria for each level, are:

Level 1 – Health and Safety

- Basic requirements for health and safety are met.
- Develop and implement basic health and safety policies and procedures.
- Staff members receive orientation within 30 days of being hired.

Level 2 – Learning Environment

- Provide an environment that is welcoming, nurturing, and safe for the physical, emotional, and social well-being of all children.
- Activities and materials reflect the age, interests, and abilities of all children.
- Provide for children’s language and literacy skill development.
- Provide pertinent program information to families.
- Promote staff/assistant caregivers’ development and training.
- Program has a written philosophy and goals for children.

Level 3 – Planned Curriculum

- A written curriculum and planned program for children reflects developmentally appropriate practice.
- Program evaluation is completed annually by parents and staff.
- Actively engage in program evaluation and have an action plan for improvement
- Demonstrate professional growth of Director and staff or lead caregiver and assistants in excess of licensing requirements
- Facilitate family and staff input into the program.
- Program has been in operation for a minimum of one year or lead Caregiver has at least 12 months experience in a licensed or Bureau of Child Care nationally recognized accredited child care setting as a child care provider.

Level 4 – National Accreditation

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

Paths to QUALITY: History**Goals of Paths to QUALITY**

Paths to QUALITY is a voluntary system created to assist parents in identifying and selecting quality child care and recognize providers for ongoing efforts to achieve higher standards of quality than the minimum state licensing requirements. Providers who choose to join PTQ receive a verification visit, are assessed, and are placed on one of four levels. Providers receive yearly re-verification visits to determine if they have maintained their current level or achieved a higher level.

The goals of the Paths to QUALITY as originally conceived were:

- 1. to raise the quality of child care and early education experiences for children,**
- 2. to give parents tools to help determine the best quality program for their children, and**
- 3. to support and recognize providers for quality care.**

Through these goals it was proposed that PTQ would also provide the following benefits:

- Affirm and support the role of parents
- Provide opportunities for all children to develop optimally
- Develop well-trained, qualified child care and early education staff
- Provide experiences which help children succeed in school
- Make affordable, high quality child care available when and where families need it
- Encourage a more stable child care workforce through increased stature, professionalism, salaries and benefits
- Help children make a smooth transition to kindergarten

History of PTQ in Indiana

The Paths to QUALITY program was created by the Child Care and Early Education Partnership, a group of organizations working together in the Fort Wayne area “to develop awareness of and commitment to the importance of high quality early care and education for all children in the community.”³ In 1996, the Partnership funded a community action plan titled *Child Care & Early Education: Everyone’s Business* to address the child care and early education needs of Allen County. The partnership sought to develop a clear set of objectives for high quality child care and early education, identify the local assets for and barriers to achieving those objectives, and establish a plan to build on assets to overcome the barriers of and move the community toward high quality child care and early education. To develop awareness of and commitment to the importance of high quality early care and education, the standard for child care quality and support of quality early care and education were addressed in Northeast Indiana. During 1996 to 1999, Paths to QUALITY, a child care quality rating system, was created as a strategy to identify high quality early care and education.

Implementation of Paths to QUALITY

In 2000, PTQ was implemented in Allen County in Northeast Indiana by the Early Childhood Alliance’s (ECA) Child Care Resource and Referral agency. In 2001, PTQ was implemented in the surrounding 5 counties of DeKalb, Whitley, Steuben, Noble, and LaGrange.

In 2005, 4C of Southern Indiana, Inc. implemented the PTQ program in the 11 county service areas of Vanderburgh, Posey, Pike, Dubois, Warrick, Knox, Martin, Daviess, Spencer, Gibson, and Perry Counties.

Overview of Results: Early Childhood Alliance PTQ Program (Northeast Indiana)

The following summary of results is based on a review of annual reports provided by the Early Childhood Alliance. No external evaluation of the program has been conducted. Each of the 3 main goals of PTQ is addressed in this summary of PTQ outcomes. (For a more detailed summary report of the ECA Paths program and results, see Appendix 2, “Paths to QUALITY Pilot Program: Early Childhood Alliance.”)

Table 1 highlights participation levels of each provider type within the Early Childhood Alliance program from 2001-2007. Participation levels increased steadily each year for each type of provider. Registered ministries experienced a slight decrease from 2006 to 2007. Part time preschool programs experienced small variations in participation rate through the six years, but averaged around 40%.

Table 1. Participation rates for PTQ in Northeast Indiana (% of eligible providers)

	2001	2002	2003	2004	2005	2006	2007
All providers registered with PTQ	28%	42%	47%	47%	52%	53%	60%
Licensed Centers	75%	76%	82%	90%	88%	96%	96%
Family Homes	23%	41%	46%	50%	54%	54%	64%
Registered Ministries	9%	12%	23%	23%	25%	35%	32%
Part time programs	38%	40%	42%	34%	42%	38%	44%

Goal #1: Raise the quality of child care and early experiences for children.

Table 2 presents data about how providers increased in levels once they entered the system:

- Sixty-seven percent of providers increased a minimum of one or more levels of quality.
- By July 2007, 92% (217) of providers on PTQ increased at least one level since they began the program.

Table 2. Programs and providers initial and current PTQ rating in Northeast Indiana

	Initial Rating	Current Rating (July 2007)
Level 1	67%	24%
Level 2	9%	15%
Level 3	11%	25%
Level 4	13%	35%

Some of the providers who were receiving mentoring provided by ECA received quality assessments using one of three measures of classroom quality – the Early Childhood Environment Rating Scale (ECERS), the Infant Toddler Environment Rating Scale (ITERS), or the Family Day Care Environment Rating Scale (FDCRS).

- In this small sample of PTQ programs and providers (34 providers), those who had earned higher PTQ levels exhibited higher levels of assessed quality:

Table 3. Average global (overall) quality for providers at each PTQ level in Northeast Indiana

PTQ Level (# of providers)	Global (Overall) Quality Score (1-7)	Range of Quality Scores
Level 1 (15 providers)	3.8	2.4-4.9
Level 2 (12 providers)	4.7	3.3-5.5
Level 3 (7 providers)	5.1	3.4-6.8
Level 4 (2 providers)	5.7	5.6-5.7

Goal #2: Give parents tools to help determine the best quality program for their children.

- Parents were educated about the PTQ program in the following ways: PTQ brochures, mass media campaigns, PTQ website, visibility at health, job, or diversity fairs, and through the Early Childhood Alliance Child Care Resource and Referral.

Goal # 3: Support and recognize providers for quality care.

- Providers' professional organization membership and participation increased in Northeast Indiana, providing opportunities for providers to network and be recognized for their accomplishments in achieving higher levels of quality.
- Family child care home providers in Northeast Indiana created an organization called United Providers to continue networking and professional development opportunities and provide stability and professionalism for the participants.
- Incentives such as discounts at training programs and retreats, free resource library cards, delivery of materials from the Child Care Resource and Referral, discounts on books, and recognition in a list of Paths To QUALITY participants distributed to parents and businesses were utilized to encourage child care providers to participate and work toward higher levels of quality.

Challenges for the PTQ program in Northeast Indiana

- Participation among family child care providers has required the greatest effort to increase and maintain.
- Offering incentives to providers to participate in PTQ had the greatest impact on increasing participation.
- Barriers of providers to advancing levels in PTQ included: development of policies, completing voluntary participation, meeting education and training requirements of staff, providing accessible appropriate learning materials especially in the area of language and literacy, providing parent/teacher conferences, understanding and implementing a developmentally appropriate curriculum, getting parents and advisory board involved in the program, and the commitment to achieve and maintain accreditation.
- High levels of turnover, changing or increasing regulations, and the cost of providing staff training were reported obstacles by early education programs in maintaining level status.
- The most common reason for attrition from PTQ was due to programs closing. In particular, family child care providers stopped offering care.
- Mentoring of programs and providers and teacher education and training had the greatest impact on overcoming the barriers to level advancement.

Conclusions from PTQ pilot program in Northeast Indiana

The growth in participation rates and dramatic increases in levels by providers illustrate one measure of success of the PTQ program. According to Early Childhood Alliance staff, it is important that a rating system of this nature is a voluntary, strength-based system, and based on relationship building. Relationships between providers and the child care resource referral staff-- in particular mentoring services and training opportunities-- became critical to the success of the program. Increased participation in training and professional development events made the

greatest difference in helping providers advance to higher levels. ECA staff also suggested a strong sense of identity with the PTQ program is important for providers' sustained participation.

Overview of Results: 4C of Southern Indiana, Inc. Paths to QUALITY program

The following summary of results is based on a review of annual reports provided by 4C of Southern Indiana, Inc. and by an external evaluation study conducted by Purdue University the Purdue University Early Child Care Quality Initiative (ECCQI) evaluation study⁴ and funded by the Welborn Baptist Foundation, Inc. Each of the 3 main goals of PTQ is addressed in this summary of PTQ outcomes. (For a more detailed summary report of the 4C of Southern Indiana, Inc. Paths program and results, see Appendix 3, "Paths to QUALITY Pilot Program: 4C of Southern Indiana, Inc.")

Goal #1: Raise the quality of child care and early experiences for children.

- Using informal "word of mouth" advertising techniques, 4C was able to recruit 177 programs registering for PTQ during the first 9 months the program was operational.
- There has been a small increase in the number of family home providers and licensed centers achieving national accreditation.
- The Purdue University ECCQI evaluation study found that the two most common kinds of changes programs and providers implemented since joining Paths to QUALITY were: 1) classroom changes, such as adding materials, room arrangements and curriculum changes, (66%) and 2) program administrative changes, such as parent contracts, documentation and lesson planning, introducing primary caregiving and continuity of care, writing strategic plans, instituting parent surveys and evaluations, joining professional organizations (49%).

Similar to the Northeast Indiana programs, the providers in the 4C region experienced growth in the number of programs enrolled in PTQ over the 2 ½ years of implementation (Table 4).

Table 4. Participation rates of PTQ in Southwest Indiana (% of providers eligible)

	2005	2006	2007 (through June 2007)
% of providers registered with PTQ	30%	42%	46%
Licensed Centers	72%	89%	93%
Family Homes	20%	27%	31%
Registered Ministries	57%	71%	75%
Part time programs	36%	64%	67%

Providers often increased their levels in PTQ. During the first year of implementation (2005), most of the providers entered at Level 1. However, within two years, more than half of the providers were able to increase their levels.

- Overall in 2006, 36% of the registered programs (54 programs) increased at least one level and 22% (40 programs) increased more than one level.

Table 5. 4C providers initial and current PTQ rating

	Initial Rating	Current Rating (July 2007)
Level 0	20%	10%
Level 1	64%	39%
Level 2	9%	23%
Level 3	3%	16%
Level 4	5%	12%

Similar to the Northeast Indiana programs, a small sample of providers in the 4C region also participated in a mentoring program provided by 4C of Southern Indiana, Inc.. These programs were part of the Purdue University evaluation of the mentoring program.

- The Purdue University ECCQI study found that providers who had earned higher PTQ levels did exhibit higher levels of assessed quality:

Table 6. Average global (overall) quality for providers at each Paths to QUALITY level. (n=47)

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

*Notes: Level 0 includes only 1 center-based provider, the rest were family child care homes.

Level 3 includes only 2 center-based providers.

Level 4 providers did not participate in the mentoring program, so quality data were not available.

Goal #2: Give parents tools to help determine the best quality program for their children

- Strategies similar to those used in Northeast Indiana (PTQ brochures, visibility at health, job, or diversity fairs, and through the 4C of Southern Indiana Child Care Resource and Referral) were utilized to inform parents about PTQ.

Goal #3: Support and recognize providers for quality care

- 4C of Southern Indiana, Inc. hosted annual Leadership Retreats for child care program directors and family child care providers, in response to providers' requests to meet and reflect upon different issues facing child care providers.
- Overall, evaluations of the first retreat were very positive, with 91% to 100% strongly agreeing or agreeing that by attending the sessions they had obtained the skills and knowledge necessary to bring about change.
- Ten months after the first retreat, while ratings were not as high as those collected immediately afterwards, many participants still thought the sessions had been useful.
- Incentives such as materials to improve quality, scholarships, special project grants, and recognition in a list of Paths To QUALITY participants distributed to parents and businesses were utilized to encourage child care providers to participate and work toward higher levels of quality.

Challenges for the PTQ program in Southwest Indiana

- The main challenge during the first year of implementation was adequately handling the high level of interest in the program among child care providers. Staff members were cross trained to register programs so the demand could be met.
- Some programs in this region were unable to meet Level 1 criteria. A majority of these programs were registered ministries or part-time preschool programs. 4C staff designated these programs as "Level 0," remained committed and assisted them when possible in achieving a Level 1 status.
- Barriers to providers to advance levels in PTQ included: implementing classroom changes such as adding materials and room arrangements, implementing or adopting a curriculum and lesson planning, and implementing administrative changes (developing parent contracts, writing strategic plans, instituting parent surveys and evaluations), joining professional organizations, and providing opportunities for more staff training hours.
- The most common reasons given for attrition from PTQ was programs closing, having license revoked, or lack of interest in continuing with the program.
- Mentoring, funding for developmentally-appropriate materials, and access to additional training for the staff had the greatest impact on overcoming the barriers to PTQ level advancement.

Conclusions from PTQ pilot program in Southwest Indiana

Information from the Purdue University ECCQI evaluation study and the annual reports of 4C of Southern Indiana, Inc. indicate that the PTQ system has been successful and accepted by many area child care providers. Because many providers enter Paths to QUALITY at Level 1 and then progress relatively quickly to Levels 2 and 3, it is important that child care provider training and support focus on nurturing environments for children, curriculum, staff and parents policies, planning, and program evaluation, which are Level 2 and Level 3 criteria. However, there was evidence that some providers may also need consistent support to maintain Level 1 health and safety standards, so it is important to continue to be vigilant about these issues, even when training with objectives focused on Level 2 or higher quality criteria.

General Conclusions: Indiana PTQ Pilot Programs

The growth in participation rates and increases in quality levels by providers illustrate the success of the PTQ program in both regions. Both pilot programs reported similar successes and challenges. Each found unique solutions to overcoming barriers of participation and advancement. However, in both regions relationships between providers and the child care resource & referral staff, in particular the mentoring services and training opportunities, were reported to be critical to the success of the programs. Increased participation in training and professional development events made the most difference in providers' advancement in quality levels. A strong sense of identity with the PTQ program for those providers participating was also deemed important. Participation rates are only one indicator of success. An even more important indicator of success was the quality level improvements that many participating providers and programs have made.

The successes of PTQ pilot programs in Northeast and Southwest Indiana provide encouragement for the development of a state wide quality rating system using the PTQ levels. Based on the experience of these two pilot regions, it is important that a rating system of this nature be a voluntary, strength-based system, and that it be based on relationship building. If Paths to QUALITY continues to be successful in attracting broad participation, it will be important for organizations that offer support and training to child care providers to coordinate efforts. Paths to QUALITY can become a primary vehicle for motivating child care providers to seek further education and to improve the quality of their services to children and families. If quality early care and education is a value held by the larger community, there is a need for all support organizations to coordinate efforts and invest resources in providers who are enrolled in Paths to QUALITY.

There were three limitations of the regional PTQ data and this report: 1) the report relied heavily on historical participation data collected by the PTQ sponsoring agencies; 2) there were relatively few quality assessments conducted by external observers, which limits conclusions we can draw about the relation between PTQ quality levels and other objective measures of quality; and 3) there were no data available to address the question of whether PTQ quality levels enhance children's development and learning. These limitations should be addressed in the evaluation of the statewide PTQ program.

What Are the Key Quality Indicators Contained in the Paths to QUALITY Levels?

In order to evaluate the scientific validity of the Paths to QUALITY standards, it was necessary to identify key quality indicators or variables that are contained in the proposed standards. We defined a “quality indicator” as something that:

1. is a concrete, observable, or otherwise documentable aspect of child care settings or practices;
2. has been identified as a “best practice” in national policies or professional position statements; and
3. has been evaluated specifically in the published scientific child care and early education literature.

This was a necessary step in searching the scientific literature for evidence that the PTQ standards are important aspects of care and education that contribute to children’s development and learning. We found 10 important main quality indicators in the PTQ standards. For a detailed summary of the 10 indicators and where they are found in the PTQ levels and criteria, see Appendix 1., “Quality Indicators Contained in Paths to QUALITY.”

1) Regulation

Minimum standards for centers and family child care homes to legally care for children. In Indiana this requires centers and homes to have a state child care license or registration. Indiana also offers the Voluntary Certification Program for registered ministries. The voluntary program consists of a list of guidelines in Health, Safety, Food/Nutrition, Infant/Toddler care for registered ministries.

2) Teacher education and specialized training

The level or amount of formal education as well as informal training and workshops through child care resource and referral offices, professional organizations, child care resource and referral agencies, related to child development issues, working with parents.

3) Structural quality

The features of the child care setting that are easily observable and regulatable, such as teacher-child ratio, group size, and physical features of the classroom or family child care home.

4) Process quality

The “process” aspects of the child care environment that reflect the child’s everyday experience, including teacher-child interactions, children’s engagement in activities, types of activities in the daily routine, the use of a developmentally appropriate curriculum, language and literacy opportunities, and respect for diversity and individual children and families.

5) Assessment

Authentic or naturalistic assessment methods are used for both child and program assessment. Child assessment is a way of keeping track of each child's progress and also a way of individualizing teaching to meet each child's needs. Program assessment is focused on measuring program trends, quality, or effectiveness.

6) Provisions for children with special needs

The American with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA) ensure the civil and educational rights of people with disabilities. IDEA states that children with disabilities should be provided with accommodations to participate equally in all educational activities with their typically developing peers. Accommodations or adaptations in child care include changes in the physical environment, activities, and time.

7) Program policies and procedures

Program management practices include adequate and timely staff orientation, written policies and procedures, accurate and updated records, an advisory board, annual program evaluation by families and staff, strategic planning for the program including short and long term goals, and teachers' paid planning time.

8) Director professional development

The director or family child care lead caregiver maintains general skills through continuing education and training opportunities to keep current with changing practices in the child care profession. It can also include memberships in professional organizations and participation in networking and mentoring activities with other child care professionals.

