

**Nebraska Department of Health and Human Services
Early Head Start Infant/Toddler Quality Initiative**

**Evaluation report
FFY 2008**

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EXECUTIVE SUMMARY

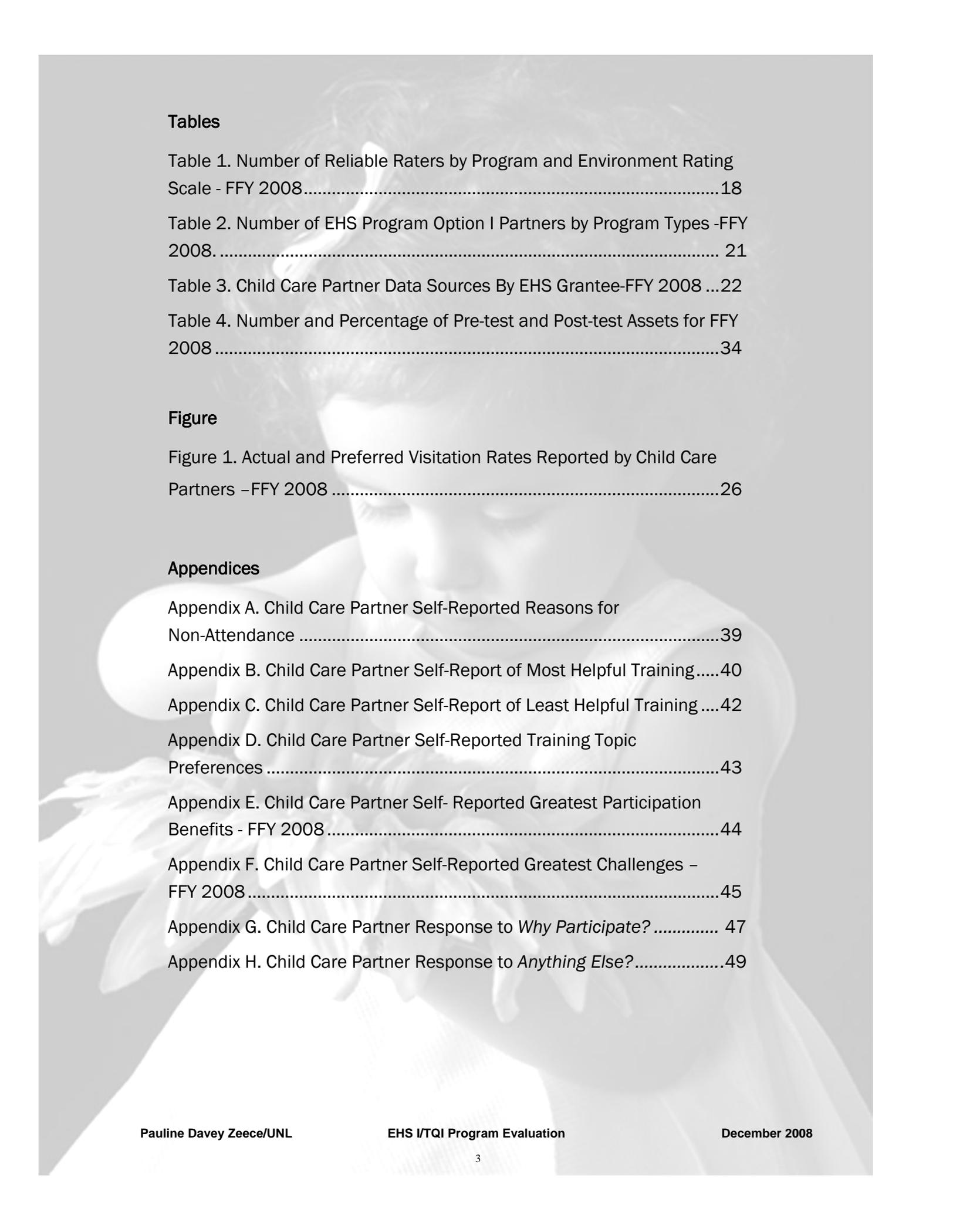
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EXECUTIVE SUMMARY

“What is the Early Head Start Infant/Toddler Quality Initiative?”

The overall purpose of the Early Head Start Infant/Toddler Quality Initiative (I/TQI) continues to focus on the improvement of the quality of infant and toddler care in Nebraska. The initiative is funded exclusively with Child Care and Development Funds (CCDF) from a portion of the federal Child Care and Development Block Grant Funds earmarked specifically for improvement of infant and toddler child care, authorized by the Administration for Children and Families (ACF), and administered by the Nebraska Department of Health and Human Services (NHHS).

The key component of the I/TQI rests in the partnerships established between Early Head Start (EHS) Grantees and their community child care partners.

Through these partnerships, EHS Grantees:

- provide professional development opportunities and other support to family child care and center-based partners;
- assist in training and mentoring for their child care partners on infant and toddler issues and development; and
- observe and report the best outcomes, greatest challenges for child care partners who participated in the initiative, and measures of quality within the child care partners' child caring environments.

“Why is the Infant/Toddler Quality Initiative important to the children, families, and communities of Nebraska?”

Research shows that high-quality child care and early education can boost children's learning and social skills when they enter school. Enriched environments and quality care promote optimal development for infants and toddlers. Impoverished or inadequate care during the first years of life can have costly, long term consequences for children, families, and communities in Nebraska.

Child care has become an essential component of life in society. Quality child care can make a significant difference in children's development. Vandell and Wolfe (2006) suggest that



child care quality matters at several levels. In their day-to-day lives, children appear happier and more cognitively engaged in quality programs. Children who experience higher-quality child care settings (measured by caregiver behaviors, physical facilities, age-appropriate activities, and structural and caregiver characteristics) display better cognitive, language, and social competence on standardized tests. They are more likely to be successful in school.

The poverty rate in the State of Nebraska has increased by 1.2 percent since 2000, moving from 9.7 percent to 10.9 percent. A family of four making \$19,000 or less per year falls within the Federal Poverty Level. This is the population served by Head Start and Early Head Start programs across Nebraska. Even when afforded the highest level of available subsidies, limited-resource families struggle to secure quality child care for their very young children. As welfare reform and economic hardship press increasing numbers of low income parents into the work force and job training, child care continues to represent a significant challenge for many EHS families. Part of the EHS mandate requires an assurance that HS children in community child care receive care that meets the high level of quality set in the Performance Standards. Thornburg et al. (2006) reported that 32% of EHS families used community child care. Thus, the establishment and strengthening of EHS-community child care partnerships make sense.