9) Parent-teacher communication and involvement

Parents and providers share information on a regular basis about the child and the program. All families are purposefully informed about and involved in program activities. Families have opportunities to participate in planning and evaluating curriculum and other activities for their child and the program.

10) Accreditation by NAEYC or other organizations

A voluntary process by which a representative body provides quality criteria substantially beyond the mandatory requirements of the government (licensing or registration). The most common accreditation body for child care centers is the National Association for the Education of Young Children (NAEYC) and for family child care homes the National Association of Family Child Care (NAFCC).

Paths to QUALITY Indicators: Evidence for Validity

Introduction

This section contains a summary of our analytic review of the 10 main “quality indicators” listed above that provide a framework of standards for the Paths to QUALITY levels, as they are addressed in the child care and early education scientific and professional literature. For each quality indicator, we:

- Define the quality indicator; (What is it?)
- Identify Paths to QUALITY levels and criteria that include this indicator; (What does Paths to QUALITY require?)
- Review available evidence for the importance of this indicator and its relation to other measures of quality; (Is it important for child care quality?) and
- Review available evidence for the relation of this quality indicator to children’s development and well-being. (Is it important for children’s developmental outcomes?)

When evaluating the amount and quality of scientific evidence for each quality indicator, we use the following phrases:

- “There is some or limited evidence...”
 - √ This means that there are at least one or two well-designed research studies that support this conclusion.
- “There is a moderate amount of evidence...”
 - √ This means that there are 3 to 5 well-designed research studies that support this conclusion.
- “There is substantial evidence...”
 - √ This means that this conclusion has been replicated more than 5 times in the research literature in well-designed studies.

1) Regulation

What is “regulation”?

Regulation refers to state child care license regulations for family child care home and child care centers as well as state registry regulations for child care ministries. In Indiana, the Family and Social Services Administration (FSSA), Division of Family Resources (DFR), Bureau of Child Care is the governing body that issues child care provider licenses. Child care ministries are exempt from licensing, but must meet registered ministries regulations also governed by the FSSA. Child care licensing and registration provide basic standards for centers and family child care homes to legally care for children. Additionally, Indiana offers a Voluntary Certification Program for registered ministries. The voluntary program includes a list of guidelines in Health, Safety, Food/Nutrition, Infant/Toddler care for registered ministries.

Regulation: What does Paths to QUALITY require?

Level 1:

- **The license issued by Family and Social Services Administration (FSSA), the Division of Family Resources (DFR) is current and in good standing.**
- **The registration issued by the Family and Social Services Administration (FSSA), the Division of Family Resources (DFR) is current and in good standing.**
- **The ministry meets all CCDF provider eligibility standards.**

Why is regulation important for child care quality?

Regulation, specifically licensing standards, is related to other measures of child care quality

There is a substantial amount of evidence supporting that child care regulation is related to other measures of child care quality.

- Centers in states with stricter child care licensing regulations provide better caregiver-child ratios, employ caregivers with more education specific to early childhood, employ more experienced directors, and have fewer poor quality centers.^{5 6 7}
- Family child care homes that are more regulated provide higher quality child care than less regulated providers.^{8 9}
- Family child care caregivers who are licensed provide higher quality care and are more sensitive to the children in their care than those caregivers who are not licensed.¹⁰
- In an Indiana sample of all types of child care, licensed child care was consistently rated higher in quality than unlicensed care.¹¹

Regulation, specifically stringency of licensing standards is related to child development outcomes

There is a substantial amount of evidence that child care regulation is related to child outcomes.

- Children cared for in centers in states with more stringent regulations score higher on tests of school readiness, language comprehension, and social behavior.^{12 13}
- As centers conform to stricter child care regulations, children's performance on developmental assessments increases.¹⁴

2) Teacher/Caregiver Education & Training

What is “teacher education and training”?

Teacher education and training refers to formal education as well as less formal non-credit training and workshops through child care resource and referral agencies, professional organizations, and child care resource and referral agencies. Education and training provide adults with knowledge and skills required to teach and care for children. The level of education and specialized training in early childhood education/child development and the hours of annual teacher training are related and are often included as one dimension of “structural” child care quality.¹⁵ (We discuss other aspects of structural quality below, but devote this section to teacher education and training, because it is an especially important quality indicator.)

Teacher education and training: What does Paths to QUALITY require?

Level 2:

- 25% of teaching staff have either a Child Development Associate credential (CDA) or equivalent certificate, OR an early childhood degree or equivalent degree, OR have completed 45 clock hours of educational training leading to an Early Childhood/Child Development degree or CDA credential.
- Lead Caregiver will have a current CDA or equivalent certificate, OR an early childhood degree or equivalent degree OR have completed 45 clock hours of educational training in early childhood education within the past three years leading to a CDA or an early childhood/ child development degree.
- Staff/assistants are trained on the *Foundations to the Indiana Academic Standards for Young Children Age Birth to Five*.
- At least 50% of teaching staff/caregivers participate annually in a minimum of 15 clock hours of educational or in-service training focused on topics relevant to early childhood.

Level 3:

- 50% of teaching staff have a CDA or equivalent certificate, an early childhood degree or equivalent degree, OR completed 60 clock hours of educational training leading to an early childhood/child development degree or CDA credential.
- Lead Caregiver will have a current CDA or equivalent certificate, OR an early childhood degree or equivalent degree; OR have completed 60 hours of educational training leading to an early childhood/child development degree or CDA credential within the past three years.
- At least 50% of teaching staff/caregivers participate annually in a minimum of 20 clock hours of educational or in-service training focused on topics relevant to early childhood.

Level 4:

- Lead Caregiver has a current CDA or equivalent or ECE degree or an equivalent degree.

Why is teacher education and training important for child care quality?

Higher levels of teacher education and training are important contributors to high quality early childhood education programs. There is a substantial amount of evidence supporting that teacher education and training are related to other measures of child care quality.

- Family child care providers who have more years of formal education¹⁶ and more training hours provide higher quality of care as measured by the Family Day Care Rating Scale—a widely used measure of global quality.^{17 18 19}
- Family child care providers who have more years of formal education and have recent and higher levels of training provide richer learning environments and warmer and more sensitive care to children.²⁰
- Formal education (college degree) is a better predictor of high quality than training alone. Family child care providers without a college degree who reported attending workshops provided less sensitive and lower quality care than the caregiver with a college degree who did not report attending workshops.²¹
- Child care center providers who attended workshops or professional meetings were rated higher on global quality and caregiver sensitivity than those that did not attend such workshops.²²
- A baccalaureate degree in early childhood education or related field has been found to be the best predictor of higher quality caregiver skills²³
- Children whose teachers have at least a baccalaureate degree in early BA in early childhood education or a Child Development Associate credential, have more creative activities, higher frequencies of language play and positive management than children whose teachers have a high school education only.²⁴

Higher levels of teacher education and training are related to better child development outcomes.

There is a substantial amount of evidence that teacher education and training are related to child outcomes.

- Children cared for by family child care providers who have more formal education and more training scored higher on tests of language and cognitive development.²⁵
- Higher levels of teacher education are linked to children's better academic skills.²⁶
- Children whose teachers had more years of education gained more in math skills over the pre-k year.²⁷
- Language scores among children in the preschool classes were significantly higher if their teacher had a college degree in early childhood and attended a training workshop in the community.²⁸
- Baccalaureate level teachers with specialized training in early childhood education leads to better outcomes for young children^{29 30 31}
- Infants and toddlers cared for by providers with specialized training in child development or early childhood education were rated higher in social-emotional competence by their parents.³²

3) Structural Quality

Structural quality refers to those aspects of the child care environment and practices that are easily observable or documented and thus are easy to check and regulate. We have already discussed one important aspect of structural quality: teacher education and training. This section covers other aspects of structural quality found in the PTQ quality levels: teacher/child ratio; group size; program duration; and classroom environment features.

3a) Structural Quality: Teacher/Child Ratios

What are teacher/child ratios? What are licensing requirements?

Current Indiana rules require the following teacher/child ratios to meet licensing requirements for licensed child care centers:

- 1 adult for every 4 infants (birth-12 months)
- 1 adult for every 5 toddlers (1-2 year olds)
- 1 adult for every 5 two year olds
- 1 adult for every 10 three year olds
- 1 adult for every 12 four year olds
- 1 adult for every 15 five year olds

Family child care providers who operate small homes may care for 6 to 11 children, plus 3 school-aged children. The maximum number of infants/toddlers to one provider is six children under the age of 2, with 2 or more 16 month olds and walking.

In large family child care homes, providers may care for 13-16 children. The maximum number of children per one provider in large family homes is 4:1 for infants; 6:1 for birth–2-years, with 2 or more 16-month old and walking; 10:1 for birth–6-year olds, with no more than 3 under 16-months; and 12:1 for 3 year olds and older.

What does Paths to QUALITY require?

- **Level 1:** Family child care homes and licensed child care centers have their license. Registered ministries must comply with the Voluntary Certification Program, which aligns their ratio requirements with licensed centers.

Why are teacher/child ratios important?

There is a substantial amount of evidence supporting that teacher/child ratios are related to other measures of child care quality.

- The NICHD Early Child Care Study, the most comprehensive national study of children in child care to date, plus other studies show that caregiver/child ratio is one of the most important structural characteristic of center-based care, particularly for younger children.^{33 34 35}
- One study of child care centers in three states found that, among several structural characteristics examined, teacher/child ratios were the only factor other than teacher wages that predicted the quality of preschool classrooms.³⁶
- Caregivers with fewer children in their care are more sensitive, responsive, warm, nurturing, and encouraging toward the children; exhibit more positive and less negative affect; exert less negative control; and provide more varied and developmentally appropriate activities for the children than caregivers with more children in their care.³⁷

- Lower teacher/child ratios allow caregivers to engage in more educational activities (e.g., teaching, promoting problem-solving) with children.³⁸

Lower teacher/child ratios are associated with improved child development outcomes.

There is a substantial amount of evidence that teacher/child ratios are related to child outcomes.

- Lower teacher/child ratios are associated with less distress in toddlers, less apathy and distress in infants and greater social competence.³⁹
- Lower teacher/child ratios are associated with more verbal communication between caregivers and children, which appears to foster language development in children.⁴⁰

3b) Structural Quality: Group Size

What is group size and what are the recommended group sizes?

NAEYC defines group size as “the number of children assigned to a staff member or team of staff members occupying an individual classroom or well-defined space, with clear physical barriers that prevent intermingling of children within a larger room.”⁴¹

Indiana licensing standards set forth recommendations for group sizes for children in center-based and family child care homes.

Table 7. Indiana Criteria for Ratios and Group Size⁴²

Age	Staff/Child Ratio	Maximum Group Size
0 - 1 ½ year old	1:4	8
1 ½ - 2 years old	1:4	10
2 years old (to 30 months)	1:5	10
2 ½ years old (30 -36 months)	1:5	10
3 years old	1:10	20
4 years old	1:12	24
5 years old	1:15	30
Kindergartners	1:15	30
6 - 8 years old	1:15	30
9-12 years old	1:15	30

Group Size: What does Paths to QUALITY require?

Level 1: Family child care homes and licensed child care centers have their license. Registered ministries must comply with the Voluntary Certification Program, which aligns them with licensing requirements summarized in Table 7 above.

Why is group size important for child care quality?

There is a substantial amount of evidence that group size is related to other measures of child care quality.

NAEYC confirms the importance of both group size and staff/child ratios, stating in its revised accreditation criteria that smaller group sizes and larger numbers of staff to children are related to positive outcomes for children.⁴³

- Research on child care classrooms indicates that when groups are smaller, teachers provide more stimulating, responsive, warm, and supportive interactions. They also provide more individualized attention, engage in more dialogues with children, spend less time managing children and more time in educational activities.^{44 45}

Smaller group sizes are related to improved child development outcomes.

There is a substantial amount of evidence that group size is related to child outcomes.

- The increased interaction and communication made possible in smaller classes have been shown to affect children's outcomes. Children in smaller groups were more likely to participate in child-initiated activities and experiences. In addition, when there are fewer children in the room, teachers can more closely mediate children's social interaction.⁴⁶
- In the National Day Care Staffing study, children in smaller classes had greater gains in receptive language, general knowledge, cooperative behavior, and verbal initiative, and showed less hostility and conflict in their interactions with others.⁴⁷

3c) Structural Quality: Program Duration

What is program duration?

Program duration refers to how long the site has been in operation. NAEYC guidelines require that licensed child care programs have been in operation for at least one year before a center can become eligible for the accreditation process.⁴⁸ NAFCC guidelines state that the provider must have at least 18 months experience as a family child care provider before the observation visit or 12 months experience if home visits are conducted monthly and intensive training is received.⁴⁹

Program Duration: What does Paths to QUALITY require?

Level 3:

- Program has been in operation for a minimum of one year.
- Lead Caregiver has at least 12 months experience in a licensed or Bureau of Child Care nationally recognized accredited child care setting as a child care provider.

Why is program duration important?

There is limited and conflicting evidence that program duration, at least as reflected by the child care provider's years of experience, is related to other measures of child care quality or child development outcomes.

- Some research has suggested that child care teachers with more experience are warmer and more responsive to young children.^{50 51}
- However, other research did not replicate these findings and years of caregiver experience was not associated with more responsive care for young children.^{52 53}

3d) Structural Quality: Classroom environment

What are classroom environment features?

Classroom environment features refer to the space and materials that children have available and accessible to them throughout their day in child care.

Classroom Environment Features: What does Paths to QUALITY require?

Level 2: The classroom is arranged and utilizes plentiful materials and activities in order to provide various age- and developmentally-appropriate interest centers that invite children's exploration. Indicators include:

Reading:

- Books, soft washable seating/pillows for use while reading

Writing:

- Writing tools, paper, envelopes, typewriter, letters, numbers

Art:

- Drawing materials (crayons, markers, thick pencils, variety of paper, sizes and types, not coloring books or dittos/worksheets)
- Painting materials
- Tools (scissors, hole punch, tape), staplers for school-age children
- Three-dimensional materials (play dough, clay with tools)
- Collage materials (catalogs, magazines, paper scraps, fabric pieces, string, yarn, cotton balls, pipe cleaners, craft sticks)

Blocks:

- Different size/types of blocks and accessories such as small people, animals, vehicles, road signs, and materials to enhance building, sticks, stones, tape, string, craft sticks, interlocking blocks.

Dramatic Play:

- Dress-up clothes, such as work boots, high heels, a variety of hats, career gear/attire/uniforms, purses, billfolds and multi-cultural outfits. Other items would also include large pieces of fabric/scarves, child-size play furniture, dishes, pots, pans, dolls (multicultural dolls included), dollhouse or other play-sets, accessories for dolls, and "props" for different themes.

Math/Numbers:

- Small objects to count/sort/classify, measuring tools (scales, rulers), numbers/shapes, number games, puzzles and pattern blocks

Music and Movement:

- Audio equipment, variety of tapes/CDs, music boxes, musical toys, and instruments, dance props such as scarves/streamers.

Nature and Science:

- Collections of natural items (shells, rocks, flowers, bugs), living plants, pets to care for, science games, toys, magnets, magnifying glasses, cooking opportunities.

Small Motor/Manipulative:

- Blocks, puzzles, crayons, pencils, scissors, interlocking blocks and other small building toys, pegboard and pegs, games, counting materials, sorting or classifying materials and containers.

Specific Infant/Toddler indicators include:

- Open spaces for exploring and protected play.
- Infants and toddlers are provided a variety of outdoor play experiences.
- Soft, washable elements, such as cuddle toys, soft furniture or cushions.
- Enough materials to avoid problems with children making the same toy choice and waiting.
- Materials are organized consistently on low, open shelves for independent use by children.
- Materials are sturdy and in good condition.
- A variety of open-ended, washable toys, such as rattles, teething/rings, balls, pop beads, nesting toys, containers, cuddle toys, push/pull toys are available.
- Low, stable furniture is available for children to pull themselves up.
- Furniture adapted for toddlers is available.

Toddler activities include building, pretending, experiencing art materials, enjoying stories and books, playing with toys, exploring sensory materials, having fun with music and movement.

Why are classroom environment features important?

Features such as books, art materials, music materials, dramatic play, blocks, fine motor materials, sensory play, math/number, and nature and science activities are all important features of a quality child care environment that enhance children's learning. Classroom environments are important to provide various age- and developmentally-appropriate materials that invite children's exploration of their environment.

Classroom environment features have been identified as important dimensions of quality.⁵⁴

There is substantial evidence that these classroom environment features are central to child care quality.

- Classroom environmental features weigh heavily in the ECERS-R, ITERS-R, and FCCERS, which are the child care environmental rating scales used in research to measure overall child care quality in preschool centers, infant centers, and homes.
- Spacious child care centers appear to be associated with focused solitary play, while the presence of a variety of age-appropriate materials and the arrangement of the space to accommodate group size, seems to influence social problem-solving skills.⁵⁵
- Some research has shown that more stimulating care is associated with centers and homes with better organized space and more varied materials.⁵⁶
- The quality of the physical space and materials provided is believed to affect both the level of children's involvement and the quality of interactions between children and adults.⁵⁷

There is limited evidence that varied and appropriate classroom materials support children's development.

- Better cognitive and social skills have been observed in children whose centers were more orderly, had more varied and stimulating materials, and were organized into activity areas.⁵⁸

4) Process Quality

“Process quality” refers to the child’s direct everyday experiences in the child care setting. Relationships and interactions between children and teachers or caregivers, active engagement in daily activities, a variety of developmentally-appropriate activities in an organized curriculum, and attitudes toward diversity are all part of process quality.

4a) Process Quality: Teacher-Child Interactions

What are teacher-child interactions?

Teacher-child interactions are at the heart of relationship-based care. Interactions occur during routine care, free play and group activities. The amount and type of interactions can impact young children's development, and teachers need to be actively involved and sensitive when interacting with young children.

Teacher-Child Interactions: What does Paths to QUALITY require?

Level 2: Classroom environments are welcoming, nurturing and safe for children to have interactions and experiences that promote the physical, social and emotional well being of children. Indicators include:

Why are teacher-child interactions important?

Relationships that young children develop with adults are crucial to early learning and development. Positive relationships formed through warm, sensitive, and responsive care help children feel valued and gain more from their learning experiences. Children need positive relationships so that they feel comfortable and learn how to cooperate with others.

The National Association for the Education of Young Children (NAEYC) suggests that teachers should "accept responsibility for actively supporting children's development" and that this active involvement should occur in the context of a solid understanding of children's individual needs and interests.⁵⁹

There is substantial evidence that the quality of teacher- child interactions contributes to quality in early care and education settings.⁶⁰

- Researchers have demonstrated that sensitive, involved care is related to positive outcomes for both children and classrooms. Studies have shown that the amount and type of adult involvement is related to overall classroom quality.⁶¹
- Some researchers have found that teacher education (one quality indicator) is related to more responsive care in both center-based care and family child care providers.⁶²

There is substantial evidence that children with involved and responsive caregivers fare better on a wide variety of child development measures.

- Children with more involved and responsive caregivers are rated as more sociable and considerate by parents and teachers⁶³, display more exploratory behaviors⁶⁴, are more positive⁶⁵, engage in more complex play⁶⁶, are better adjusted⁶⁷ and have better peer relations.⁶⁸

4b) Process Quality: Children’s Active Engagement

What is active engagement?

Active engagement is providing opportunities for young children to freely choose their activities to explore their environments and interact with different peers. Children learn best when they are able to experience the world through a variety of learning materials and when the teacher expands their learning.

Children’s Active Engagement: What does Paths to QUALITY require?

- **Level 3:** Children are actively engaged throughout the day in making choices of activities and materials.

Why is active engagement important for child care quality?

During the preschool years and early primary grades, children learn best through active, engaged, meaningful experiences. Through these experiences, young children construct their own knowledge by interacting with their environments and others.⁶⁹

The National Association for the Education of Young Children confirms the importance of direct, first-hand, interactive experience in their position statement on developmentally appropriate practice in early childhood programs.⁷⁰

- Children under age three learn about themselves and their world by experiencing the environment with all their senses — seeing, tasting, hearing, smelling, and feeling — and by moving around their environment as they develop the ability to crawl and walk.⁷¹
- Preschool children are active and social individuals who have lots of ideas they want to try out and share. Preschoolers benefit most when offered a variety of activity choices such as dramatic play, block building, art, table toys, sand and water, cooking, music and movement, and a rich selection of books.⁷²

There is a moderate amount of evidence that children who are encouraged to be active learners develop critical thinking skills and social competence.

- Findings from the Perry Preschool Study demonstrate that when an early childhood education program emphasizes choice and active learning rather than direct teaching and drills, children's acquisition of basic skills and their social competence are enhanced.⁷³
- Graduates of the high-quality, active-learning preschool program, who are now in their late twenties, are significantly more likely to have completed a higher level of schooling, to be employed, to own their own home, and to be in stable relationships, and significantly less likely to have needed social services or to have been arrested, than their peers who attended academically and highly structured preschools.⁷⁴

4c) Process Quality: Child-Initiated and Teacher-Directed Activities

What Are the Child-Initiated and Teacher-Directed Activities?

- Child-initiated activities are based on Piaget’s theory of development and a belief that a child should learn through an active process involving exploring the environment. Children learn concepts and skills through self-directed actions facilitated by a teacher. Teachers facilitate learning by providing children with a wide variety of experiences and by encouraging children to choose and plan their own activities. Child-initiated activities are interesting and engaging, and the difficulty level is suitable for the child.
- Teacher-directed activities are pre-planned and sometimes scripted to assure consistency in implementation across teachers. Teachers decide what concepts and skills children need to acquire and deliver what was planned. This approach focuses primarily on academic instruction, often to practice specific skills used in reading, language, and math.

Child-Initiated and Teacher-Directed Activities: What Does Path to QUALITY Require?

Level 2:

- Daily schedule provides ample time for child-directed choices with activities and materials that are geared to the age, interests, and abilities of each child.

Level 3:

- Children are actively engaged throughout the day in making choices of activities and materials.

Why are Child-Initiated or Teacher-Directed Activities Important for Child Care Quality?

There is limited evidence supporting that child-initiated activity is related to global measures of child care quality.

- At care-oriented centers (low quality), children spend more time in adult-directed group and non-play activities than children at the educationally-oriented child care centers (higher quality)⁷⁵

There is a substantial amount of evidence that child engagement in the child-initiated activities is related to more favorable child outcomes.

- Preschool children in child-initiated classrooms demonstrate greater mastery of basic skills that include verbal, math, social skills than children in programs in which academics are emphasized and skills are directly taught by teachers⁷⁶. This trend is consistent across countries⁷⁷.
- Children are more motivated toward tasks⁷⁸ and more likely to engage in challenging tasks when the tasks are child-initiated⁷⁹.

- There is evidence that the teacher-directed instruction approach produces higher academic gains for children with disabilities⁸⁰. However, other researchers argue that this effect is temporary and should be weighed in light of evidence for possible negative consequences for social development.⁸¹

4d) Process Quality: Activities in the Daily Routine

What are the activities in the daily routine in child care?

The activities that may be found in the daily routine in child care include the followings⁸²;

- Games (informal games, games with rules)
- Pretend (transformation of objects, people, events so that their meaning takes precedence over reality)
- Movement/gross motor activity (large muscle movement, purposeful movement and cruising)
- Manipulation (mastering and refining of manual skills that require coordination of the hand/arm and the senses)
- Puzzle/construction (use of materials with design constraints, large- and small-scale construction)
- Non-involvement (child stands around gazing with no interest in any activity or waiting for an adult or another child or roaming)
- Domestic activity (lunch and snack time activities, use of the bathroom, changing shoes, etc.)
- Observation (task-related and non-task-related observation),
- Art and music (singing songs, painting, cutting and pasting, dancing and movement, drawing, playing instrument)
- Language (reading, writing, story-telling, conversation with peers or teachers, alphabet or phonological game)
- Math activities (activities involving calculations, number symbols and number concepts).

Activities in Daily Routine: What does Paths to QUALITY require?

Level 2:

- Daily schedule provides ample time for child-directed choices with activities and materials that are geared to the age, interests, and abilities of each child.

Level 3:

- Children's physical, cognitive, language, literacy, math, and creative development are supported.

Why are activities in the daily routine important for child care quality?

There is limited evidence that more and higher level activities in the daily routine are linked to better quality of child care.

- When children are in classrooms with lower teacher-child ratios (one quality indicator) the classrooms are also likely to be rated as good or very good in caregiving and activities. Children in classrooms with smaller group sizes (another quality indicator) are also more likely to be rated higher in involvement with activities.⁸³

- In child care centers obtaining high scores on global quality measures, children have been observed participating in more activities associated with early reading, emergent writing, and active listening. Children in centers rated lower in overall quality participated in more activities associated with physical and creative development.⁸⁴

There is substantial evidence that more and higher level activities in the daily routine are linked to better child development outcomes.

- Children in classrooms rated as good or very good in caregiving are more likely to be securely attached to teachers. Securely attached children are more competent with peers⁸⁵
- Child language scores improve when the predominant type of activity in settings is free choice. Their cognitive performance improves as children spend less time in whole group activities led by the teacher, more time in small group activities, and the variety of equipment and materials available increases. These findings are consistent across 10 countries⁸⁶
- There were significant differences in characteristics of children's speech during free choice activities, routine activities, and teacher-guided activities. Children spoke significantly more, used more complex utterance and clauses, and used their language more frequently in symbolic and regulatory ways during free-choice activities, as compared to routine and guided activities⁸⁷.
- Complex interactions with objects occur more often in dramatic play activities and, when a teacher was present, in art activities. Complex interactions with peers was rare in general, but was most likely when children were engaged in activities with one child or with a group of children. Complex teacher behavior was most probable when children were alone with a teacher and in dramatic play activities.⁸⁸
- On the playground, children with or without disabilities are likely to engage in cooperative play only with other typically developing children during complex activities (e.g., playing with toys in the sand or talking). Children with or without special needs tend to engage in more cooperative play in inclusive groups during less complex or low-demand activities, involving mostly gross motor skills (e.g., running)⁸⁹.

4e) Process Quality: Developmentally- Appropriate Curriculum

What is curriculum?

Curriculum contains goals, content, and instructional practices. An effective and developmentally-appropriate curriculum:

- addresses multiple areas of learning and development
- ensures that children are active and engaged
- has goals that are clear and shared by all teachers
- is evidence-based
- enables children to learn through investigation, play and focused-intentional teaching
- builds on prior learning and experiences
- is comprehensive
- has demonstrated benefits for children.⁹⁰

Curriculum: What does Paths to QUALITY require?

- **Level 3:** A written curriculum reflects program philosophy and goals and is based on child development/appropriate practice. The program demonstrates a planned curriculum that provides for the various ages, ability levels, and developmental stages of the children.

Why is curriculum important?

“Well- planned, evidence-based curriculum, implemented by qualified teachers who promote learning in appropriate ways, can contribute significantly to positive outcomes for all children.”⁹¹

Developmentally-appropriate curriculum is a hallmark of high quality early childhood education. There is a substantial amount of evidence that developmentally appropriate curriculum is related to other measures of child care quality.

- A good, well-implemented early childhood curriculum provides developmentally appropriate support and cognitive challenges and, therefore is likely lead to positive outcomes.⁹²
- Quality early childhood curriculums have a statement regarding the guiding philosophy, goals and objectives, provide guidance about how to arrange the learning environment, and include provisions for engaging parents.⁹³

Developmentally-appropriate curriculum is associated with improved child development outcomes. There is a substantial amount of evidence that a developmentally appropriate curriculum is related to child outcomes.

- Researchers have found that young children with and without disabilities benefit more from the curriculum when they are engaged or involved. Particularly for younger children, firsthand learning—through physical, mental, and social activity—is key.⁹⁴

- At every age from birth through age eight play can stimulate children’s engagement, motivation, and lasting learning. Learning is facilitated when children can “choose from a variety of activities, decide what type of products they want to create, and engage in important conversations with friends”.^{95 96}

4f) Process Quality: Language and Literacy Opportunities

What are the language- and literacy-learning opportunities in child care?

To a great extent, the language used by teachers and children in classrooms determines what is learned and how learning takes place. The classroom is a unique context for learning and exerts a profound effect on children's development of language and literacy skills, particularly in the early years. Some have argued that children should have significant opportunities to integrate oral and written language in the classroom, because these experiences support and encourage the development of literacy.⁹⁷ Learning requires children's interaction and engagement in classroom activities -- engaged children are motivated to learn and have the best chance of achieving full competence across the broad spectrum of language and literacy skills.

Language- and Literacy-Learning Opportunities: What does Paths to QUALITY require?

Level 2:

- Daily schedule provides ample time for child-directed choices with activities and materials that are geared to the age, interests, and abilities of each child.
- Children are read to daily and encouraged to explore books and other print materials.

Level 3:

- Children's physical, cognitive, language, literacy, math, and creative development are supported.

Why are language-and literacy learning opportunities an important aspect of child care quality?

There is a moderate amount of evidence that more and higher level language- and literacy-learning opportunities are more common in higher quality of child care.

- Higher rates of teachers' pretend talk and "de-contextualized talk" (e.g., relating the topic to the child's past experiences) and higher ratings of richness of teacher talk are associated with higher ratings of teachers' sensitivity-responsiveness⁹⁸.
- Links between some child care quality measures (teacher education level, pedagogical orientation, and activity settings) and the level of language stimulation teachers provide to children have been found. More educated teachers, teachers whose pedagogical orientations strongly support literacy or social development, and teachers who report spending more time in small group activities engage in more cognitively challenging conversations with children.⁹⁹

There is substantial evidence supporting that more and higher level language- and literacy-learning opportunities in child care are linked to better child development.

- Teacher's questions and responses encourage literary talk. Teacher talk serves to set the climate for children's engaged listening, encourages children to engage with the text, and builds an environment that supports literacy development¹⁰⁰.
- More time spent in emergent code-focused activities is associated with increased scores on alphabet and letter-word recognition by preschoolers. More time in meaning-focused activities (e.g., book reading) is related to increased scores on vocabulary¹⁰¹.
- Head Start teachers were trained to implement strategies about how to increase opportunities for language and vocabulary development in children during book reading and other classroom activities. Children in those teachers' classrooms performed significantly better than children in control classrooms on standardized vocabulary tests at the end of the year¹⁰².
- The amount of teachers' math-related talk is significantly related to increased mathematical knowledge in children over the preschool year.¹⁰³
- Although previous research suggests that high-level teacher talk is related to high-level play with objects, the results in one study indicated that high-level teacher talk was related to lower levels of play with objects and not at all related to play with peers¹⁰⁴.
- Many children from low-income families have limited access to opportunities to develop language and literacy skills. By the age of 3, children in poverty are already well behind their more affluent peers in their acquisition of vocabulary and oral language skills¹⁰⁵. Classrooms serving low-income children often do not provide optimal support for language and literacy learning¹⁰⁶. Limited access to reading materials and other literacy opportunities contributes to children from low-income families not being able to acquire the language and literacy skills needed for early school success¹⁰⁷.

4g) Process Quality: Diversity

What is diversity?

Diversity refers to basic differences among human individuals and more particularly among those in diverse social-cultural groups. These differences may range from those commonly labeled biological (e.g., skin color), to those recognized as social (e.g., language, religion, socio-economic status, etc.)¹⁰⁸.

Diversity has been measured in many different ways in the early childhood literature. Much child development and child care research on diversity has investigated whether standard measures of quality relate to child outcomes differently depending on the ethnicity of the child, the match between the child's and caregiver's ethnicity, and the match between parent's and caregiver's beliefs about child-rearing.¹⁰⁹

Diversity: What does Paths to QUALITY require?

Level 2:

- Classroom environments are welcoming, nurturing and safe for children to have interactions and experiences that promote the physical, social and emotional well being of children.

Level 3:

- The learning environment is developmentally and culturally appropriate and meets any special needs of the children.

Why respect for diversity is important?

There is substantial evidence that diversity is related to child development and child care quality.

- The quality of child care is more strongly associated with child outcomes for children of color¹¹⁰ or children experiencing risk factors (e. g., low parental education, single parent, and poverty) than for middle-class white children¹¹¹. One experimental early intervention study¹¹² found that high quality child care enhances cognitive development of children at-risk, and such effects continue to adulthood. This finding supports the general idea that quality child care quality is especially important when children experience discrepancies between care at home and at the child care setting.
- However, other studies failed to find evidence for these moderating effects when controlling for family or child characteristics such as family income and child gender¹¹³. Some others think that it will be even harmful to child development when children experience discontinuities between home and child care in child-rearing beliefs and practice¹¹⁴.

- Other researchers found that at-risk children from diverse cultural backgrounds benefited from sensitive and stimulating caregiving measured by standard assessment tools, especially when child care quality was reflected in practice that is similar to the children's ethnic communities¹¹⁵.

There is limited evidence that respect for diversity is related to child development.

- The findings of an evaluation of a pilot educational program using a variety of activities that intended to increasing children's awareness of and respect for diversity indicated that this program was found to increase the children's general awareness of and positive attitude toward diversity and their ability to recognize instances of exclusion¹¹⁶.

5) Assessment

What is “assessment?”

Assessment is used in two important ways by early childhood educators¹¹⁷:

- **Child assessment** is a way of keeping track of each child’s progress in an educational program and also a way of individualizing teaching to meet each child’s needs. There are two primary reasons to do child assessment: to improve children’s learning, or to identify children with special needs.¹¹⁸
- **Program assessment** is focused on measuring program trends, quality, or effectiveness. It used to determine whether a child care center or family child care home is providing the level of quality that is desired, or to determine whether the program is being effective at meeting it’s goals and objectives. There are three types of program assessment:¹¹⁹

Assessment: What does Paths to QUALITY require?

Level 3:

- **Assessment** is appropriate to the curriculum and focuses on children’s strengths. Assessment may include portfolios, conversations, anecdotal notes, and developmental notes.
- **Program evaluation** is completed annually by families and staff.

Level 4:

- Accreditation requires centers and homes to have a planned system of developmental screening, assessment of child development, and an annual plan for program evaluation.
- NAEYC center accreditation standards require that the “program is informed by ongoing systematic, formal, and informal assessment approaches to provide information on children’s learning and development. These assessments occur within the context of reciprocal communications with families and with sensitivity to the cultural contexts in which children develop. Assessment results are used to benefit children by informing sound decisions about children, teaching, and program improvement.”¹²⁰

Why is assessment important in child care?

Developmentally-appropriate assessment is a hallmark of high quality early childhood education.

- The National Association for the Education of Young Children recommends that “ethical, appropriate, reliable assessment be a part of all early childhood programs.”¹²¹

- High-quality programs are “informed by ongoing systematic, formal, and informal assessment approaches to provide information on children’s learning and development. These assessments occur within the context of reciprocal communications with families and with sensitivity to the cultural contexts in which children develop.”¹²²

There is moderate amount of evidence that developmentally-appropriate assessment is associated with improved child development outcomes.

- Authentic assessments involving observations of children’s naturally-occurring activities, such as the Work Sampling System¹²³, give teachers and parents an accurate picture of each child’s progress developmentally and in relation to the objectives of the early childhood curriculum.
- “Research demonstrates that early identification and intervention for children with or at risk for disabilities can significantly affect outcomes.”¹²⁴
- “Children with disabilities benefit from in-depth and ongoing assessment, including play-based assessment, to ensure that their individual needs are being met.”¹²⁵

6) Provisions for children with special needs

What Are Plans and Accommodations for Children with Disabilities?

The American with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA) ensure the civil and educational rights of people with disabilities. The ADA is a comprehensive civil law protecting individuals with disabilities from discrimination. It prohibits discrimination in public accommodations that include private programs, family child care homes, child care centers, and after-school programs for children.

IDEA states that children with disabilities should be provided with accommodations to participate equally in all educational activities with their typically developing peers. The accommodations or adaptations include changes in the physical environment, activities, and time.

Plans and Accommodations for Children with Disabilities: What Does Path to QUALITY Require?

Level 2:

- Classroom environments are welcoming, nurturing and safe for children to have interactions and experiences that promote the physical, social and emotional well being of children.

Level 3:

- The learning environment is developmentally and culturally appropriate and meets any special needs of the children.

Why Are Plans and Accommodations for Children with Disabilities Important?