“Who were the participants?”

Participants included six Nebraska EHS programs currently receiving EHS funds during FFY 2008. Throughout the duration of the initiative, selection continues to be made through a granting process that requires a plan for recruitment and selection of family and center-based community programs; descriptions of professional development opportunities for potential community child care partners; developmentally appropriate practices to be used; and consultation and technical assistance provided for movement toward licensing and accreditation.

EHS applicants were required to participate in an evaluation process that includes a minimum of ten Option I child care partners and submit a budget. Participation in quarterly meetings was also required. Upon successful completion of the grant requirements, Grantees were invited to renew their application at the end of the program year. At this time,

current plans could be amended. Upon approval, available grant funds were then awarded to successful applicants.

Early Head Start Grantees

In FFY 2008, NHHS distributed EHS I/TQI awarded grants to six EHS Grantees: Blue Valley Community Action, Central Nebraska Community Service, Child and Family Development Program, Inc., Lincoln Action Program, Panhandle Community Service, and Salvation Army EHS. These programs entered into a variety of formal and informal contracts with local child care partners to improve program quality and to work toward meeting Head Start Performance Standards.

Community Child Care Partners

EHS Grantees reported use of a wide variety of strategies to identify, recruit, and serve child care partners. These included such things as coordinating with other professionals and agencies working with child care partners and visiting local programs to build linkages, promote the initiative, and promote incentives to join.

EHS Grantees were asked to categorize their child care partners by the level of interaction and service that was provided. These levels were characterized by three options:

- Option I partners were the most involved with the grant. Pre-test and post-test on environment ratings scales (i.e., ITERS-R; FCCER-R) were conducted, goals were set, program visitations were conducted, support group activities were provided and facilitated, and access to program opportunities, trainings, mailings, and/or other opportunities were provided. Grantees were required to report on all Option I partners. Only one program reached the required goal of providing complete data for ten Option I partners.
- Option II partners engaged in many of the same activities found in Option I agreements, but only one set of environment rating scales (i.e., ITERS-R; FCCERS-R) data were collected and used to help child care partners improve their overall quality of child care. Data about Option II providers are not included in the evaluation report.
- Option III partners had access to technical assistance, informational resources, and program opportunities related to training and resource access. Data about Option III providers are not included in the evaluation report.

The option system of identification of child care partners allowed the Grantees to set priorities about available resources and match the kinds and intensity of services provided, while including a wide range of community child care professionals in ancillary training opportunities (e.g., access to EHS resources; provision of information about training opportunities, invitation to attend agency trainings in related areas). This approach also helped Grantees and partners to plan for the individual needs of children, families, and communities and to use resources effectively and efficiently.

KEY FINDINGS

Dr. Pauline Davey Zeece/University of Nebraska-Lincoln conducted an evaluation of the I/TQI for FFY 2008. Key findings from this evaluation are as follows:

Demographics

Grantees reported serving 431 partners. These partners included 58 home-based and 285 center-based programs. Of the center-based child care partners served, 38 were new in FFY 2008, 228 were ongoing, and 19 left the program and/or the area. Of the home-based partners served, 18 were new in FFY 2008, 35 were ongoing, and 5 left the program and/or the area. From this child care pool, EHS Grantees served 47 Option I child care partners.

Self-identified Roles. Nearly one-half of the participants who completed the Partner Questionnaire identified themselves as family child care partners (46.6%, n=26), just over one-third (35.1%, n=21) listed themselves as director/lead teacher, >1% (n=1) indicated they were head infant/toddler teacher, and 10.5 % (n=9) listed their roles as “other”

Educational Level. Overall, 57 recruited child care partners who returned the Partner Questionnaire reported a range of educational levels. About one-fifth held a high school diploma or a GED; 33.3% had some college; 29.8% held an associate degree; 8.8% reported completion of a CDA; and 5.3% reported having a college degree. One partner reported completing some high school.

Time in the Early Childhood Education Profession. Partner-reported time spent working in

child care and early childhood education programs varied greatly from less than 1 to 25 years), but averaged a little over nine years in the profession.

Participation Time in the I/TQI. Participation months in the I/TQI also varied from less than 1 to 60 months, averaging 36.1 months in the I/TQI.

Licensing and Accreditation Status. Licensing and accreditation can contribute to the quality of a child care program. All 57 child care partners who completed part are all of the Partner Questionnaire reported operating licensed programs. Two partner programs expressed interest in or were engaged in an accreditation process.

Activities

Total Number of Types of Training Contacts. EHS Grantees reported providing 660 “indirect contacts”, 990 training with “some contact”, 855 “direct contacts”, 12 “peer to peer contacts”, 3 “trainer of training contacts” and 190 other kinds of contacts. These data were obtained from the Services Summary Sheet.

Amount of Training Attended. During FFY 2008, all 47 child care partners who responded to the Partner Questionnaire indicated they had received training visits from their EHS partners. Almost one-third of the child care partners reported attending four to six hours of training during the year. Another fourth attended one to three hours or more than 12 hours each. The remaining partners attended ten to twelve hours and seven to nine hours.

Reasons for Non-Attendance. Thirteen child care partners specified non-attendance at training for a variety of reasons, including time constraints, conflicting family plans and schedules, and illness. See Appendix A for a representative list of child care partner replies to this questionnaire item.

Most Helpful Training. Nearly all the EHS partners who responded to the Partner Questionnaire provided a training type or topic that was most useful to them. Responses fall within eight general categories: all training, conferences, classes, mentoring from other

partners, rating scales, personalized training from EHS staff, mentoring, and general information. See Appendix B for a representative sample of partner responses.

Least Helpful Training Activities. When asked to share the least helpful training they encountered, most child care partners reported that they had no problems with anything or that all activities were helpful. The environment rating scale process was listed as least helpful once and eight specific workshops/trainings were also included in the responses. See Appendix C for a representative sample of partner responses.

Additional Training Preferences. Responses from the 45 child care partners who responded to the Partner Questionnaire indicated a desire to have more training in the following areas: General infant/toddler development; infant/toddler mental health; early brain development; infant/toddler environments; infant/toddler nutrition; and six other single entry preferences. See Appendix D for a representative sample of partner responses.

Actual Versus Preferred Visitation Rates Offered. Comparison between the reported number of actual and preferred visits by EHS Grantees again yielded interesting patterns. In general, EHS Grantees visited child care partners once a month, two to three times a month, or every other month during the program year. Actual partner visitation preference differed slightly as some child care partners indicated a preference to be visited two to three times a month or listed alternative preference, including visitation when needed or visitation when a “problem occurs”. See Figure 1 in the main text of this report.

Reported Child Care Partner Benefits

When asked about the greatest benefit received from participating in the initiative, child care partners (n=42) provided 40 responses. These closely resembled the benefits themes reported in the two previous years by child care partners responding to the Partner Questionnaire and included program operational improvement, educational growth, building community partnerships, and personal growth and information.

Program Operational Improvement. Fifteen improvements to programs included such things as provision of materials, equipment and supplies, health and safety, and general

improvement topics were reported.

Building Community Partnerships. Only one child care partner identified building community partnerships as a best outcome. This may be because length of time in the I/TQI has solidified partnerships, giving rise to the need to maintain rather than to build liaisons.

Professional and Educational Growth. In addition to reporting benefits related to taking formal educational classes and participating in the T.E.A.C.H. program, child care partners reported prospering from general information related directly and indirectly to child development, early childhood education, and child care. One respondent indicated that the greatest program benefit occurred when a “family comes up to the caregiver and tells her they appreciate (sic) what she did for the child and it was what I learned in the program”.

Personal Growth and Information. Seven child care partners shared their greatest participation benefit was in the area of personal development. EHS Grantees facilitated this growth again this year through encouragement, support, and information. Three respondents shared that that support from their EHS partner facilitated their growth; one mentioned that support from other providers was a key benefit. See Appendix D for a representative list of partner responses.

Child Care Partner Self-Reported Challenges

A total of 28 challenges were reported by 26 child care partners. Challenges were related to schedule and time constraints, environment rating scales, programmatic constraints, educational constraints; and community partnership building. Six partners indicated there were no challenges. See Appendix E for a representative list of partner responses.

Scheduling and Time Constraints. Six partners reported that balancing family and other non-work commitments presented a challenge as they worked to participate in the I/TQI.

Rating Scales. Constraints related to the environment rating scales were reported by eight child care partners. Five respondents indicated that meeting evaluation criteria was difficult and two reported that matching the scales with High Scope requirements was a challenge.

One partner said: “Meeting some of the toy requirements on the rating scale. Sometimes it seems like you have to have tons of toys just to be “average” according to the rating scales”.

Programmatic Constraints. Reported challenges in this category revolved around difficulties in setting up the environment to meet program goals and initiative requirements and to deal with parents effectively.

Educational Constraints. Finding topics of interest and applying information to everyday programming was reported as a general educational constraint.

Community Partnership Building . The only community partnership constraint was related to a desire to see more training offered in a partner’s community.

Child care partners who responded to the questionnaire reported that their participation in the I/TQI made a difference!

All child care partners who responded to the Partner Questionnaire agreed (42.2%, n=27) or strongly agreed (57.9%, n=33) that EHS Grantees helped them to increase the quality of the care and education they provide to infants and toddlers. No child care partner disagreed or strongly disagreed with this statement.

Similarly they agreed (47.4%, n=27) or strongly agreed (52.6%, n=30) that participation in the I/TQI helped them to further their knowledge about infants and toddlers. No child care partner disagreed or strongly disagreed with this statement.

For most child care partners, participation in the initiative also helped further their education (agreed/58.6%, n=32; strongly agreed/39.6%, n=21). One child care partner disagreed with this statement.

Measures of Quality

Measurements. Quality was measured and assessed in two ways within the I/TQI during FFY 2008.

- Changes in the overall quality of child care program environments during the year

were measured using the *Infant Toddler Environment Rating Scale-Revised (ITERS-R)* for center-based programs and the *Family Day Care Rating Scales (FDCRS)* or the *Family Child Care Environment Rating Scale (FCCERS-R)* for family child care programs.

- Teacher or child care partner characteristics and other aspects of early childhood programs directly and indirectly related to overall program quality were summed to measure beginning and ending year changes through use of the *Asset Index for Child Care Providers (AICCP)*.

Rater Reliability. Early Head Start grantees were asked to ensure that all ERS data were obtained by personnel who achieved and maintained their status as reliable raters on the environmental rating scales. In total, 6 EHS grantees reported 16 reliable raters who completed appropriate training (i.e., 10 ITERS-R; 6 FCCERS-R).

Quality in Center-Based Option 1 Partner Programs. Thirty pre-test and post-test matched pair scores on the ITERS-R were analyzed. The overall ITERS-R pre-test scores for the Option I matched pairs ranged from .7 to 5.9 with a mean of 4.21 (SD = 0.98). The overall post-test scores ranged from 3.10 to 6.70 with a mean of 4.95 (SD = .78). The mean scores on the ITERS-R indicated averaged minimal to good quality at the pre-test and averaged good quality by the end of the program year, wherein an average score of 1 equals “inadequate”, 3 equals “minimal”, 5 equals “good”, and 7 equals “excellent” quality. Total ITERS-R scores increased for over three-fourth of the Option I partners (76.7%, n=23); decreased for 10% of the partners (n=3); and stayed the same for the remaining 13.3% (n=4).

Results from the t-test for two samples yielded a statistically significant increase between pre-test and post-test ITERS-R scores ($t = 3.21$, $DF = 58$, $p < 0.001$). Overall, quality of child caring environment as measured by the ITERS-R improved in the center-based programs served by the EHS Grantees during FFY 2008.

Quality in Home-Based Option 1 Partner Programs. Pre-test and post-test FCCERS-R data for 17 Option I family-based partners were reported. The overall pre-test scores for the Option I matched pairs ranged from 2.65 to 6.9 with a mean of 4.19 (SD = 0.96). The overall post-test scores ranged from 3.55 to 6.76 with a mean of 4.52 (SD = .84). The mean scores on the FCCERS-R indicated averaged minimal to good quality at the pre-test and the end of the

program year, wherein an average score of 1 equals “inadequate”, 3 equals “minimal”, 5 equals “good”, and 7 equals “excellent” quality. Total FCCERS-R scores increased for about two-thirds of the Option I partners; decreased for 21.4% of the partners and stayed the same for the remaining child care partners. No further analyses were performed due to small sample size.