There is a moderate amount of evidence that plans and accommodations for children with disabilities are linked to child care quality.

- Six months after a training program designed to help family child care home providers work with children with disabilities, caregivers' attitudes toward children with disabilities, knowledge about programming for children, and utilization of physical space for enhancing child development improved.¹²⁶
- Caregivers serving in inclusive child care rate themselves higher on most quality-related indicators than caregivers in non-inclusive settings. Observed quality was lower in inclusive family child care homes, but higher in inclusive center-based classrooms for preschoolers.¹²⁷

There is substantial evidence that plans and accommodations for children with disabilities are linked to child development.

- Children with disabilities benefit from participating in inclusive programs because they are provided with role models to facilitate learning of adaptive skills, such as feeding, dressing, and toileting, through observation and imitation¹²⁸.
- Children with disabilities in inclusive programs have more opportunities to practice social interaction and develop friendships with typically developing peers, which helps them prepare to live in the community¹²⁹.
- Both parents of children with disabilities and caregivers express concerns about children's behavioral differences in inclusive care. But they also envision the possibility of increased social opportunities in inclusive child care for children with disabilities.¹³⁰
- Decreases in challenging behavior in children with developmental delays were observed during free choice times. Free choice time was also related to an increase in independent initiation for children who otherwise seldom initiated activities.¹³¹

7) Program policies & procedures

What are “program policies and procedures”?

Child care program policies and procedures include a variety of program management practices that include adequate and timely staff orientation, written policies and procedures, accurate and updated records, an advisory board, annual program evaluation by families and staff, strategic planning including short and long term goals for the program and teachers paid planning time.

Program policies and procedures: What does Paths to QUALITY require?

Level 1:

- Staff members receive orientation within 30 days of being hired.

Level 2:

- Written policies and a child care contract is established and implemented with families.
- An advisory board is in place to provide input and support to the director

Level 3:

- Program evaluation is completed annually by families and staff.
- A strategic plan is completed and includes annual evaluation/ goal setting and long range planning/goal setting.

At a minimum, the Lead Teacher receives paid planning time.

Why are program policies and procedures important?

In general, program policies and procedures are critical to maintain high quality early childhood education.

No research has been conducted examining specific program policies and procedures and its relationship to other measures of child care quality. However, there some evidence that the implementation of program policies and procedures is related to other measures of quality. Researchers have concluded that:

- Quality policies and procedures must be in place at the program level to promote and maintain high quality interactions and learning environments at the classroom level.^{132 133}
- Written policies and procedures are necessary for a program to set and achieve goals for the program as well as the children and families they serve and in turn provide high quality care.¹³⁴
- NAEYC accredited centers tend to have better management and organizational policies and procedures in place.¹³⁵

- Improving director's administrative and organizational skills has a direct impact on policies and procedures and has a pronounced positive impact on teaching practices in the classroom (staff-child interactions, classroom curriculum, classroom arrangement, health and safety practices).¹³⁶

In general, program policies and procedures are necessary for high quality child development outcomes

No research has been conducted examining specific program policies and procedures and its relationship to child development outcomes. However, there some evidence that having program policies and procedures is related to child development outcomes. Researchers have concluded that:

- Program management practices in early childhood program are essential for high quality outcomes for children and families.^{137 138 139}

8) Director professional development

What is “director/family child care lead caregiver professional development”?

Professional development includes maintaining general skills through continuing education and training opportunities to keep current with changing practices in the child care profession. It can also include memberships in professional organizations and participation in networking and mentoring activities with other child care professionals.

Director/family child care lead caregiver professional development: What does Paths to QUALITY require?

Level 1:

- The director has completed a Child Development Associate credential (CDA) or early childhood degree or equivalent degree OR the director of the ministry agrees to obtain a minimum of a CDA within three years of beginning Paths to QUALITY and shows progression towards completion each year.
- The director of the ministry completes Safe Sleep Training.

Level 2:

- Director/Lead Caregiver receives orientation and trains staff on the *Foundations to the Indiana Academic Standards for Young Children Age Birth to Five*.
- Director/lead caregiver is a member of a nationally recognized early childhood organization.

Level 4:

- Director volunteers to informally mentor a program at a Level 1, 2, or 3.

Why is director/family child care lead caregiver professional development important?

In general, director/family child care lead caregiver professional development is a hallmark of high quality early childhood education. There is substantial evidence that director/family child care lead caregiver professional development is related to other measures of child care quality:

- Advantages of being a member of an early childhood professional group include the opportunity to network with other providers who are also caring for children, better access to resources (newsletters, websites, and conferences).¹⁴⁰
- Family child care providers who were affiliated with their local state family child care association or the National Association for the Education of Young Children (NAEYC) provided higher-quality care than nonaffiliated providers.¹⁴¹
- Family child care caregiver’s professionalism, level of planning, and commitment to the child care field predicts higher-quality care.¹⁴²

- The performance of the program director, particularly as it relates to providing leadership in program functioning at the administration level and providing high quality supervision and feedback, predicts program quality¹⁴³
- The director sets the tone and climate of concern that is the hallmark of a quality program.¹⁴⁴
- Research examining mentoring has focused on caregivers rather than directors. Mentoring programs that have paired caregivers with experienced child care educators have been very effective in improving the overall quality of the classrooms as well as making caregivers more sensitive to infants' needs.¹⁴⁵

There is limited evidence that director professional development is related to child development outcomes.

- Child care directors who have more experience and education are more likely to appropriately monitor staff, which promotes children's health.¹⁴⁶

9) Parent-teacher communication and involvement

Parents and providers share information daily and in scheduled conferences about the child and the program. All families are purposefully informed about and involved in program activities: Families have opportunities to participate in planning and evaluating curriculum and activities for their child and the program.

Parent-teacher communication/involvement: What does Paths to QUALITY require?

Level 2:

Provide pertinent program information to families

- A system is in place for communicating pertinent information to families, daily and at an annual family conference.
- Written policies and a child care contract is established and implemented with families.

Level 3:

Facilitate family and staff/assistant input into the program:

- Program evaluation is done annually by families and staff.
- Families are made aware of the curriculum of the program through parent handbooks, newsletters, orientation, and/or family meetings.
- All children and their families have equal opportunities to participate in classroom and program activities.

Why is parent involvement and provider-parent communication important?

There is substantial evidence that parent involvement and parent-provider communication important for high quality early childhood education.

- Parent involvement at all levels of education is now considered not only desirable but essential to effective schooling.^{147 148 149}
- The quality of parent-caregiver relationships in early care is associated with other quality indicators, including caregiver education level and sensitivity with the child.¹⁵⁰

There is substantial evidence that parent-involvement is related to child development outcomes.

- Parent involvement is linked to children's school readiness. Research shows that greater parent involvement in children's learning positively affects the child's school performance, including higher academic achievement.^{151 152 153}

10) Accreditation by NAEYC or other organizations

What is “accreditation”?

Accreditation is a voluntary process by which a professional body provides quality criteria that are above the mandatory requirements of government-supervised licensing or registration. To achieve accreditation, early childhood education programs volunteer to be measured against rigorous national standards for education, health, and safety. Programs that participate and pass the voluntary process are given a certification of accreditation. The most common accreditation body for child care centers is from the National Association for the Education of Young Children (NAEYC), and for family child care homes the most common accreditation is from the National Association of Family Child Care (NAFCC).

Accreditation: What does Paths to QUALITY require?

Level 4:

- **Accreditation** by a nationally recognized accrediting body, approved by the State, has been achieved and maintained.

Why is accreditation important?

Accredited child care centers and family child care homes provide higher quality care.

There is a substantial amount of evidence supporting that national accreditation is related to other measures of child care quality.

- Accredited centers provide better staff-child ratios, employ staff with more education specific to early childhood, employ more experienced directors, and provide more developmentally appropriate activities for children than non-accredited centers.^{154 155}
- Accredited centers provide better than average quality of care as measured by the Early Childhood Environmental Rating Scale—a widely used measure of quality.¹⁵⁶
- Accredited family child care caregivers provide higher quality care for children, have higher education, participate in hours of training, and are more involved in professional affiliations than non-accredited caregivers.^{157 158 159}

Research has indicated that accredited programs are benefit children’s development.^{160 161 162}

There is a moderate amount of evidence that national accreditation is related to child outcomes.

- National accreditation standards are based on developmentally appropriate practices promoting better child development outcomes such as academic skills, creativity, and social emotional outcomes.^{163 164}

Conclusions: Validity of the PTQ Levels and Criteria

The pilot programs in northeast and southwest Indiana demonstrate that the PTQ system is understandable to child care providers and provide preliminary evidence that when providers reach higher levels, they are increasing the quality of care and education they provide. The pilot programs do not provide data that answer the question, “Do children in child care with higher PTQ levels develop or learn better?”

A thorough review of 10 main quality indicators (including 12 additional sub-indicators) within the PTQ levels and standards revealed substantial scientific evidence for the validity of the PTQ quality criteria. In most cases, PTQ key quality indicators were found to be significantly associated with established measures of child care quality - 75% of the quality indicators we examined had “substantial evidence” for their validity. In addition, most of the PTQ quality indicators had significant evidence that they support children’s development. Overall, the PTQ quality indicators have significant support for validity in the child development and early education scientific literature. In addition, most of the PTQ standards have the support of prominent early childhood education organizations, which have designated them as “best practices.”

Based on this analysis of the results of the PTQ program as developed in its regional pilots and based on existing evidence for the validity of proposed PTQ quality standards, we conclude that, if implemented with diligence, care, and accountability in Indiana, the PTQ program has the potential to increase quality in child care centers, child care ministries, and child care homes. Further, as child care providers work and learn to increase their PTQ levels, we expect that Indiana’s young children will benefit through increased support for their learning, development, and everyday well-being.

Endnotes

¹ National Child Care Information Center. (2007, April). Quality rating systems: Definition and statewide systems. Retrieved September 21, 2007 from www.nccic.org/pubs/qrs-defsystems.html.

² Ibid.

³ Child Care and Early Care Partnership Mission, 1996.

⁴ Elicker, J. & Ruprecht, K. (2007). Early Child Care Quality Initiative Final Evaluation Report, January to December, 2006. Unpublished technical report, Purdue University, West Lafayette, IN.

⁵ Cost, Quality, and Child Outcome Study Team (1995). Cost, quality, and child outcomes in child care centers: Technical report. Denver, CO: University of Colorado at Denver.

⁶ Gormley, W., Jr. (1998). Regulatory enforcement: Accommodation and conflict in four states. *Public Administration Review*, 58, 285-293.

⁷ Phillipson, L, Burchinal, M. R., Howes, C., & Cryer, D. (1997). The prediction of process quality from structural features of child care. *Early Childhood Research Quarterly*, 12, 281-303.

⁸ Galinsky E., Howes, C., Kontos, S., & Shinn, M. (1994). *The study of children in family child care and relative care*. New York: Families and Work Institute.

⁹ Raikes, H. A., Raikes, H. H., & Wilcox, B. (2005). Regulation, subsidy receipt and provider characteristics: What predicts quality in child care homes? *Early Childhood Research Quarterly*, 20, 164-184.

¹⁰ Burchinal M., Howes, C., & Kontos, S. (2002). Structural predictors of child care quality in child care homes. *Early Childhood Research Quarterly*, 17, 87-105.

¹¹ Elicker, J., Clawson, C., Hong, S. Kim, T., Evangelou, D., & Kontos, S. J. (2005). *Community Child Care Research Project Final Report. Child care for working poor families: Child development and parent employment outcomes*. West Lafayette, IN: Purdue University.

¹² Helburn, S., (Ed.) (1995, June). Cost, quality, and child outcomes in child care centers, technical report. Denver, CO: Department of Economics, University of Colorado at Denver.

¹³ Phillips, D. A., Howes, C., & Whitebook, M. (1992). The effects of regulation and auspice on child care quality. *American Journal of Community Psychology*, 20, 25-51.

¹⁴ Howes, C., Smith, E., & Galinsky, E. (1995). *The Florida child care quality improvement study: Interim Report*. New York, NY, Families and Work Institute.

¹⁵ Cost, Quality, and Child Outcome Study Team (1995). Cost, quality, and child outcomes in child care centers: Technical report. Denver, CO: University of Colorado at Denver.

¹⁶ Raikes, H. A., Raikes, H. H., & Wilcox, B. (2005). Regulation, subsidy receipt and provider characteristics: What predicts quality in child care homes? *Early Childhood Research Quarterly*, 20, 164-184.

¹⁷ Raikes, H. A., Raikes, H. H., & Wilcox, B. (2005). Regulation, subsidy receipt and provider characteristics: What predicts quality in child care homes? *Early Childhood Research Quarterly*, 20, 164-184.

¹⁸ Bordin, J., Machida, S., Varnell, H. (2000). The relation of quality indicators to provider knowledge of child development in family child care homes. *Child & Youth Care Forum*, 29(5), 323-341.

¹⁹ Burchinal, M., Howes, C., & Kontos, S. (2002). Structural predictors of child care quality in child care homes. *Early Childhood Research Quarterly*, 17, 87-105.

²⁰ Clarke-Stewart, K. A., Vanell, D. L., Burchinal, M., O'Brien, M., & McCartney, K. (2002). Do regulable features of child-care homes affect children's development? *Early Childhood Research Quarterly*, 17, 52-86.

²¹ Burchinal, M., Howes, C., & Kontos, S. (2002). Structural predictors of child care quality in child care homes. *Early Childhood Research Quarterly*, 17, 87-105.

²² Burchinal, M., Cryer, D., Clifford, R. M. (2002). Caregiver training and classroom quality in child care centers. *Applied Developmental Science*, 6(1), 2-11.

²³ Whitebook, M. (2003). *Bachelor's degrees are best: Higher qualifications for pre-kindergarten teachers lead to better learning environments for children*. Washington, DC: The Trust for Early Education.

²⁴ Howes, C. (1997). Children's experiences in center-based child care as a function of teacher background and adult-child ratio. *Merrill-Palmer Quarterly*, 43(3), 404-425.

²⁵ Clarke-Stewart, K. A., Vanell, D. L., Burchinal, M., O'Brien, M., & McCartney, K. (2002). Do regulable features of child-care homes affect children's development? *Early Childhood Research Quarterly*, 17, 52-86.

²⁶ National Institute of Child Health and Human Development, Early Child Care Research Network. (2002a). Child-care structure → Process → Outcome: Direct and indirect effects of child-care quality on young children's development. *Psychological Science*, 13(3), 199-206.

- ²⁷ Early, D. M., Bryant, D. M., Pianta, R. C., Clifford, R. M., Burchinal, M. R., Ritchie, S., Howes, C., & Barbarin, O. (2006). Are teachers' education, major, and credentials related to classroom quality and children's academic gains in pre-kindergarten. *Early Childhood Research Quarterly*, 21, 174-195.
- ²⁸ Burchinal, M., Cryer, D., Clifford, R. M. (2002). Caregiver training and classroom quality in child care centers. *Applied Developmental Science*, 6(1), 2-11.
- ²⁹ Barnett, W.S. (2003a). Better teachers, better preschools: Student achievement linked to teacher qualifications. *Preschool Policy Matters*, 2. New Brunswick, NJ: NIEER.
- ³⁰ Bowman, B., Donovan, M.S. & Burns, S. (Eds.) (2001). *Eager to learn: Educating our preschoolers*. National Research Council, Committee on Early Childhood Pedagogy. Washington, DC: National Academy Press.
- ³¹ Howes, C. & Brown, J. (2000). Improving child care quality: A guide for Proposition 10 commissions. In N. Halfon, E. Shulman, M. Shannon, & M. Hochstein (Eds.), *Building community systems for young children*. Los Angeles: UCLA Center for Healthier Children, Families, and Communities.
- ³² Elicker, J., Clawson, C., Hong, S. Kim, T., Evangelou, D., & Kontos, S. J. (2005). *Community Child Care Research Project Final Report. Child care for working poor families: Child development and parent employment outcomes*. West Lafayette, IN: Purdue University.
- ³³ National Institute of Child Health and Human Development Early Child Care Research Network (2000). Characteristics and quality of child care for toddlers and preschoolers. *Applied Developmental Science*, 4, 116-135.
- ³⁴ deSchipper, E., Rieksen-Walraven, M., & Guerts, S. (2006). Effects of child-caregiver ratio on the interactions between caregivers and children in child care centers: An experimental study. *Child Development*, 77, 861-864.
- ³⁵ Howes, C. (1997). Children's experiences in center-based child care as a function of teacher background and adult: child ratio. *Merrill-Palmer Quarterly*, 43, 404 – 425.
- ³⁶ Clarke-Stewart, K.A., Gruber, C.P., & Fitzgerald, L.M. (1994). *Children at home and in day care*. Hillsdale, NJ: Erlbaum.
- ³⁷ Ghazvini, A., & Mullis, R. L. (2002). Center-based care for young children: Examining predictors of quality. *The Journal of Genetic Psychology*, 163, 112 – 125.
- ³⁸ Palmerus, K., & Hagglund, S. (1991). The impact of children/caregiver ratio on activities and social interaction in six day care centre groups. *Early Child Development and Care*, 67, 29-38.
- ³⁹ Phillipsen, L.C., Burchinal, M.R., Howes, C. & Cryer, D. (1997). The prediction of process quality from structural features of child care. *Early Childhood Research Quarterly*, 12, 281–303.
- ⁴⁰ Palmerus, K. (1996). Child-caregiver ratios in day care center groups: Impact on verbal interactions. *Early Child Development and Care*, 118, 45 – 57.
- ⁴¹ NAEYC accreditation standards, pp. 45-66.
- ⁴² Retrieved online at <http://www.nccic.org/statedata/statepro/display.cfm?state=Indiana> on September 13, 2007
- ⁴³ NAEYC accreditation standards.
- ⁴⁴ Vandell, D.L. & Wolfe, B. (2002). *Child care quality: Does it matter and does it need to be improved?* Institute for Research on Poverty, University of Wisconsin-Madison
- ⁴⁵ Phillipsen, L.C., Burchinal, M.R., Howes, C. & Cryer, D. (1997). The prediction of process quality from structural features of child care. *Early Childhood Research Quarterly*, 12, 281–303.
- ⁴⁶ Bowman, B.T., Donovan, M.S., & Burns, M.S. (Eds.) (2000). *Eager to learn: Educating our preschoolers*. Washington, DC: National Academy Press.
- ⁴⁷ Ruopp, R., Travers, J., Glantz, F., & Coelen, C. (1979). *Children at the Center: Final Report of the National Day Care Study*. Cambridge, MA: Abt Associates.
- ⁴⁸ NAEYC Accreditation Standards. Online at: www.naeyc.org
- ⁴⁹ NAFCC Accreditation Standards. Online at: www.nafcc.org/accreditation/accredstandards
- ⁵⁰ Dunn, L. (1993). Proximal and distal features of day care quality and children's development. *Early Childhood Research Quarterly*, 8, 167-192.
- ⁵¹ Kontos, S., & Fiene, R. (1987). Child care quality, compliance with regulations, and children's development: The Pennsylvania Study. In D.A. Phillips (Ed.), *Quality in child care: What does research tell us?* (pp. 57-80). Washington, DC: National Association for the Education of Young Children.
- ⁵² Kontos, S. (1994). The ecology of family day care. *Early Childhood Research Quarterly*, 9, 87-110.
- ⁵³ NICHD Early Child Care Research Network (1996). Characteristics of infant child care: Factors contributing to positive caregiving. *Early Childhood Research Quarterly*, 11, 269-306.
- ⁵⁴ Hayes, C.D., Palmer, J. L. & Zaslow, M. J. (1990). *Who cares for America's children? Child care policy in the 1990s*. Washington, D.C.: National Academy Press.