Assets Index Results for Child Care Providers (AICCP). The AICCP was used in the I/TQI evaluation for FFY 2008 to determine what percentage of quality-related assets child care partners held. A total of 14 “assets” were identified as critical factors contributing to program quality across all forms of child care. These characteristics were summed to create an AICCP pre-test and post-test score

All EHS Grantees submitted AICCP data for child care partners. In total, AICCP data were submitted for 67 child care partners. Seven AICCP forms were incomplete (4 pre-test only; 3 post-test only) and not included in the analysis. The average total pre-test AICCP score was 4.63 and the average total post-test AICCP score was 6.06. Although this represented an average increase of 76%, post-test scores did not reach the quality benchmark of 8. Of the completed 60 pre-test and post-test pairs, 66.7% (n=40) showed increased total scores, 28.3% (n=17) showed no increase in total scores, and >1% (n=4) showed a decrease in scores from the pre-test to the post-test measure.

Additionally, several child care partners had increases from the beginning to the end of the year in their environment rating scale score (i.e., FDCRS, FCCERS, or ITERS-R) and their assets score (i.e., AICCP): 19 family child care partners and 2 center-based child care partners.

Usefulness of Environment Rating Scales

EHS Grantee Perspective of Environment Scale Usefulness. All EHS Grantees indicated on their Program Summary Sheets that using the results from the rating scales continued to help in programming planning with child care partners. The environment rating scales gave Grantees a tool to highlight strengths and challenges of partners, to help plan goals for the coming project year, and to strengthen overall quality in child care homes and centers.

Child Care Partner Perspective of Environment Scale Usefulness. Child care partners

reported a slightly different perspective. The majority of the 43 partners who rated the Environment Rating Scales on their Partner Questionnaire agreed or strongly agreed that the scales were useful to them, but five partners disagreed.

RECOGNITION

The I/TQI continues to focus on the improvement of the quality of infant and toddler care in Nebraska. For over a decade, child care partners have worked with EHS Grantees to enhance the lives of Nebraska's infants and toddlers entrusted to their care. Grantee-initiated structures (e.g., Option system) and partner preferences continue to contribute to training opportunities unique to communities and individual partners and/or programs. Impact is best highlighted by a partner who explained: *"I did child care 20 years ago when my children were growing up. When I decided to open this daycare my goal is to provide the best childcare to make my children here feel safe and comfortable, so I thought the best way to do that was to learn all I can and have my staff be informed as well."*

RECOMMENDATIONS

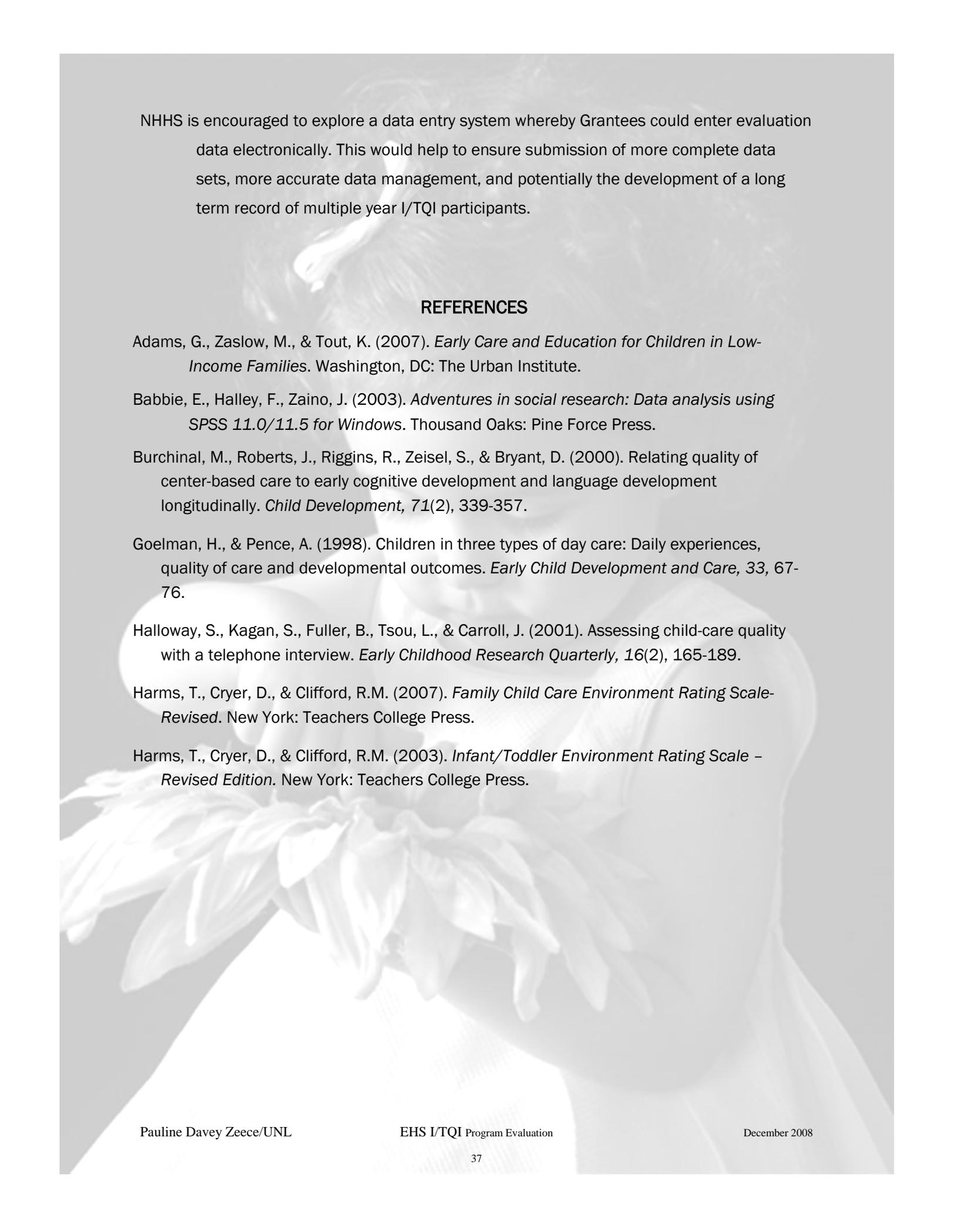
EHS Grantees are encouraged to continue and/or consider the following actions related to the evaluation process:

Grantees are encouraged to review the reporting requirements and to submit completed evaluation materials. Careful attention to details and completion of all reporting requirements will provide the most accurate evaluation of data and programming outcomes.

Grantees are reminded that the minimum number of Option I partners to be served in the I/TQI is ten. It might be helpful to engage a larger number so that the reporting requirement may be met at the end of the reporting cycle.

Grantees are encouraged to evaluate the selection of their child care partners in the I/TQI. This is especially true for Option I partners who have been served for a number of years and who demonstrate sustained high scores on the environment rating scales.

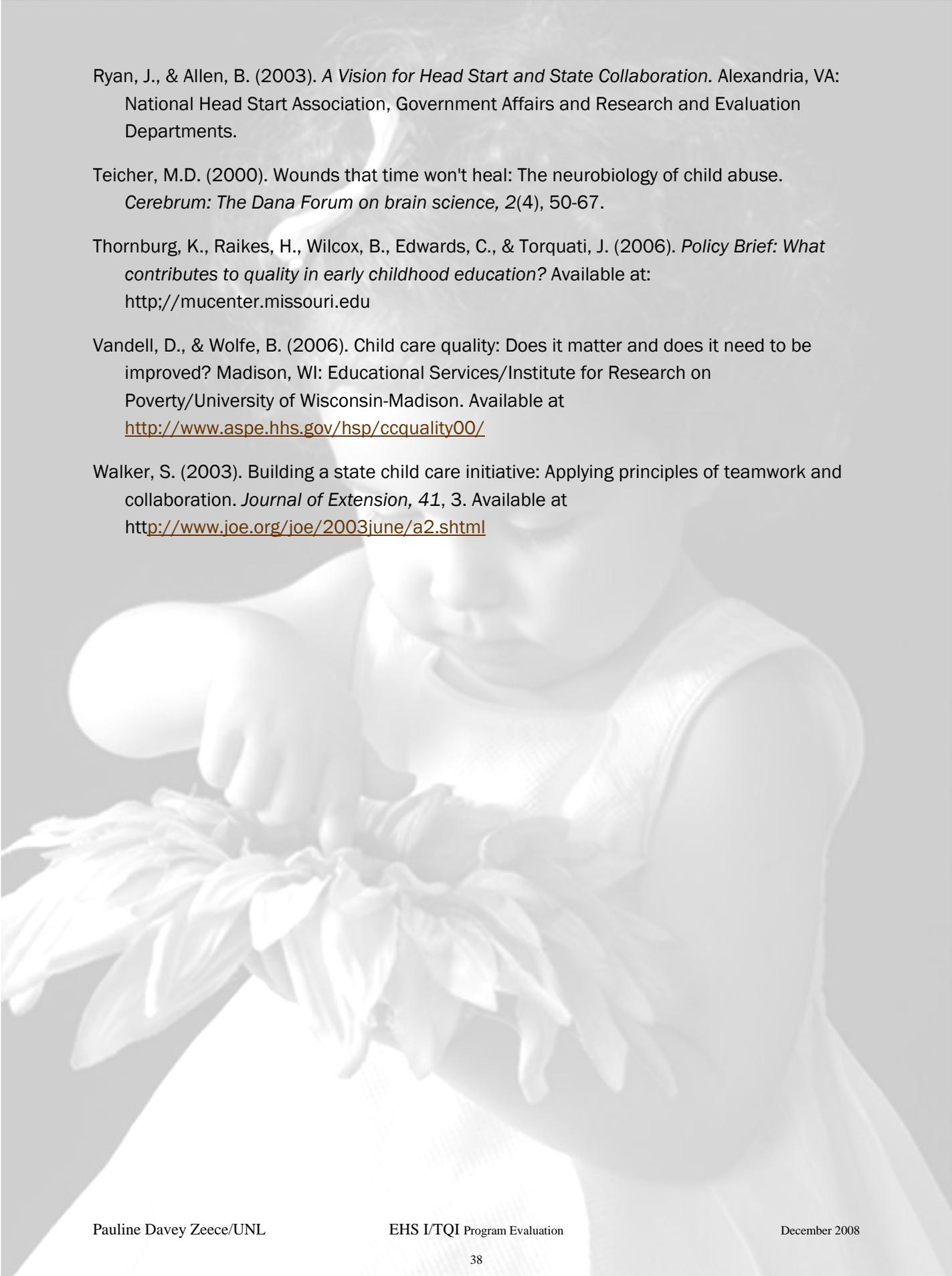
Grantees are encouraged to complete a narrative that summarizes the community



NHHS is encouraged to explore a data entry system whereby Grantees could enter evaluation data electronically. This would help to ensure submission of more complete data sets, more accurate data management, and potentially the development of a long term record of multiple year I/TQI participants.

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Appendix A. Reasons for Non-Attendance During FFY 2008

If you did not attend, what kept you from attending the training?

- have kids in sports with games/other family activities in the evenings (4)
- I had other plans/ Times didn't fit into my schedule (7)
- She has introduced me to several, few I could not attend due to conflicting schedules and a couple I plan to attend in the next month.
- Illness (2)

Appendix B. EHS Partner Report of Most Helpful Training

- All (6).
- Conferences
 - NeAEYC conferences (2).
 - Child Care/Early Childhood conference (4).
- Classes
 - ESU 3 training.
 - Getting my CDA and/or CDA classes (2).
- Funds and Equipment
 - Additional funds for my program (3).
- Mentoring
 - Learning about other providers and programs.
 - I enjoyed 5 hours I spent shadowing another day care center and would like to visit another center in the future.
- Rating Scales
 - Rating Scales (3).
 - The evaluations are helpful because it makes you more aware of what you do, and what you can do better.
- Personalized Training for EHS Staff
 - In-home training on topics pertaining to my current needs.
 - When _____ comes to my home/daycare, she enforces things (small and simple) tactics that really make a BIG difference.
 - Having _____ come to my home and give me ideas on how to arrange things and talk over any problems or what I need.
- General Information or Workshops.
 - CPR/first aid (4).
 - Learning about infants and their development, their environment, etc. (4)
 - Sign language has helped me the most (3).
 - Games to play with infants (2).
 - Proper diapering and hand-washing techniques (2). It helped in showing the importance of the steps to take to kill germs.
 - Other
 - Suggestions including science and math in daily/weekly activities and being aware when I use these and don't realize it.
 - Early brain development.
 - Behavior management.
 - Outdoor training.
 - Music and movement activities.
 - Activities to do one-on-one with the children to know them better.
 - I believe the training about language and interaction with the children has been the most helpful. I truly enjoy the personal communication, participating in their activities, and reading books.
 - Way and set-up of how to make the room run smoother.
 - Training on autism.