-
- ⁵⁵ Colbert, J. (2002). Regulating dimensions of quality in early care and education: A review of the research. St. Paul, MN: National Association for Regulatory Administration.
- ⁵⁶ Moore, K., Manlove, J., Richter, K., Halle, T., Le Menestrel, S., Zaslow, M., Greene, A., Mariner, C., Romano, A., Bridges, L., & West, J. (1999). A birth cohort study: Conceptual and design considerations and rationale. (NCES Working Paper No. 999-01). Washington, D.C.: U.S. Department of Education. National Center for Education Statistics (NCES).
- ⁵⁷ Ibid.
- ⁵⁸ Clarke-Stewart, K.A., Vandall, D., Burchinal, M., O'Brien, M., & McCartney, K. (2002). Do regulatable features of child-care homes affect children's development? *Early Childhood Research Quarterly*, 17(1), 52-86.
- ⁵⁹ Bredekamp, S., & Copple, C. (Eds.). (1997). *Developmentally appropriate practice in early childhood programs serving children from birth through age 8* (Rev. ed.). Washington, DC: National Association for the Education of Young Children.
- ⁶⁰ Bowman, B. T., Donovan, M. S., & Burns, M. S. (Eds.). (2001). *Eager To Learn: Educating Our Preschoolers*. Washington, DC: Committee on Early Childhood Pedagogy, National Research Council.
- ⁶¹ Howes, C., Phillips, D., & Whitebrook, M. (1992). Thresholds of quality: Implications for the social development of children in center-based child care. *Child Development*, 63, 449-460.
- ⁶² Kontos, S., Howes, C., Shinn, M., & Galinsky, E. (1995). *Quality in family child care and relative care*. New York: Teachers College Press.
- ⁶³ Phillips, D., McCartney, K., & Scarr, S. (1987). Child-care quality and children's social development. *Developmental Psychology*, 23, 537-543.
- ⁶⁴ Anderson, C. W., Nagel, R. J., Roberts, W. A., & Smith, J. W. (1981). Attachment to substitute caregivers as a function of centre quality and caregiver involvement. *Child Development*, 52, 53-61.
- ⁶⁵ Clarke-Stewart, K. A. (1987). In search of consistencies in child care research. In D. A. Phillips (Ed.), *Quality in child care: What does research tell us?* Washington, DC: National Association for the Education of Young Children.
- ⁶⁶ Howes, C., & Matheson, C. C. (1992). Sequences in the development of competent play with peers: Social and social pretend play. *Developmental Psychology*, 28, 961-974.
- ⁶⁷ Kontos, S.J. (1991). Child care quality, family background, and children's development. *Early Childhood Research Quarterly*, 6, 249-262.
- ⁶⁸ Howes, C., & Hamilton, C. E. (1992). Children's relationships with caregivers: Mothers and child care teachers. *Child Development*, 63, 859-866.
- ⁶⁹ J. Helm and G. Gronlund (2000). Linking Standards and Engaged Learning in the Early Years, *Early Childhood Research and Practice*, Volume 2, #1, Online: <http://ecrp.uiuc.edu/v2n1/helm.html>
- ⁷⁰ Bredekamp, Sue, & Copple, Carol (Eds.). (1997). *Developmentally appropriate practice in early childhood programs serving children from birth through age 8*. (Rev. ed.). Washington, DC: National Association for the Education of Young Children.
- ⁷¹ Dodge, Diane Trister (1995). The importance of curriculum in achieving quality child day care programs. *Child Welfare*, 74, 1171-1188.
- ⁷² Ibid.
- ⁷³ Schweinhart, L. J., Barnes, H. V., & Weikart, D. P. (1993). *Significant benefits: The High/Scope Perry Preschool study through age 27*. Ypsilanti, MI: High/Scope Press.
- ⁷⁴ Ibid
- ⁷⁵ Hadeed, J., & Sylva, K. (1999). Behavioral observations as predictors of children's social and cognitive progress in day care. *Early Child Development and Care*, 154, 13-30.
- ⁷⁶ Marcon, R. A. (1999). Differential impact of preschool models on development and early learning of inner-city children: A three cohort study. *Developmental Psychology*, 35, 358-375
- ⁷⁷ Montie, J. E., Xiang, Z., & Schweinhart, L. J. (2006). Preschool experience in 10 countries: cognitive and language performance at age 7. *Early Childhood Research Quarterly*, 21, 313-331.
- ⁷⁸ Stipek, D., Feiler, R., Daniels, D., & Milburn, S. (1995). Effects of different instructional approaches on young children's achievement and motivation. *Child Development*, 66, 209-223.
- ⁷⁹ Hadeed, J., & Sylva, K. (1999). Behavioral observations as predictors of children's social and cognitive progress in day care. *Early Child Development and Care*, 154, 13-30.
- ⁸⁰ Gersten, R. (1985). Direct instruction with special education students: A review of evaluation research. *Journal of Special Education*, 19, 41-58.

- ⁸¹ Devries, R., Reese-Learned, H., & Morgan, R. (1991). Sociomoral development in direct-instruction, eclectic, and constructivist kindergartens: A study of children's enacted interpersonal understanding. *Early Childhood Research Quarterly*, 6, 473-517.
- ⁸² Sylvia, K., Taggart, B., Siraj-Blatchford, I., Totsika, V., Ereky-Stevens, K., Gilden, R., & Bell, D. (2007). Curricular quality and day-to-day learning activities in pre-school. *International Journal of Early Years Education*, 15, 49-65.
- ⁸³ Howes, C., Phillips, D. A. Whitebrook, M. (1993). Thresholds of quality: Implications for the social development of children in center-based child care, *Child Development*, 63, 449-460.
- ⁸⁴ Montie, J. E., Xiang, Z., & Schweinhart, L. J. (2006). Preschool experience in 10 counties: Cognitive and language performance at age 7. *Early Childhood Research Quarterly*, 21, 313-331.
- ⁸⁵ Fekonija, U., Umek, L. M., & Kranjc, S. (2005). Free play and other daily preschool activities as a context for child's language development. *Studia Psychologica*, 47, 103-118.
- ⁸⁶ Kontos, S. & Keyes, L. (1999). An ecobehavioral analysis of early childhood classrooms, *Early Childhood Research Quarterly*, 14, 35-50.
- ⁸⁷ Nabors, L., Willoughby, J., & Badawi, M. A. (1999). Relations between activities and cooperative playground interactions for preschool-age children with special needs, *Journal of the Multihandicapped Person*, 11, 339-352.
- ⁸⁸ NAEYC position statement, Early Childhood Curriculum, Assessment, and Program Evaluation. Online: <http://www.naeyc.org/about/positions.asp#where>.
- ⁸⁹ Ibid.
- ⁹⁰ Frede, E.C. 1998. Preschool program quality in programs for children in poverty. In Early care and education for children in poverty: Promises, programs, and long-term outcomes, eds. W.S. Barnett & S.S. Boocock. Buffalo, NY: State University of New York Press.
- ⁹¹ Dodge, Diane Trister (1995). The importance of curriculum in achieving quality child day care programs. *Child Welfare*, 74, 1171-1188.
- ⁹² Raspa, M.J., R.A. McWilliam, & S.M. Ridley. 2001. Child care quality and children's engagement. *Early Education and Development*, 12, 209-24.
- ⁹³ Espinosa, L. 2002. High quality preschool: Why we need it and what it looks like. NIEER Policy Briefs 1. Online: <http://nieer.org/resources/policybriefs/1.pdf>.
- ⁹⁴ NAEYC Position Statement, Early Childhood Curriculum, Assessment, and Program Evaluation. Online: <http://www.naeyc.org/about/positions.asp#where>
- ⁹⁵ Dickinson, D.K., McCabe, A., Anastasopoulos, L., Peisner-Feinberg, E., S., & Poe, M. D. (2003). The comprehensive language approach to early literacy: the interrelationships among vocabulary, phonological sensitivity, and print knowledge among preschool-aged children. *Journal of Educational Psychology*, 95, 465-481.
- ⁹⁶ Gest, S. D., Holland-Coviello, R., Welsh, J. A., Eicher-Catt, D. L., & Gill, S. (2006). Language development sub-contexts in Head Start Classrooms: Distinctive patterns of teacher talk during free play, mealtime, and book reading. *Early Education and Development*, 17, 293-315.
- ⁹⁷ Smith, M. W., & Dickinson, D. K. (1994). Describing oral language opportunities and environments in Head Start and other preschool classrooms. *Early Childhood Research Quarterly*, 9, 345-366.
- ⁹⁸ Hansen, C. C. (2004). Teacher talk: Promoting literacy development through response to story. *Journal of Research in Childhood Education*, 19, 115-129.
- ⁹⁹ Connor, C. M., Morrison, F. J., & Slominski, L. Preschool Instruction and Children's Emergent Literacy Growth. *Journal of Educational Psychology*, 98, 665-689.
- ¹⁰⁰ Wasik, B., Bond, E. & Hindman, A. (2006). The effects of a language and literacy intervention on Head Start children and teachers. *Journal of Educational Psychology*, 98, 63-74.
- ¹⁰¹ Klibanoff, R. S., Levine, S. C., Huttenlocher, J., Vasilyeva, M., & Hedges, L.V., Preschool children's mathematical knowledge: The effect of teacher "math talk." *Developmental Psychology*, 42, 59-69.
- ¹⁰² Wilcox-Herzog, A. & Kontos, S. (1998). The nature of teacher talk in early childhood classrooms and its relationship to children's play with objects and peers. *Journal of Genetic Psychology*, 159, 30-44.
- ¹⁰³ Hart, B., & Risley, T. R. (1995). Meaningful differences in the everyday experience of young American children. Baltimore: Brookes.
- ¹⁰⁴ NICHD Early Child Care Research Network (2000). The relation of child care to cognitive and language development. *Child Development*, 71, 960-980.
- ¹⁰⁵ Neuman, S. B., & Celano, D. (2001). Access to print in low-income and middle-income communities: An ecological study of four neighborhoods. *Reading Research Quarterly*, 36, 8-26.

-
- ¹⁰⁶ Bernhard, J. K. (1995). Child Development, cultural diversity, and the professional training of early childhood educators. *Canadian Journal of Education*, 20, 415-426.
- ¹⁰⁷ Burchinal, M. R. & Cryer, D. (2003). Diversity, child care quality, and developmental outcomes. *Early Childhood Research Quarterly*, 18, 401-426.
- ¹⁰⁸ Burchinal, M. R., Peisner-Feinberg, E., Bryant, D. M., & Clifford, R. (2000). Children's social and cognitive development and child care quality: Testing for differential associations related to poverty, gender, or ethnicity. *Journal of Applied Developmental Sciences*, 4, 149-165.
- ¹⁰⁹ Peisner-Feinberg, E. S., & Burchinal, M. R. (1997). Relations between preschool children, child care experiences, and concurrent development: The Cost, Quality, and Outcomes Study, *Merrill-Palmer Quarterly*, 43, 451-477.
- ¹¹⁰ Campbell, F., & Ramey, C. T. (1994). Effects of early intervention on intellectual and academic achievement: A follow-up study of children from low-income families. *Child Development*, 65, 684-698.
- ¹¹¹ NICHD Early Child Care Research Network. (2000). The relation of child care to cognitive and language development. *Child Development*, 71, 958-978.
- ¹¹² Garcia-Coll, C., Crnic, K., Lamberty, G., Wasik, B. H., Jenkins, R., Garcia, H. V., & McAdoo, H. P. (1996). An integrative model for the study of developmental competencies in minority children. *Child Development*, 67, 1891-1914.
- ¹¹³ Wishard, A. G., Shivers, E. M., Howes, C., & Ritchie, S. (2003). Child care program and teacher practices: associations with quality and children's experiences. *Early Childhood Research Quarterly*, 18, 65-103.
- ¹¹⁴ Connolly, P., & Hosken, K. (2006). The general and specific effects of educational programs aimed at promoting awareness of and respect for diversity among young children. *International Journal of Early Years Education*, 14, 107-126.
- ¹¹⁵ NEGP (National Education Goals Panel). 1993. The national education goals report. Volume one: The national report. Washington, DC: U.S. Government Printing Office.
- ¹¹⁶ Shepard, L., S.L. Kagan, & E. Wurtz. 1998. Principles and recommendations for early childhood assessments. Washington, DC: National Education Goals Panel. Online: www.negp.gov/reports/prinrec.pdf.
- ¹¹⁷ Ibid.
- ¹¹⁸ NAEYC. (2007). Standard 4: NAEYC Accreditation Criteria for Assessment of Child Progress. Retrieved from www.naeyc.org/academy/standards/standard4/ on September 27, 2007.
- ¹¹⁹ NAEYC. (2003). Early childhood curriculum, assessment, and program evaluation: Building an effective, accountable system in programs for children birth through age 8. Washington, DC: National Association for the Education of Young Children. (www.naeyc.org)
- ¹²⁰ Commission on NAEYC Early Childhood Program Standards and Accreditation Criteria, 2003, np
- ¹²¹ Meisels, S.J., Liaw, F., Dorfman, A. & Nelson, R.F. (1995). The Work Sampling System: Reliability and validity of a performance assessment system for young children. *Early Childhood Research Quarterly*, 10, 277-296.
- ¹²² Shonkoff, J.P., & Meisels, S.J. (2000). *Handbook of early childhood intervention*, 2nd ed. New York: Cambridge University Press.
- ¹²³ Ibid.
- ¹²⁴ Jones, S. N., & Meisels, S. J. Training family day care providers to work with special needs children. *Topics in Early Childhood Special Education*, 7, 1-12.
- ¹²⁵ Knoche, L., Peterson, C. A., Edwards, C. P., & Jeon, H. (2006). Child care for children with and without disabilities: The provider, observer, and parent perspectives. *Early Childhood Research Quarterly*, 21, 93-109.
- ¹²⁶ Wolery, M., & Wibers, J. (1994). Including Children with Special Needs in Early Childhood Programs. National Association for the Education of Young Children. Washington DC.
- ¹²⁷ Guralnick M. J. (2001). *Early Childhood Inclusion: Focus on Change*. Baltimore, MD: Paul H. Brooks Publishing.
- ¹²⁸ Recchia, S. L., & Lee, Y. (2004). At the Crossroads: Overcoming Concerns To Envision Possibilities for Toddlers in Inclusive Child Care. *Journal of Research in Childhood Education*, 19, 175-188.
- ¹²⁹ Cole, C. L., & Levinson, T. R. (2002). Effects of within-activity choices on the challenging behavior of children with severe developmental disabilities. *Journal of Positive Behavior Interventions*, 4, 29-37.
- ¹³⁰ Bloom, P., J. & Sheerer, M. (1992). The effect of leadership training on child care program quality. *Early Childhood Research Quarterly*, 7, 579-594.
- ¹³¹ McCormick Tribune Center for Early Childhood Leadership, National-Louis University. Widening the lens: Looking at quality from a program administration perspective.