- Class I am taking (Caring for Children in Family Child Care) has helped me learn many new things.
- Helping me get my room organized. It still gets out of sorts, but we keep utilizing what we have and using new ideas to keep order.
- Slow progression of activities outside and in each week we touched on a subject that was very helpful because daycare providers have a very busy lifestyle.

Appendix C. EHS Partner Report of Least Helpful Training

- None (18)
 - I can't really count any training as least helpful.
 - I gain knowledge from any new ideas from every training I attend (5).
- Rating Scales
 - Rating scales and points are least helpful because I don't think they reflect "real" situations and every child's needs and wants are different. Also not every home has enough space, nor money to accommodate the requirements!
- General Information or Workshops
 - My staff went to diaper changing training and found it to be lacking (2).
 - The training on snacks and food and buying in the infant room. We don't use these foods yet.
 - Nutrition for toddler.
 - There were some things I cannot change-such as having natural light, furniture, the width of the doors, etc.,-so, I guess that was the least helpful for me.
 - High Scope training.
 - Conflict resolution training.
 - Because I have been in daycare for so long, a lot of the workshops cover a lot of what I already know.

Appendix D. Child Care Partner Self-Reported Additional Training Topic Preferences

- **Other training like to have:**
 - Avoiding burnout/a total motivation speaker like Ron Willis.
 - I/T lesson plans and activities.
 - Fixing behaviors.
 - Biting and how to make it stop.
 - Autism
 - Socializing skills.
 - How to keep kids safe from the other kids and yet allow them to have plenty of space to move around.

Appendix E. Child Care Partner Self-Report of Greatest Participation Benefits

- Environmental Rating Scales.
- My CDA and all the extra training.
- Support to continue education (T.E.A.C.H.), encouragement to apply for scholarships, visits and physical support when toys and items are needed.
- The information I receive from my EHS partner whether (sic) it is a handout or new curriculum or new book or toy, it usually is information that I would have never gotten.
- The information given to me. Activities to do with infants and toddlers. And the lending library.
- ____ has made sure to target my age group and what I need to know.
- Great advice-someone to talk to and someone to lead you in the right direction.
- Training and support.
- The items for use in the classroom in the classroom improve every aspect of the class.
- Having someone supporting me and encouraging me to set goals and work towards them. Gives profession a career feel.
- The support knowing that there is someone to call when I need help or guidance. Someone who can reach out to the providers that I can't.
- The help-the knowledge-ongoing training.
- Training assistance and supplies.
- The greatest benefit I received is receiving free training to help better myself and my (sic) center.
- Just better understanding the procedures in toddler care and the importance of hand-washing and potty training. When you know how to go about handling a situation, it is much easier.
- Improving the quality of care and quality of ideas I provide to the children.
- Training I've received to better me with kids I work with.
- I learn new ways to help the children grow along with myself.
- Being able to get advice from my EHS partner. I know I can call her any time and ask her about anything.

- 
- Being more aware of how I can run my daycare in a better way.
 - Learning what I have learned watching the child benefit from it.
 - We have been apply (sic) to improve the children's environment and our care of children.
 - _____ helping me set up my room so it's a welcoming environment for the children.
 - Further my knowledge in all areas.
 - The funds provided so we could go to the NeAEYC conference and in-service trainings (2)
 - The grant money to help improve products/equipment/toys I needed (3).
 - The money is as important as the training to buy things for my daycare that I couldn't otherwise afford to help my daycare.
 - Receiving grant money to buy equipment and toys has really helped the children broaden their play experiences by having things I never would have even thought of buying (ethnic dolls, puzzles, science stuff, and dress-up clothes).
 - Finding out what quality of care I am providing and being reassured that I am doing a good job and of course free toys.
 - New ideas for storage, toys, crafts, and providing quality care.
 - Seeing what this is all about.
 - Getting more knowledge about infants.
 - Getting more ideas for toddler activities.
 - The variety of topics addressed at training is good for a wide variety of staff.
 - Using realistic expectations and increasing and developing good work.
 - Having meals provided.
 - I would probably have to say that it has given me more self-confidence which in turn benefits the children!
 - Support from other providers when we get together.
 - When a family comes up to the caregiver and tells her that they appreciate (sic) what she did for the child and it was that I learned in the program.

Appendix F: Representative List of EHS Grantee Reported Greatest Child Care Partner Challenges

- *No Challenges (6)*
- *Scheduling and Time Constraints (6)*
- Getting to trainings and time constraints.
- Getting my CDA. It wasn't hard, just time consuming with 3 children of my own to take care of and a full time job.
- Time management.

Rating Scales (8)

- I would of course love to score higher but I will keep trying.
- Meeting some of the toy requirements on the rating scale. Sometimes it seems like you have to have tons of toys just to be "average" according to the rating scales.
- Abiding by all their guidelines or requests such as such as positioning artwork at a certain level.
- Meeting some of the criteria.
- Feeling like I do "well" enough on the ERS.
- Matching up and following High Scope and the rating scales.
- Understanding the environment rating scales and how it will help me.

Programmatic Constraints (3)

- I would honestly have to say the diapering/toileting/hand-washing practices have been my greatest challenge. It's hard to be consistent and very time consuming! (2)
- Trying to keep up with all what is required of us-things out of our control-limitations of our facility.
- Getting a small table in one room and teaching kids not to crawl.

Educational Constraints (4)