-
- ¹³² Bella, J., & Bloom, P. J. (2003). Zoom: The impact of early childhood leadership training on role perceptions, job performance, and career decisions. IL: National-Louis University, Center for Early Childhood Leadership.
- ¹³³ McCormick Tribune Center for Early Childhood Leadership, National-Louis University. Widening the lens: Looking at quality from a program administration perspective.
- ¹³⁴ Bloom, P., J. & Sheerer, M. (1992). The effect of leadership training on child care program quality. *Early Childhood Research Quarterly*, 7, 579-594.
- ¹³⁵ Bloom, P., J. & Sheerer, M. (1992). The effect of leadership training on child care program quality. *Early Childhood Research Quarterly*, 7, 579-594.
- ¹³⁶ Cost, Quality, and Child Outcome Study Team (1995). Cost, quality, and child outcomes in child care centers: Technical report. Denver, CO: University of Colorado at Denver.
- ¹³⁷ Whitebook, M., & Sakai, L. (2004). When directors leave: The causes and consequences of center administrative changes. *Exchange: The early Childhood Leader's Magazine*, 160, 8-11.
- ¹³⁸ NAEYC membership benefits. <http://www.naeyc.org/membership/benefits.asp>.
- ¹³⁹ DeBord, K. & Sawyer, J. (1996). The effects of training on the quality of family child care for those associated with and not associated with professional child care organizations. *Child & Youth Care Forum*, 25 (1), 7-15.
- ¹⁴⁰ Weaver, R. E. H. (2002)a. The roots of quality care: Strengths of master providers. *Young Children* 57, (1) 16-22.
- ¹⁴¹ Cost, Quality, and Child Outcome Study Team (1995). Cost, quality, and child outcomes in child care centers: Technical report. Denver, CO: University of Colorado at Denver.
- ¹⁴² Bloom, P., J. & Sheerer, M. (1992). The effect of leadership training on child care program quality. *Early Childhood Research Quarterly*, 7, 579-594.
- ¹⁴³ Fiene, R. (2002). Improving child care quality through an infant caregiver mentoring project. *Child & Youth Care Forum*, 31(2), 79-87.
- ¹⁴⁴ Fiene, R. (2002). 13 Indicators of Quality Child Care: Research Update. National Resource Center for Health and Safety in Child Care, University of Colorado.
- ¹⁴⁵ Comer, J. P., & Haynes, N. M. (1991). Parent involvement in schools: An ecological approach. *The Elementary School Journal*, 91(3), 271-277.
- ¹⁴⁶ Burchinal, M., Campbell, F., Bryant, D., Wasik, B. & Ramey, C. (1997). Early intervention and mediating processes in cognitive performance of children of low-income African American families. *Child Development*, 68, 935-954.
- ¹⁴⁷ Bredekamp, S., & Copple, C. (1997). Developmentally appropriate practice in early childhood programs. Washington, DC: National Association for the Education of Young Children.
- ¹⁴⁸ Elicker, James; Noppe, Illene C; Noppe, Lloyd D; Fornter-Wood, Cheryl. (1997). The parent-caregiver relationship scale: Rounding out the relationship system in infant child care. *Early Education and Development*, 8(1), 83-100.
- ¹⁴⁹ Burchinal, M., Campbell, F., Bryant, D., Wasik, B. & Ramey, C. (1997). Early intervention and mediating processes in cognitive performance of children of low-income African American families. *Child Development*, 68, 935-954.
- ¹⁵⁰ Daniels, S. (1995). Can pre-school education affect children's achievement in primary school? *Oxford Review of Education*, 21, 163-177.
- ¹⁵¹ Zellman, G. & Waterman, J. (1998). Understanding the impact of parent-school involvement on children's educational outcomes. *The Journal of Educational Research*, 91, 370-380.
- ¹⁵² Griffith, J. (1996). Relation of parent involvement, empowerment, and school traits to student academic performance. *Journal of Educational Research*, 90, 33-41.
- ¹⁵³ Lin, Q. (2003). Research Digest: Parent involvement and early literacy. Harvard Family Research Project. Retrieved from www.gse.harvard.edu/hfrp/projects/fine/resources/digest/literacy.html, September 28, 2007.
- ¹⁵⁴ Apple, P. L. (2006). A developmental approach to early childhood program quality improvement: The relation between state regulation and NAEYC accreditation. *Early Education and Development*, 17(4), 535-552.
- ¹⁵⁵ Cost, Quality, and Child Outcome Study Team (1995). Cost, quality, and child outcomes in child care centers: Technical report. Denver, CO: University of Colorado at Denver.
- ¹⁵⁶ Zan, B.(2005). NAEYC accreditation and high quality preschool curriculum. *Early Education & Development*, 16(1), 85-102
- ¹⁵⁷ Campbell, N. D., Appelbaum, J. C. Martinson, K., & Martin, E. (2000). Be all the we can be: Lessons from the military for improving our nation's child care system. ERIC database ED441 582.

¹⁵⁸ National Association for Education of Young Children. (2002). Tiered reimbursement systems: States with systems to pay higher reimbursement rates to programs that are accredited and/or meet other quality standards. www.naeyc.org/childrens_champions/criticalissues/accred-reimburse/chart1.htm

¹⁵⁹ Smith, A.P. & Endsley, R. C. (1996). Comparison of accredited and non-accredited family child care programs on program quality, provider professionalism, and family support. *Child & Youth Care Forum*, 25, 353-378.

¹⁶⁰ Bowman, B., Donovan, M. & Burns, M. (Eds.). (2001). *Eager to learn: Educating our preschoolers*. Washington, DC: National Academy Press.

¹⁶¹ Cryer, D. & Clifford, R. (Eds.). (2003). *Early childhood and care in the USA*. Baltimore: Brookes.;

¹⁶² Lombardi, J. (2003). *Time to care: Redesigning child care to promote education. Support families, and build communities*. Philadelphia: Temple University Press.

¹⁶³ Charlesworth, R., Hart, C., Burts, D., and DeWolf, M. (1993). The LSU studies: Building a research base for developmentally appropriate practice. *Advances in Early Education and Day Care* 5:3–28.

¹⁶⁴ National Association for Education of Young Children. (2006). *Developmentally appropriate practice in early childhood programs serving children from birth through age 8. A position statement of the National Association for the Education of Young Children*. <http://www.naeyc.org/about/positions/dap1.asp>.

Appendix

- 1. Quality Indicators Contained in Paths to QUALITY**
- 2. Paths to QUALITY Pilot Program: Early Childhood Alliance**
- 3. Paths to QUALITY Pilot Program: 4C of Southern Indiana, Inc.**

Appendix 1: Quality Indicators Contained in Paths to QUALITY Levels and Criteria

Quality Indicators	General PTQ Criteria	Specific PTQ Criteria	PTQ Level & Criteria Number
1) Regulation	<p>State child care license</p> <p>State child care registration</p>	<p>The license issued by Family and Social Services Administration (FSSA), the Division of Family Resources (DFR), Bureau of Child Care is current and in good standing.</p> <p>The registration issued by the Family and Social Services Administration (FSSA), the Division of Family Resources (DFR), Bureau of Child Care is current and in good standing.</p> <p>The ministry meets all CCDF provider eligibility standards.</p> <p>The ministry meets Voluntary Certification Program guidelines in all four categories. If a facility does not serve infants and toddlers, the remaining three categories must be met.</p>	<p>Level 1.1 (centers & homes)</p> <p>Level 1.1 (ministries)</p> <p>Level 1.2 (ministries)</p> <p>Level 1.3 (ministries)</p>
2) Teacher education/ Training	<p>Level of education/ Specialized training in ECE/CD</p>	<p>25% of teaching staff have either a Child Development Associate credential (CDA) or equivalent certificate, OR an early childhood degree or equivalent degree, OR have completed 45 clock hours of educational training leading to an Early Childhood/Child Development degree or CDA credential.</p> <p>50% of teaching staff have either a CDA or equivalent certificate, an early childhood degree or equivalent degree OR completed 60 clock hours of educational training leading to an early childhood/child development degree or CDA credential.</p> <p>Lead Caregiver will have a current CDA or equivalent certificate, OR an early childhood degree or equivalent degree OR have completed 45 clock hours of educational training in early childhood education within the past three years leading to a CDA or an early childhood/ child development degree.</p> <p>Lead Caregiver will have a current CDA or equivalent certificate, OR and early childhood degree or equivalent degree; OR have completed 60 hours of educational training leading to an early childhood/child development degree or CDA credential within the past three years.</p> <p>Lead Caregiver has a current CDA or equivalent or ECE degree or an equivalent degree.</p>	<p>Level 2.5 (centers)</p> <p>Level 2.6 (ministries)</p> <p>Level 3.4 (centers & ministries)</p> <p>Level 2.5 (homes)</p> <p>Level 3.3 (homes)</p> <p>Level 4.2 (homes)</p>

	Hours of teacher training per year	<p>Staff/assistants are trained on the <i>Foundations to the Indiana Academic Standards for Young Children Age Birth to Five</i>.</p> <p>At least 50% of teaching staff/caregivers participate annually in a minimum of 15 clock hours of educational or in-service training focused on topics relevant to early childhood.</p> <p>At least 50% of teaching staff/caregivers participate annually in a minimum of 20 clock hours of educational or in-service training focused on topics relevant to early childhood.</p>	<p>Level 2.2 (all)</p> <p>Level 2.6 (centers & homes)</p> <p>Level 2.7 (ministries)</p> <p>Level 3.5 (centers & ministries)</p> <p>Level 3.4 (homes)</p>
3) Structural quality	a. Teacher/child ratio	State license and Voluntary Certification Program	Level 1.1 (centers & homes)
	b. Group size	State license and Voluntary Certification Program	Level 1.1 (centers & homes)
	c. Program duration (at least one year)	<p>Program has been in operation for a minimum of one year.</p> <p>Lead Caregiver has at least 12 months experience in a licensed or Bureau of Child Care nationally recognized accredited child care setting as a child care provider.</p>	<p>Level 3.2 (centers)</p> <p>Level 3.2 (homes)</p>
	d. Classroom environment features (specified quality features)	<p>The classroom is arranged and utilizes plentiful materials and activities in order to provide various age and developmentally appropriate interest centers that invite children's exploration. Indicators include:</p> <p><i>Reading:</i></p> <p>Books, soft washable seating/pillows for use while reading</p> <p><i>Writing:</i></p> <p>Writing tools, paper, envelopes, typewriter, letters, numbers</p> <p><i>Art:</i></p> <p>Drawing materials (crayons, markers, thick pencils, variety of paper, sizes and types, not coloring books or dittos/worksheets)</p> <p>Painting materials</p> <p>Tools (scissors, hole punch, tape), staplers for school-age children</p> <p>Three-dimensional materials (play dough, clay with tools)</p> <p>Collage materials (catalogs, magazines, paper scraps, fabric pieces, string, yarn, cotton balls, pipe cleaners, craft sticks)</p>	<p>Level 2.10b & 2.10c (centers)</p> <p>Level 2.12b & 2.12c (ministries)</p> <p>Level 2.11b & 2.11c (homes)</p>

<p>d. Classroom environment features (specified quality features)-continued</p>	<p><i>Blocks:</i> Different size/types of blocks and accessories such as small people, animals, vehicles, road signs, and materials to enhance building, sticks, stones, tape, string, craft sticks, interlocking blocks.</p> <p><i>Dramatic Play:</i> Dress-up clothes, such as work boots, high heels, a variety of hats, career gear/attire/uniforms, purses, billfolds and multi-cultural outfits. Other items would also include large pieces of fabric/scarves, child-size play furniture, dishes, pots, pans, dolls (multicultural dolls included), dollhouse or other play-sets, accessories for dolls, and “props” for different themes.</p> <p><i>Math/Numbers:</i> Small objects to count/sort/classify, measuring tools (scales, rulers), numbers/shapes, number games, puzzles and pattern blocks</p> <p><i>Music and Movement:</i> Audio equipment, variety of tapes/CDs, music boxes, musical toys, and instruments, dance props such as scarves/streamers.</p> <p><i>Nature and Science:</i> Collections of natural items (shells, rocks, flowers, bugs), living plants, pets to care for, science games, toys, magnets, magnifying glasses, cooking opportunities.</p> <p><i>Sensory Play:</i> Water, play dough, sand, or similar material (such as corn meal, rice, beans, oatmeal), along with kitchen utensils measuring containers, shovel, trough, buckets, small cars and trucks and, water-play accessories for pouring, measuring, squeezing, and basting</p> <p><i>Small Motor/Manipulative:</i> Blocks, puzzles, crayons, pencils, scissors, interlocking blocks and other small building toys, pegboard and pegs, games, counting materials, sorting or classifying materials and containers.</p> <p>Specific Infant/Toddler indicators include:</p> <ul style="list-style-type: none"> ▪ Open spaces for exploring and protected play. ▪ Infants and toddlers are provided a variety of outdoor play experiences. ▪ Soft, washable elements, such as cuddle toys, soft furniture or cushions. ▪ Enough materials to avoid problems with children making the same toy choice and waiting. ▪ Materials are organized consistently on low, open shelves for independent use by children. 	<p>Level 2.10b & 2.10c (centers) Level 2.12b & 2.12c (ministries) Level 2.11b & 2.11c (homes)</p>
---	--	---

<p>4) Process Quality</p>	<p>d. Classroom environment features (specified quality features)-continued</p>	<ul style="list-style-type: none"> • Materials are sturdy and in good condition. • A variety of open-ended, washable toys, such as rattles, teething/rings, balls, pop beads, nesting toys, containers, cuddle toys, push/pull toys are available • Low, stable furniture is available for children to pull themselves up. • Furniture adapted for toddlers is available. • Toddler activities include building, pretending, experiencing art materials, enjoying stories and books, playing with toys, exploring sensory materials, having fun with music and movement 	<p>Level 2.10b & 2.10c (centers) Level 2.12b & 2.12c (ministries) Level 2.11b & 2.11c (homes)</p>
	<p>a. Teacher-child interactions (specified types of interaction)</p>	<p>Classroom environments are welcoming, nurturing and safe for children to have interactions and experiences that promote the physical, social and emotional well being of children. Indicators include:</p> <ul style="list-style-type: none"> ▪ Each child and his/her family are warmly acknowledged upon arrival and departure. ▪ Each child feels safe, accepted, and protected and this is supported by guidelines that reinforce respect for people, feelings, ideas, and materials. ▪ Children are under adult supervision at all times. ▪ The environment includes representation of each child and family (including all age groups, abilities, and cultures), such as books, pictures, photographs, music/songs, games, toys, dress-up clothes/materials, and foods. ▪ Each child’s individuality and cultural background is valued and respected by the provider. ▪ A place for storage of personal belongings and possessions is labeled with child’s name. ▪ Teachers communicate with and listen to children (verbal and non-verbal messages) with lots of one-on-one attention throughout the day and usually at eye-level, including time when the teacher is down on the floor with the children. ▪ Children’s ideas, requests, and questions are acknowledged with a verbal response or physical gesture. ▪ Children’s feelings are acknowledged with an accepting, non-critical verbal response or physical gesture. ▪ Teachers refrain from negative verbal or physical responses to children at all times, such as yelling, criticizing, scolding, threatening, sarcasm, name calling, yanking, pinching, squeezing, or spanking. ▪ Destructive or disruptive behavior is addressed with children (face-to-face rather than from a distance) by the teacher, explaining the effect of the behavior, stating the desired behavior and redirecting, or helping the child make alternate choices. ▪ Although limits/consequences exist, the caregiver refrains from too many restrictions in the environment and rarely uses “no”, except in dangerous situations. ▪ Conflicts are resolved by/with children through a problem-solving approach (acknowledge feelings, listen to children share what happened, ask for ideas or solutions, and follow through). 	<p>Level 2.9 & 2.9a (centers) Level 2.11 & 2.11a (ministries) Level 2.10 & 2.10a (homes)</p>

4) Process Quality -continued	a. Teacher-child interactions (specified types of interaction)-continued	<ul style="list-style-type: none"> ▪ The teacher plays interactive games, and joins in children’s play, expanding upon their ideas. ▪ The classroom is generally characterized by varying sounds or comfortable conversation and spontaneous laughter from happy, involved children and adults. when crying, and given one-to-one attention during feeding and diapering. <p><i>Specific Infant/Toddler indicators include:</i></p> <ul style="list-style-type: none"> ▪ Teachers engage in many one-to-one face-to-face interactions with infants/toddlers, including singing and playful interactions. ▪ Teachers acknowledge infant/toddler babblings with a verbal response, vocal imitation or physical gesture. ▪ Teachers engage in meaningful conversations with toddlers. ▪ Teachers give toddlers simple words to use to express feelings. Verbal toddlers are then encouraged to use words in conflict situations. 	Level 2.9 & 2.9a (centers) Level 2.11 & 2.11a (ministries) Level 2.10 & 2.10a (homes)
	b. Children’s active engagement in activities	<p>Children are actively engaged throughout the day in making choices of activities and materials. Indicators include:</p> <ul style="list-style-type: none"> ▪ Children should be given several free choice periods daily. Children’s choice (individual or small group play) occurs at least one third of the time and includes indoor and outdoor play. ▪ The teacher supports children’s development through observation and gathering information that is used to guide lesson planning. ▪ The teacher supports children’s play by providing additional materials and experiences that expand on children’s interests and skills. ▪ The teacher extends learning for children by talking about what they are doing and asking questions that require more than a “yes” or “no” response, such as “What would happen if...?”, “Can you tell me about...?”, “How could we get that to work?”. ▪ The teacher finds ways to help children learn skills when they show an interest (zipping, tying, writing name). ▪ The teacher takes advantage of the many natural learning experiences associated with daily life and makes those “teachable moments” opportunities for learning. 	Level 3.11 (centers, ministries) Level 3.9 (homes)
	c. Child-initiated activity/teacher-directed activity	<p>Children’s physical, cognitive, language, literacy, math, and creative development is supported. Indicators include:</p> <ul style="list-style-type: none"> ▪ Many opportunities for communication (all ages), including sharing information, pointing out logical relationships, and encouraging children’s ability to reason, reading, and writing (for toddler age and up) are provided throughout the day. ▪ Every day children have many experiences and materials to encourage imagination and creativity. 	Level 3.10 (centers, ministries) Level 3.8 (homes)

4) Process Quality -continued	c. Child-initiated /teacher-directed activity-continued	<ul style="list-style-type: none"> ▪ Children’s thinking is stimulated through experimentation, exploration, and access to interesting materials and adult support. ▪ Displays of children’s art are available at children’s eye level and show that most art work is exploratory and unique to each child. ▪ Teachers encourage language and literacy development through interactions, books, songs, finger plays, puppet play, and writing/drawing opportunities. ▪ Math experiences are a part of everyday activities and routines (use of numbers during meals, setting a table, during transition times, using a timer to take turns, counting who is absent). ▪ Music experiences include singing, creative movement, a variety of types of music, and a variety of musical and rhythmic instruments. ▪ Science exploration is part of daily activities (examples include, collections of natural objects, living things to care for, cooking, and simple experiments). ▪ The daily schedule provides a balance of activities including: quiet/active, individual/small group/large group, child initiated/adult initiated. Infants and toddlers are not expected to function as a large group. ▪ Large group activities are not excessive for any part of the daily routine. ▪ Children, especially infants/toddlers, have a variety of sensory-awakening experiences. 	Level 3.10 (centers, ministries) Level 3.8 (homes)
	d. Activities in daily routine (specified types and amounts of activities)	<p>Daily schedule provides ample time for child-directed choices with activities and materials that are geared to the age, interests, and abilities of each child. Indicators include:</p> <ul style="list-style-type: none"> ▪ The daily schedule is consistent and predictable but relaxed and can be adapted for individual children as needed. ▪ The classroom is arranged with areas for individual, small group, and large group activities. ▪ Children are encouraged to choose the area in which they want to participate, and whether they want to play alone, with one friend, or with several. ▪ Routine tasks (such as labeling, sorting, classifying, folding clothes, counting while cleaning up or setting the table) are viewed as learning opportunities. ▪ Transitions are generally relaxed and allow time for play and completing activities. Idle sitting and waiting time are avoided. ▪ Meal time is relaxed, with no scolding or nagging. Children are encouraged to sample new foods but allowed to eat the foods of their choice. ▪ Nap time is relaxed with alternative quiet activities available for the non-nappers. Individual napping schedules are respected for infants/toddlers. ▪ The teacher has a system for rotating toys and materials for variety so that unused toys are stored and later reintroduced. ▪ TV/VCR/DVD, if used, is primarily an educational experience. Caregiver discusses what is viewed with children, and provides an alternative activity; OR TV/VCR/DVD is not used at all. 	Level 2.10 & 2.10a (centers) Level 2.12 & 2.12a (ministries) Level 2.11 & 2.11a (homes)