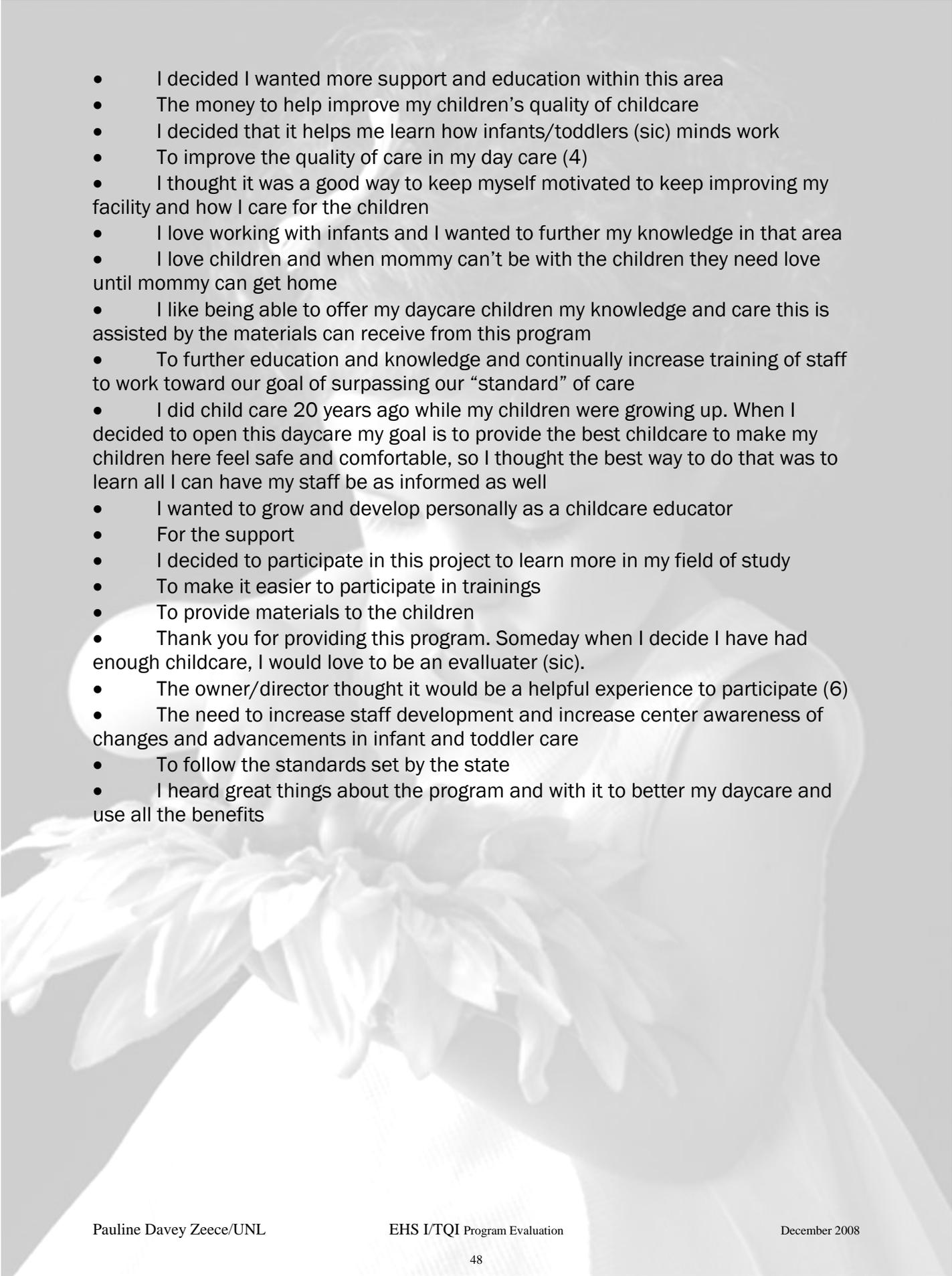
- Getting topics of interest for EHS workshops and also being able to go to them.
- It is harder to be interested in topics not pertaining to infants.
- Taking what I've learned and implementing into the classroom in an everyday way.
- Trying to open to some parents and for parents to open up to the caregiver.

Community Partnership Building (1)

- Would like to see more offered in my community.

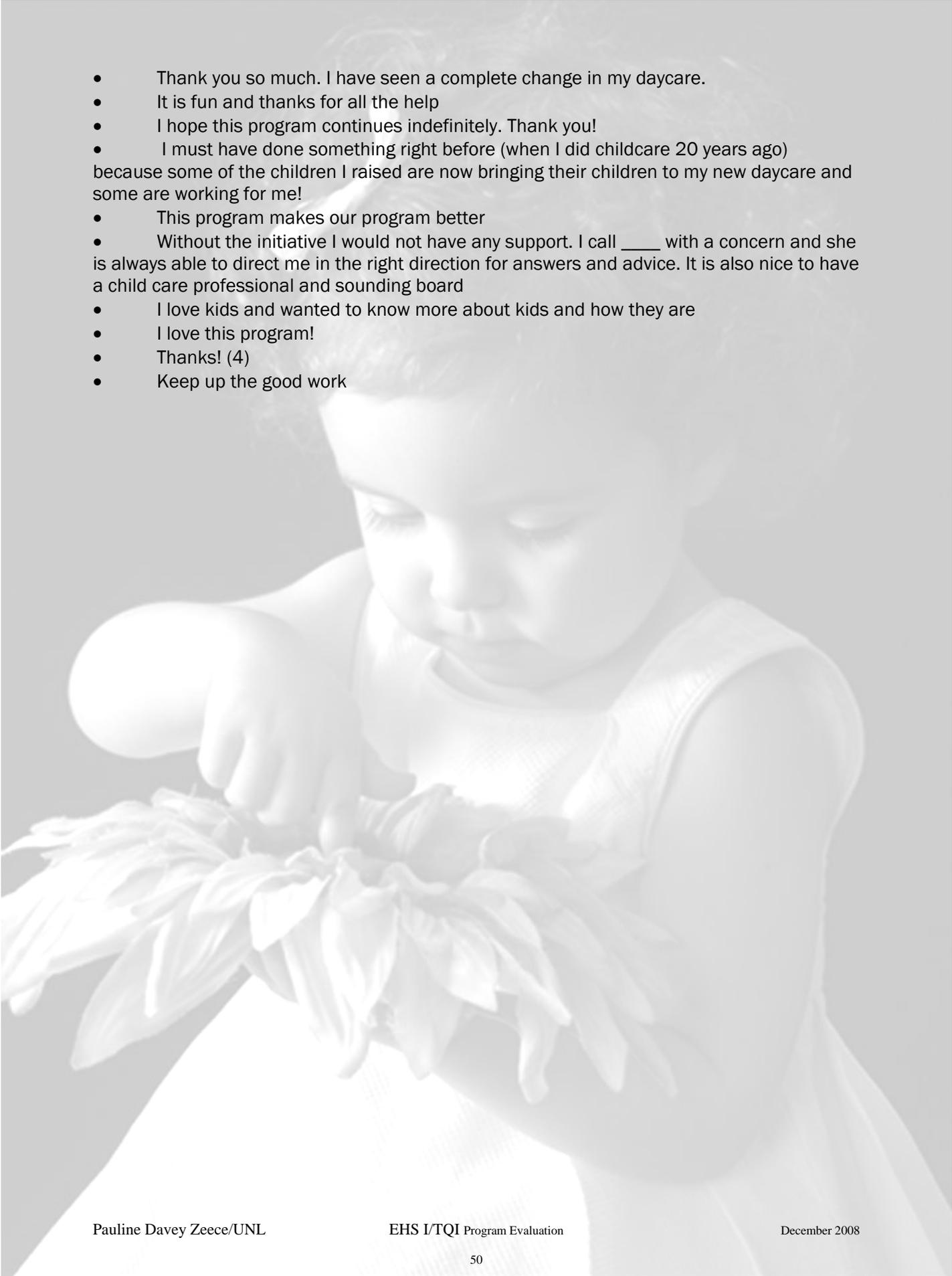
Appendix G. Why participate in project?

- Initially it was to help acquire needed materials I could not have otherwise afforded but in the end I received much more in information and sharing with my EHS partner
- I wanted to participate because of the grant money that I could use to buy new equipment and toys
- The financial aid through providing for the staff to attend trainings and much needed supplies and items from the grant initiative to us. We are non profit and on a VERY limited budget
- I know there is always room for improvement. I love children and want to provide the best care I can
- I want my program to be beneficial to the children I serve. This project keeps be from being lazy or stagnate (sic).
- Anything that is offered to me that will help me better my infant program and teach me new things I am all for
- I like the daycare to be evaluated by an outside party
- I think anything to help improve oneself is worth the time
- Benefit on ideas and helpful information on children improving and getting college classes and someone to talk to about programs or ideas on child care
- To keep up with training and to better my Day Care
- To help give me new ideas I felt like I was stuck in a rut after 20 years
- The good advice, how I am rated and how I can improve
- The kids love to see _____ come
- I want to help kids get a good start in their lives
- I thought it would benefit myself and my children
- To learn more about the babys (sic)
- To learn more about infants and toddlers
- To learn new things and open up a new world of creating and teaching that would benefit both children and staff
- The knowledge, support and resource materials are improving my staff, my facility, and my personal quality of childcare
- I wanted to get more knowledge about young children (3)
- Because it help me learn more about the infant care
- I really like working with infants and toddlers
- I just want my toddler classroom to be the best it can be
- I wanted to see where I needed improvement in my daycare
- To make my toddler environment a better place and to be able to understand the toddlers and have supplies available to help them achieve
- My room needed improvement, structure, and someone with a lot of experience. I also wanted to learn more through trainings to better understand my class
- Because I want to make my room more developmentally appropriate
- I decided to participate in this program so that every child in my care would be given the best quality of care I could possibly offer them

- 
- I decided I wanted more support and education within this area
 - The money to help improve my children's quality of childcare
 - I decided that it helps me learn how infants/toddlers (sic) minds work
 - To improve the quality of care in my day care (4)
 - I thought it was a good way to keep myself motivated to keep improving my facility and how I care for the children
 - I love working with infants and I wanted to further my knowledge in that area
 - I love children and when mommy can't be with the children they need love until mommy can get home
 - I like being able to offer my daycare children my knowledge and care this is assisted by the materials can receive from this program
 - To further education and knowledge and continually increase training of staff to work toward our goal of surpassing our "standard" of care
 - I did child care 20 years ago while my children were growing up. When I decided to open this daycare my goal is to provide the best childcare to make my children here feel safe and comfortable, so I thought the best way to do that was to learn all I can have my staff be as informed as well
 - I wanted to grow and develop personally as a childcare educator
 - For the support
 - I decided to participate in this project to learn more in my field of study
 - To make it easier to participate in trainings
 - To provide materials to the children
 - Thank you for providing this program. Someday when I decide I have had enough childcare, I would love to be an evaluator (sic).
 - The owner/director thought it would be a helpful experience to participate (6)
 - The need to increase staff development and increase center awareness of changes and advancements in infant and toddler care
 - To follow the standards set by the state
 - I heard great things about the program and with it to better my daycare and use all the benefits

Appendix H: Anything else?

- _____ has been the best, most friendly person to work with who also tells us what we need to do differently to achieve the best quality of care in our program. We all love her
- _____ is a great EHS leader. She is good for helping me get my room together and she dose (sic) good trainings
- _____ has been very helpful through this program. She has taught me a lot and has been very understanding
- _____ can observe from looking in at the whole picture and has been a great help with her observations. The caregiver can use the help and suggestions that is offered
- _____ is an asset to our facility. She is wonderful. Her advice is always appreciated
- _____ the sponsor and facilitator are very encouraging. She really cares about people and I'm so grateful to know her through the program
- I am very grateful for the help and education I receive. It has helped immensely
- I think having a person like _____ leading this program is a plus to the center
- Special thanks to _____ who visited with us
- _____ is always helpful
- _____ is a very good person to me and our center
- I support the EHS partner. The children call her the toy lady and wait for her to visit
- _____ is a very nice lady!!! ☺
- _____ does a great job
- I really enjoy this program!
- This is an excellent program that I would encourage providers to participate in. It benefits directors, staff, and the children
- Only that our EHS partner was great-very helpful and worked with us in every aspect to make it a positive learning experience
- _____ does a very good job of coming up with solutions on how to improve the use of my house as a daycare
- I always appreciate help and ideas from other child care professionals
- I enjoy being a part of the project and look forward to continuing if it is possible. 2 heads are always better than 1
- I appreciate the help with trainings and the help with daycare item. I am interested in furthering my education and I feel that will benefit my child as well.
- My EHS partner, _____, was absolutely excellent! She's such a caring person with so much heart and I can see that she really wants to make things better. ☺
- I feel like the program is very challenging. I am striving to do better and I think the program has motivated me
- Great program—observe without making us feel scrutinized and judged. Excellent ideas and help. Only improvement would be getting our bosses to give us time at work to make changes or improvements! ☺
- I really think that have _____ as my evaluator has been great and she is SO enthusiastic and encouraging
- I have found the initiative to be very helpful. It has enabled me to provide the best child care I can
- I am very glad I have the opportunity in my life to help the children
- Special thanks to _____ who visit with us
- _____ always gives us good ideas and really helps us a lot
- Thanks to _____ for her funeral care and concern for my staff and center. She went above and beyond our expectations

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- Thank you so much. I have seen a complete change in my daycare.
 - It is fun and thanks for all the help
 - I hope this program continues indefinitely. Thank you!
 - I must have done something right before (when I did childcare 20 years ago) because some of the children I raised are now bringing their children to my new daycare and some are working for me!
 - This program makes our program better
 - Without the initiative I would not have any support. I call ____ with a concern and she is always able to direct me in the right direction for answers and advice. It is also nice to have a child care professional and sounding board
 - I love kids and wanted to know more about kids and how they are
 - I love this program!
 - Thanks! (4)
 - Keep up the good work