4) Process Quality -continued	f. Language and literacy opportunities	<ul style="list-style-type: none"> ▪ Preschoolers are provided language materials daily, in addition to books, such as puppets, flannel boards, recorded stories, and picture card games. ▪ Books for preschoolers include a variety of imaginative, rhyming, and informational books. ▪ Books for school-age children include a variety of reading levels and topics, such as adventures, mysteries, and informational books and magazines. <p><i>Specific Infant/Toddler Indicators include:</i></p> <ul style="list-style-type: none"> ▪ Books are durable, with simple pictures and short stories about everyday activities. ▪ Sturdy, simple books and pictures of real objects are accessible to toddlers each day to look at on their own. ▪ Each infant/toddler is given opportunity daily for at least one language activity using books, pictures, or puppets. ▪ Toddlers are encouraged to scribble with crayons. ▪ Teachers respond to sounds/speech, including by imitating infants' vocalizations and engaging toddlers in conversation. ▪ Teachers talk about objects and events that infants and toddlers experience. ▪ Teachers use books or read with children during quiet, individual lap time. 	Level 2.11 & 2.11a (centers) Level 2.13 & 2.13a (ministries) Level 2.12 & 2.12a (homes)
	g. Emphasis on diversity and respect for individual children and families	<p>The environment includes representation of each child and family (including all age groups, abilities, and cultures), such as books, pictures, photographs, music/songs, games, toys, dress-up clothes/materials, and foods. Each child's individuality and cultural background is valued and respected by the provider.</p> <p>The learning environment is developmentally and culturally appropriate and meets any special needs of the children. Indicators include:</p> <ul style="list-style-type: none"> ▪ Children feel a sense of belonging in the classroom, by having a labeled space for their personal items, and a personal sleeping area. ▪ Children are taught to be considerate of each other's work and possessions. ▪ Children are taught to understand and respect others. The teacher answers children's questions about differences in a respectful and factual way. ▪ All children and their families have equal opportunities to participate in classroom and program activities. ▪ Space is arranged to provide children of different ages and abilities access to materials and an opportunity to engage in play and projects without limitation or interference from one another. ▪ A plan is in place for effectively working with children with special needs, including behavioral needs and adaptation of materials and space. <p>The teacher includes children in age-appropriate self-help activities, such as dressing, picking up toys, washing hands, folding clothes, serving food, and setting or cleaning up meals.</p>	Level 2.9 (centers) Level 2.11 (ministries) Level 2.10 (homes) Level 3.12 (centers, ministries) Level 3.10 (homes)

7) Program policies & procedures-continued	Written policies and procedures Records kept and updated-continued	<ul style="list-style-type: none"> ▪ The procedure for notifying parents in the event of the provider's illness, the illness of a member of the household who may be contagious to others, or any emergency that prevents children from being cared for in the provider's home. ▪ Any back-up plan for care that the provider will arrange in the event of an emergency. ▪ The need for the parent to have a back-up plan for care in place, in the event of their child's illness or the provider's inability to care for children. ▪ Exclusion policies pertaining to a child's health. ▪ Alternative contacts and medical care authorization available in case parents can not be reached in the event of an emergency. ▪ A list, provided by the parent(s), of people authorized to pick up a child. ▪ A plan for fire evacuation or any other type of evacuation. ▪ A plan for safe shelter during a tornado warning or any other threatening weather emergency. <p>A plan for safe shelter during a tornado warning or any other threatening weather emergency. An advisory board is in place to provide input and support to the director.</p>	Level 2.8 (homes)
	Center advisory board		Level 2.8 (centers) Level 2.9 (ministries)
	Annual program evaluation	Program evaluation is completed annually by families and staff.	Level 3.6 (centers & ministries) Level 3.5 (homes)
	Strategic planning	A strategic plan is completed and includes annual evaluation/ goal setting and long range planning/goal setting.	Level 3.7 (centers & ministries)
	Teachers paid planning time	At a minimum, the Lead Teacher receives paid planning time.	Level 3.3 (centers & ministries)
8) Director/Lead Caregiver professional development	Director/lead caregiver membership in professional organization	Director/lead caregiver is a member of a nationally recognized early childhood organization.	Level 2.3 (all)
	Director's/lead caregiver's mentorship of other programs	Director/lead caregiver volunteers to informally mentor a program at a Level 1, 2, or 3.	Level 4.3 (centers & ministries) Level 4.4 (homes)
	Director/lead caregiver education/training	<p>The director has completed a Child Development Associate credential (CDA) or early childhood degree or equivalent degree OR the director of the ministry agrees to obtain a minimum of a CDA within three years of beginning Paths to QUALITY and shows progression towards completion each year.</p> <p>The director of the ministry completes Safe Sleep Training. Director/Lead Caregiver receives orientation and trains staff on the <i>Foundations to the Indiana Academic Standards for Young Children Age Birth to Five</i>.</p>	Level 1.4 (ministries) Level 1.5 (ministries) Level 2.2 (all)

9) Parent-teacher communication	System for sharing information with parents	A system is in place for communicating pertinent information to families, daily and in an annual family conference.	Level 2.7 (centers, homes) Level 2.8 (ministries)
	Parent/teacher conferences	A system is in place for communicating pertinent information to families, daily and in an annual family conference.	Level 2.7 (centers, homes) Level 2.8 (ministries)
10) Accreditation by NAEYC or other organizations	Accreditation by NAEYC or other organizations	Accreditation by a nationally recognized accrediting body, approved by the State, has been achieved and maintained.	Level 4.2 (centers) Level 4.3 (homes)

Appendix 2. Paths to QUALITY Pilot Program: Early Childhood Alliance

Goals of Paths to QUALITY

Paths to QUALITY is a voluntary system created to assist parents in identifying and selecting quality child care and recognize providers for ongoing efforts to achieve higher standards of quality that the minimum state licensing requirements. Providers who choose to join PTQ receive a verification visit, are assessed, and are placed on one of four levels. Providers receive yearly re-verification visits to determine if they have maintained their current level or achieved a higher level.

The goals of the Paths to QUALITY as originally conceived were:

- 1. to raise the quality of child care and early education experiences for children,**
- 2. to give parents tools to help determine the best quality program for their children,**
and
- 3. to support and recognize providers for quality care.**

Through these goals it was proposed that PTQ would also provide the following benefits:

- Affirm and support the role of parents
- Provide opportunities for all children to develop optimally
- Develop well-trained, qualified child care and early education staff
- Provide experiences which help children succeed in school
- Make affordable, high quality child care available when and where families need it
- Encourage a more stable child care workforce through increased stature, professionalism, salaries and benefits
- Help children make a smooth transition to kindergarten
-

History of PTQ in Indiana

The Paths to QUALITY program was created by the Child Care and Early Education Partnership, a group of organizations working together in the Fort Wayne area “to develop awareness of and commitment to the importance of high quality early care and education for all children in the community.”¹ In 1996, the Partnership funded a community action plan titled *Child Care & Early Education: Everyone’s Business* to address the child care and early education needs of Allen County. The partnership sought to develop a clear set of objectives for high quality child care and early education, identify the local assets for and barriers to achieving those objectives, and establish a plan to build on assets to overcome the barriers of and move the community toward high quality child care and early education. To develop awareness of and commitment to the importance of high quality early care and education, the standard for child care quality and support of quality early care and education were addressed in Northeast Indiana. During 1996 to 1999, Paths to QUALITY, a child care quality indicator system, was created as a strategy to identify high quality early care and education.

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

Level 1 – Health and Safety

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

Level 2 – Learning Environment

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

Level 3 – Planned Curriculum

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

Level 4 – National Accreditation

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

Implementation of the Paths to QUALITY program

In 2000, PTQ was implemented in Allen County in Northeast Indiana by the Early Childhood Alliance's (ECA) Child Care Resource and Referral agency. In 2001, PTQ was implemented in the surrounding 5 counties of DeKalb, Whitley, Steuben, Noble, and LaGrange.

In 2005, 4C of Southern Indiana, Inc. implemented the PTQ program in the 11 county service area of Vanderburgh, Posey, Pike, Dubois, Warrick, Knox, Martin, Daviess, Spencer, Gibson, and Perry Counties.

PTQ pilot programs

Overview of Results: Early Childhood Alliance PTQ Program (Northeast Indiana)

The following summary of results is based on a review of annual reports provided by the Early Childhood Alliance. No external evaluation of the program has been conducted. Each of the 3 main goals of PTQ are addressed in this summary of PTQ outcomes.

Goal #1 Successes: Raise the quality of child care and early experiences for children

Participation rates, level advancements, and the relationship between PTQ levels and overall quality will be discussed.

Participation rates

The PTQ program in Northeast Indiana has grown tremendously over the first seven years of implementation. At the end of 2001, after the first full year of implementation, 28% (150) providers were registered with PTQ. This varied by type of care with the largest participation rates among licensed child care centers (75%) and the lowest among registered ministries (9%). During the following year of implementation (2002), participation rates jumped to 42% (174) of all providers with the greatest growth in participation rates among family child care homes (41%). From January 2002, to July 2007, participation rates have grown steadily. In July 2007, 60% (237) of providers were participating in PTQ. See Table 1 for participation rates over the last 7 years if implementation.

Table 1. Participation rates of PTQ in Northeast Indiana (percentage of all providers eligible to enroll in PTQ)

	2001	2002	2003	2004	2005	2006	2007
All providers registered with PTQ	28%	42%	47%	47%	52%	53%	60%
Licensed Centers	75%	76%	82%	90%	88%	96%	96%
Family Homes	23%	41%	46%	50%	54%	54%	64%
Registered Ministries	9%	12%	23%	23%	25%	35%	32%
Part time programs	38%	40%	42%	34%	42%	38%	44%

Paths to QUALITY level advancements

Most providers entered the program at Level 1 (67%). The remaining entered at Level 2 (9%), Level 3 (11%), and Level 4 (13%). When those rates are compared to the current percentages on PTQ, there are striking differences. As of July 2007, 24% of providers are registered as a Level 1, 15% as Level 2, 25% as Level 3, and 35% as Level 4. After the first year of full implementation (2001), 43% (64) providers had increased a level. However, by the second year (2002), 73% had increased a level since they began the program. This rate has steadily increased. By July 2007, 92% (217) of providers on PTQ have increased at least one level since they began the program. Table 2 compares initial and current ratings of programs and provider participating on PTQ.

Table 2. Programs and providers initial and current PTQ rating in Northeast Indiana.

	Initial Rating	Current Rating (July 2007)
Level 1	67%	24%
Level 2	9%	15%
Level 3	11%	25%
Level 4	13%	35%

Decreases in levels

High levels of turnover, changing or increasing regulations, and the cost of providing staff training were obstacles for early education programs in maintaining level status. Data on the total number of programs that have decreased in levels over the course of the 7 years of implementation is not available; however, from January 2006 to July 2007, 21 programs and providers have moved down a level of PTQ, primarily due to lack of maintaining annual training hours. Of those 21 programs 2 refrained from going through the re-accreditation process. ECA continues to work with these programs to ensure they have the mentoring and training opportunities available that will help these programs return to and maintain previous levels of quality.

Relationship between PTQ levels and child care quality

- During 2004-2006 some of the providers have also participated in a mentoring program provided by ECA. As part of this program, scores are available from one of three measures of classroom quality – the Early Childhood Environment Rating Scale (ECERS), the Infant Toddler Environment Rating Scale (ITERS), or the Family Day Care Environment Rating Scale (FDCRS). In a small sample of PTQ programs and providers (n=34), those who had earned higher PTQ levels exhibited higher levels of assessed quality. (See Table 3.)

. Providers who had earned higher PTQ levels did exhibit higher levels of assessed quality. Table 3 presents these data.

Table 3. Average global (overall) quality for providers at each Paths to QUALITY level in Northeast Indiana.

PTQ Level (# of providers)	Global (Overall) Quality Score (1-7)	Range of Quality Scores
Level 1 (15 providers)	3.8	2.4-4.9
Level 2 (12 providers)	4.7	3.3-5.5
Level 3 (7 providers)	5.13	3.4-6.8
Level 4 (2 providers)	5.7	5.6-5.7

Goal #2 Successes: Give parents tools to help determine the best quality program for their children

Parent education was conducted through PTQ brochures, mass media campaigns, visibility at health, job, or diversity fairs, and through the ECA Child Care Resource and Referral. The brochures were displayed at doctors' offices, libraries, churches, Lamaze classes, healthy family visits, and other places that parents may frequent. Additionally, radio commercials were used to inform parents about PTQ and a PTQ website was established to offer parents information on

how to select quality child care and provide information on the PTQ criteria. Parents who called the ECA Child Care Resource and Referral for assistance in finding child care were introduced to PTQ and given a *Paths to QUALITY Information Tool for Parents* brochure. This tool gave parents specific standards to look for when selecting child care. By educating parents, the expected outcomes are that parents will increase their expectations and require a higher level of quality from their child care providers, and parents will be empowered to make good decisions that will benefit their children. Data have not been collected to determine if parents have increased their expectations for child care.

Goal # 3 Successes: Support and recognize providers for quality care

To support and recognize providers for quality care and in turn, promote a stable child care workforce with increase stature, PTQ levels required providers to participate in a professional group or organization. Events such as “Provider’s Night Out” for family child care home providers offered opportunities to network with other providers and be recognized for their accomplishments in achieving higher levels of quality. Consequently, family child care home providers in Northeast Indiana created an organization called United Providers to continue networking and professional development opportunities and provide stability and professionalism for the participants.

A variety of incentives were utilized to encourage child care providers to participate and work toward higher levels of quality. They included: discounts at training programs and retreats, free resource library cards and delivery of materials from the Child Care Resource and Referral, discounts on books, assistance in achieving national accreditation, and recognition in a list of Paths to QUALITY participants distributed to parents and businesses. In addition, providers received \$250 incentive for renewing National Accreditation.

Challenges of the PTQ program in Northeast Indiana

Recruitment challenges

Participation among family child care providers has required the greatest effort to increase and maintain. Efforts were made to follow up with those individuals who attended Orientation trainings, state required trainings for family child care providers interested in licensing. Initially, ECA sent out packets to all potential providers who attended the trainings immediately following the training. It was discovered that many providers lost or forgot about the program during the licensing process and consequently, did not register with PTQ. In 2006, ECA changed its process and waited at least 3 months before sending materials to providers attending this training coinciding with the time it would take a provider to complete the licensing process. This change in procedure did not increase family child care providers participation so in October 2006, ECA began a new process. Mentors visited licensed family child care providers, registered them with PTQ during the visit, and offered new providers a small incentive (developmentally appropriate materials valued at \$50) for registering at Level 1 of PTQ. When the providers discovered they were receiving the incentive, they were much more receptive to participating in PTQ. This resulted in an increase in Level 1 providers during the first 6 months of 2007 and an overall increase in participation (from 57% in October 2006 to 71% in July 2007). Consequently, percentages of those providers participating at Levels 2, 3, & 4 have dropped since October due to this increase in participation.

Barriers of providers to enroll in program

Since Level 1 requirements for licensed family child care homes and license centers includes maintaining a valid license, once licensed programs were recruited in PTQ they were successful in registering in the program at least at Level 1 status. There were significant barriers, however, for license exempt programs to achieve Level 1 status. For registered ministries and part-time programs, those barriers included obtaining a physician's note of health for each staff, having a fenced-in play yard, implementing an orientation plan, and using positive discipline. To overcome these obstacles, ECA found that fundraising, the Child Development Associate credential (CDA) education for director and staff, and monthly mentoring visits were most helpful.

Barriers of providers to advance levels

Barriers for advancement on PTQ levels varied by level and type of care. Barriers for advancement to Level 2 (learning environment) included: maintaining adult/child ratios, development of policies, completing voluntary participation, meeting education and training requirements of staff, providing accessible appropriate learning materials especially in the area of language and literacy, and providing parent/teacher conferences. To overcome these barriers, mentoring of programs and providers, staff completion of CDAs as well as being able to implement what they learned in their CDA courses in their child care classroom made the biggest impact.

Barriers for advancement to Level 3 (planned curriculum) included: getting teaching staff involved in the PTQ process, meeting training requirements, joining a professional group, understanding and implementing a developmentally appropriate curriculum, and getting parents and advisory board involved in the program. Monthly on-site mentoring and continuing education had the biggest impact on advancing programs and providers to Level 3.

Barrier for advancement to Level 4 (national accreditation) included: training requirements and the commitment to achieve and maintain accreditation. Center based programs that were successful in reaching and maintaining national accreditation standards had enthusiastic directors who developed plans and worked with ECA to go through accreditation process in a thoughtful way. Support from the Indiana Accreditation Project of the Indiana Association for the Education of Young Children (IAEYC) was also very beneficial to these programs. Family child care providers who were successful in achieving and maintaining national accreditation benefited from training and mentoring from ECA and become informal mentors of other providers. Recognition from PTQ and incentives provided additional motivation to family home providers to achieve and maintain national accreditation standards.

Attrition Challenges

Even though participation rates have increased each year, there were still programs and providers who did not continue with the PTQ program. The most common reason for attrition was due to programs closing. In particular, family child care providers stopped offering care. During 2005, an implemented change in state regulations requiring licensed family child care home providers

to receive their CDA within three years of providing care resulted in a decrease in licensed homes in Northeast Indiana as well as a loss of those participating in PTQ. There were also a number of programs and providers that were not committed to adhering to the standards necessary to ensure the integrity of the PTQ program and others which ECA were unable to schedule re-verification visits. When a provider or program still in operation did not meet the standards of PTQ, ECA continued to communicate and work with them and leave an open door for their later participation. Attrition rates varied from 4 to 9%.

What are the lessons learned?

During the implementation of the PTQ program in Northeast Indiana, some important lessons were learned. ECA concluded that it is important that a rating system of this nature is a voluntary, strength-based system, and based on relationship building. Relationships between providers and the child care resource referral staff became critical to the success of the program. Mentoring services and training opportunities became crucial to the success of PTQ.

Increased participation in training and professional development events made the most difference in providers advancement in levels as well as a strong sense of identity with the PTQ program for those providers participating. It became important to encourage existing providers and programs on PTQ to continue with training required at the higher levels of the system and provide training that was motivating to participants on every level.

Conclusions from PTQ pilot program in Northeast Indiana

The growth in participation rates and dramatic increases in levels by providers illustrates the success of the program. It is important that a rating system of this nature is a voluntary, strength-based system, and based on relationship building. Relationships between providers and the child care resource referral staff in particular mentoring services and training opportunities became critical to the success of the program. Increased participation in training and professional development events made the most difference in providers advancement in levels as well as a strong sense of identity with the PTQ program for those providers participating.

ECA has proposed that providers, parents, businesses, the community as a whole as benefited from PTQ in the following ways:

Providers and programs in Northeast Indiana experienced the following benefits:

- Manageable, attainable steps outlined to assist with quality improvements
- The power to decide what level they want to participate at
- It was a voluntary, not regulatory program
- Assistance to achieve higher levels of quality, whether the program was regulated or not
- Incentives for quality improvements
- Recognition for offering quality child care (decals, annual dinner, certificates, name in newspaper or on list of providers given to businesses)
- Opportunities to network with other providers
- Enhanced professionalism and increased respect in the community
- Marketing tool
- Mentoring support

Parents in Northeast Indiana experienced the following benefits:

- Questions to ask so they can select quality child care
- Understanding of the child care options available
- Provider professionalism and contracts which lend to increased reliability, dependability and clear expectations regarding policy and procedures

Businesses in Northeast Indiana experienced the following benefits:

- Enhanced recruitment – a quality early education system can help attract and retain young working families
- Decreased provider turnover and reliable child care leading to decreases in absenteeism and productivity issues
- A tangible tool to help employees find quality child care

The community and state of Indiana experienced the following benefits:

- Accountability to funders, providing measurable outcomes of increased quality
- Awareness and commitment to quality early care and education
- A tool used to market the community as an attractive place to live and work

Limitations of data of PTQ in Northeast Indiana

The success of PTQ pilot program in Northeast Indiana gives much encouragement in the development of a state wide quality rating system using PTQ levels. Data from the pilot program suggest that participation and quality of child care have increased over the seven years of the program's implementation. There were three basic limitations of the data and this report: a) the report relied heavily on historical data that were collected a variety of ways, b) there were very few quality scores for those providers in PTQ which limits the conclusions we can make about the relationship between quality and PTQ levels, and c) there is no data available on PTQ levels and its relationship to children's development and learning.

Appendix 3. Paths to QUALITY Pilot Program: 4C of Southern Indiana, Inc.

Overview of Results: 4C of Southern Indiana, Inc. Paths to QUALITY program

The following summary of results is based on a review of annual reports provided by 4C of Southern Indiana, Inc. and by an external evaluation study conducted by Purdue University and funded by the Welborn Baptist Foundation [Purdue University Early Child Care Quality Initiative (ECCQI)]². Each of the 3 main goals of PTQ are addressed in this summary of PTQ outcomes.

Goal #1: Raise the quality of child care and early experiences for children

Participation rates, level advancements, and the relationship between PTQ levels and overall quality will be discussed.

Participation rates

Similar to the Northeast Indiana programs, the providers in the 4C region also experienced growth in the number of programs enrolled in PTQ in the two and half years of implementation (Table 4). One of the successes of the 4C of Southern Indiana, Inc. PTQ program was the successful recruitment of programs and providers. Instead of launching an expensive public awareness campaign, 4C staff distributed the information to the provider community in the following ways:

- Presentations at the 4C Early Childhood Conference,
- Two informational sessions hosted by 4C, with 55 providers in attendance,
- Monthly newsletter that reached 250 providers, and
- Various community presentations, including at the local Step Ahead councils and public and private school committees,

These presentations and “word of mouth” advertising resulted in (30% of 177) programs registering for PTQ in the first 9 months the program was operational. The 4C PTQ program has continued to grow in 2006 and 2007, but at a slower pace. The following table highlights the number of programs that are enrolled in PTQ through July 2007:

Table 4. Provider participation in PTQ in Southwest Indiana (percentage of all providers eligible to enroll in PTQ)

	2005	2006	2007 (through June 2007)
% of providers registered with PTQ	30%	42%	46%
Licensed Centers	72%	89%	93%
Family Child Care Homes	20%	27%	31%
Registered Ministries	57%	71%	75%
Part time programs	36%	64%	67%

NOTE: Figures include programs that registered, but did not meet Level 1 criteria

During 2006, Purdue University conducted an external review of the 4C pilot program entitled Early Child Care Quality Initiative (ECCQI) evaluation. One aspect of the evaluation focused on examining why providers enrolled in PTQ. Telephone interviews were conducted with 41 providers who had been registered with Paths to QUALITY for at least six months. Of the 41 providers who participated in the survey—

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

A majority of providers (56%) indicated that they joined PTQ because they wanted to improve the quality of their child care business. The reasons given were fairly evenly split – 15% indicated they joined because of the financial incentives that PTQ offered, 12% joined because they wanted the recognition that they were a quality child care provider, and 12% joined because they believed that parents would feel it was important once they learned more about PTQ. A small group of providers, 5%, stated they joined in order to receive assistance with attaining national accreditation.

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

Paths to QUALITY level participation and advancements

During the first year of implementation (2005), most of the providers entered at Level 1. There were a small percentage of providers that were interested in PTQ, but upon the initial visit, it was found that they were not eligible for Level 1. Overall in 2006, 36% of the registered programs

(54 programs) increased at least one level and 22% (40 programs) increased more than one level. Following is the breakdown by provider on their initial levels and then their subsequent levels (See Table 5)

Table 5. 4C Providers initial and current PTQ rating

	Initial Rating	Current Rating (July 2007)
Level 0	20%	10%
Level 1	64%	39%
Level 2	9%	23%
Level 3	3%	16%
Level 4	5%	12%

During 2006, there was an increase of family child care providers and licensed child care centers moving from Level 1 to Level 2 or 3. Both types of providers saw a small increase in the number of providers achieving national accreditation. Registered ministries and part-time programs had the largest proportion of providers that initially could not meet Level 1 requirements. In 2006, the proportion of providers that could not meet Level 1 did decrease, but there were still a higher number of providers in these two categories that were still unable to meet Level 1 criteria. The increases for registered ministries and part-time programs were found in moving programs from Level 0 to Level 1 and from Level 1 to Level 2. During 2006, one registered ministry achieved Level 3 rating, and no part time programs had achieved a Level 3 rating, but one part-time program had achieved a Level 4 rating. However, by July 2007, eight part-time programs had achieved a Level 3 rating, and two registered ministries had achieved a Level 3 rating.

In response to the number of programs that that had met Level 1 criteria and were now looking to move to Level 2, 4C increased its efforts to offer training around increasing the quality of the learning environment by adding materials and activities.

The Purdue University ECCQI evaluation asked providers about their initial, current, and expected ratings in the PTQ program. At least once per year, or at the request of the child care provider, 4C verifies that the provider has either maintained or changed their Paths level. Table 6 details the findings.

Table 6. Interviewed Providers' PTQ ratings.

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

The findings indicate that in the previous six months, 25 of the providers interviewed had moved up levels. Of the 25 providers who have moved up levels, 15 moved up one level, and 10 moved

up two levels. The remaining 16 providers maintained current levels from their initial to current rating. A majority of the providers had advanced above Level 1 within the past 6 months. At the time when providers enrolled in PTQ, 67% were at a Level 1, compared to 26% at the time the interviews were conducted. At the initial rating period, only 12% of providers were at Level 3 or 4, but at the time of the interviews, 41% had attained a Level 3 or higher.

Part of the Purdue University ECCQI evaluation focused on 25 providers who had advanced in PTQ levels. Providers were asked to describe the kinds of changes they had implemented since initially joining Paths to QUALITY. The two most common changes reported were classroom changes such as adding materials, room arrangements and curriculum changes, (66%) and program administrative changes such as parent contracts, documentation and lesson planning, introducing primary caregiving and continuity of care, writing strategic plans, instituting parent surveys and evaluations, joining professional organizations (49%), followed by staff development changes such as providing opportunities for more staff training hours (19%). The most frequently cited classroom changes made were implementing a curriculum and changing the room arrangements. The most common program administrative changes mentioned were instituting parent surveys.

Decreases in levels

Since the 4C of Southern Indiana, Inc. PTQ program is still in the early stages of implementation, data about decreases in levels is not available at the time of this report.

Relationship between PTQ levels and child care quality

The Purdue University ECCQI evaluation also examined the relationship between PTQ levels and child care quality. Using valid and objective measures of quality [the Early Childhood Environment Rating Scale (ECERS-R), the Infant Toddler Environment Rating Scale (ITERS-R) and the Family Day Care Environmental Rating Scale (FDCRS)], it was found that providers who had earned higher PTQ levels did in fact exhibit higher levels of assessed quality. This was especially true in the transitions from Level 0 to Level 1, and Level 1 to Level 2. While some providers at Level 3 had the highest quality levels, the average quality levels at Level 3 were comparable to for the Level 2 providers we observed. (See Table 7.)

Table 7. Average global (overall) quality for MAP providers at each Paths to QUALITY level. (n=47)

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

*Note: Level 0 represents only 1 center-based provider; the rest were family child care homes.
 Level 3 represents only 2 center-based providers
 Level 4 providers do not participate in MAP, so quality data were not available.

Goal #2: Give parents tools to help determine the best quality program for their children

Strategies similar to those used in Northeast Indiana (PTQ brochures, visibility at health, job, or diversity fairs, and information distributed through the 4C of Southern Indiana, Inc. Child Care Resource and Referral) were utilized to inform parents about PTQ. Data have not been collected to determine if parents have increased their expectations for child care.

Goal #3: Support and recognize providers for quality care

In August 2005, 4C of Southern Indiana, Inc. hosted its first Leadership Retreat for child care providers who were registered in Paths to QUALITY at the French Lick resort in French Lick, Indiana. The Leadership Retreat was in response to providers' request an opportunity to meet and reflect upon different issues facing child care providers. Providers had the opportunity to attend workshop sessions focused on 1) managing change; 2) your retirement goals (family child care home providers); 3) marketing you child care center (centers); and 4) leadership. At the conclusion of the retreat, 4C staff conducted a survey of participants that asked whether "this training provided me with the knowledge and skills necessary to begin the process of implementing change related to this topic." 57 participants completed this 4C survey. Overall, evaluations were very positive, with 91% to 100% strongly agreeing or agreeing that by attending the sessions they had obtained the skills and knowledge necessary begin to bring about change. 4C of Southern Indiana, Inc. has continued to offer the Leadership retreat annually.

A variety of other incentives were utilized to encourage child care providers to participate and work toward higher levels of quality. They included: free resource library cards and delivery of materials from the Child Care Resource and Referral, materials awarded to providers for each level advancements, scholarships for education and training opportunities, assistance becoming accredited, and recognition in a list of Paths To QUALITY participants in local newspapers.

Challenges of the PTQ program in Southwest Indiana***Recruitment challenges***

One of the main challenges during the first year of implementation was adequately handling the large interest in the program. During the first year, there was a backlog of programs waiting for their initial site visit, and the initial visits were more time intensive than originally planned. One way in which staff at 4C handled this backlog was to cross-train staff members to register programs so that one person was not responsible for registering all programs.

Another challenge was related to the number of programs that were willing to join PTQ but were unable to meet Level 1 criteria. 4C staff remained committed to these programs and assisted them when possible in achieving a Level 1 status.

The number of providers enrolling in 2006 and 2007 has tapered off significantly. Part of the reason why numbers have decreased (although overall participation rates continue to increase) is due to the struggle of enrolling family child care home providers. Anecdotally, some family child care providers have used the PTQ system as a friendly competition between providers. However, these numbers reflect a more significant challenge in enrolling family child care providers. Because family child care providers are more likely to be transient than other types of providers, some of the difficulty in enrolling them may have to do with the nature of their business.

Barriers of providers to enroll in program

Similar barriers existed for providers and programs in Northeast and Southwest Indiana to achieve Level 1 status. Barriers included: obtaining a physician's note of health for each staff, having a fenced-in play yard, implementing an orientation plan, and using positive discipline.

Barriers of providers to advance levels

The Purdue University ECCQI evaluation also examined barriers to advancing to the next level. Providers indicated in the qualitative interviews that there were few barriers in advancing from Level 1 to Level 2. However, there were barriers when advancing to Level 2 to Level 3, and then from Level 3 to Level 4. Barriers for advancement to Level 2 (learning environment) included: implementing classroom changes such as adding materials and room arrangements. Barriers for advancement to Level 3 (planned curriculum) included: implementing or adopting a curriculum and lesson planning and implementing administrative changes, such as developing parent contracts, writing strategic plans, instituting parent surveys and evaluations, and joining professional organizations. One barrier that transcended all levels was the need to provide opportunities for more staff training hours.

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

The most frequent obstacle in participating in PTQ providers mentioned was instituting program administrative changes (37%), such as making time for documentation and instituting parent surveys, followed by classroom changes (26%). Money was listed as an obstacle for 16% of the providers. However, 16% felt that there were not any obstacles to moving up to the next level.

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

Over one-quarter (27%) indicated they had received support from other organizations, such as the Indiana Child Care Fund, private foundations, Indiana Association for the Education of Young Children (IAEYC), or the Indiana Child Care Health Consultation Program. Nearly three-quarters (73%) indicated that they had not received any additional outside support.

Attrition Challenges

Since 2005, 31 programs that were originally registered on PTQ have decided to no longer participate. The main reason for dropping out of the program was due to the facility closing, having licensure revoked, or lack of interest in continuing with the program. Of the 31 programs that dropped out, 25 were family child care home providers, four were part-time programs, 1 each were a licensed center and registered ministry.

What are the lessons learned?

Because many providers enter Paths to QUALITY at Level 1 and then progress relatively quickly to Levels 2 and 3, it is important that 4C training and support focus on nurturing environments for children, curriculum, staff and parents policies, planning, and program evaluation, which are Level 2 and Level 3 criteria. However, there was evidence that some providers may also need consistent support to maintain the Level 1 health and safety standards, so 4C should continue to be vigilant about these issues, even when training with Level 2 or higher providers. Also, 4C should continue to develop ways to support providers to achieve and maintain Level 4- national accreditation.

Conclusions about the effectiveness of PTQ in Southwest Indiana

Information from the Purdue University ECCQI study and from 4C of Southern Indiana, Inc. indicates that the PTQ system has been successful and accepted by area programs and providers. The levels seem attainable, and most providers had already progressed to a higher level in the short time the program has been implemented. While all the interviewed providers indicated they needed to make changes to move up to the next level, they seemed to be changes that were manageable with support from 4C and other training/technical assistance organizations. Because many providers enter Paths to QUALITY at Level 1 and then progress relatively quickly to Levels 2 and 3, it is important that training and support focus on nurturing environments for children, curriculum, staff and parents policies, planning, and program evaluation, which are Level 2 and Level 3 criteria. However, there was evidence that some providers may also need consistent support to maintain the Level 1 health and safety standards, so it is important to continue to be vigilant about these issues, even when training with Level 2 or higher providers.

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

In terms of where interviewed providers turned for support to enhance quality, 4C was the most frequent source of support. However 25% of those interviewed received training or support from other organizations. If Paths to QUALITY continues to be successful in attracting broad participation, it will be important for organizations that offer support and training to child care providers to coordinate their efforts. Paths to QUALITY can become a primary vehicle for motivating child care providers to seek further education and to improve the quality of their services to children and families. If quality early care and education is a value held by the larger

community, there is a need for all of these support organizations to coordinate efforts and invest resources in providers who are enrolled in Paths to QUALITY.

The Paths to QUALITY program has been successful in attracting volunteer participants representing all types of care. Most providers reported they enrolled in PTQ because they want to improve the quality of care they offer. Financial incentives, public recognition, marketing advantages with parents, and assistance becoming accredited are other important reasons reported by participating providers.

General Conclusions from Pilot Programs

The growth in participation rates and dramatic increases in levels by providers illustrates the success of the PTQ program in both regions. Both pilot programs reported similar successes and challenges with the PTQ program. Each found unique solutions to overcoming the barriers of participation and advancement. However, in both regions relationships between providers and the child care resource referral staff, in particular mentoring services and training opportunities, became critical to the success of the program. Increased participation in training and professional development events made the most difference in providers' advancement in levels as well as a strong sense of identity with the PTQ program for those providers participating. Participation rates is only one indicator of success, however, a better indicator of success is the quality improvements that providers and programs have made.

The successes of PTQ pilot programs in Northeast and Southwest Indiana give much encouragement in the development of a state wide quality rating system using PTQ levels. It is important that a rating system of this nature is a voluntary, strength-based system, and based on relationship building. If Paths to QUALITY continues to be successful in attracting broad participation, it will be important for organizations that offer support and training to child care providers to coordinate their efforts. Paths to QUALITY can become a primary vehicle for motivating child care providers to seek further education and to improve the quality of their services to children and families. If quality early care and education is a value held by the larger community, there is a need for all of these support organizations to coordinate efforts and invest resources in providers who are enrolled in Paths to QUALITY.

There were three basic limitations of the data and this report: a) the report relied heavily on historical data that were collected in a variety of ways, b) there were few quality scores for those providers in PTQ which limits the conclusions we can make about the relationship between quality and PTQ levels, and c) there is no data available on PTQ levels and its relationship to children's development and learning.

Endnotes

¹ Child Care and Early Care Partnership Mission, 1996.

² Elicker, J. & Ruprecht, K. (2007). Early Child Care Quality Initiative Final Evaluation Report January to December 2006.

