



## Field Test Evaluation Report

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## INTRODUCTION<sup>1</sup>

QUALITYstarsNY is New York State's Quality Rating and Improvement System (QRIS).<sup>2</sup> With its development, New York is joining the quickly growing number of states implementing these systems for early care and education programs and providers. As in other states, QUALITYstarsNY is intended to offer a clear, organized way to assess, improve and communicate the quality of the settings that serve many thousands of young children and their families across the state. Like all QRIS, QUALITYstarsNY includes standards for programs and providers based on what is known from research and best practices, procedures for monitoring and accountability, incentives and outreach to encourage participation by programs and providers, ongoing support to help them attain and sustain higher quality of care, and marketing and education with parents to help them use the system in considering care and early education options.

### A. QUALITYstarsNY

#### 1. History

Exploration of a Quality Rating and Improvement System (QRIS) in New York State began in March 2005. The New York State Child Care Coordinating Council<sup>3</sup> (NYSCCCC), with support from several private foundations, convened a group of about 50 diverse stakeholder entities including state and local government agencies, Head Start and prekindergarten providers, professional associations, academicians, researchers, business, advocates, and child care resource and referral agencies. The full committee met several more times in 2005 and 2006 to receive reports and plan next steps. The efforts of the Work Groups fed into the Design Group, which developed a proposal for the key elements of a rating scale to be tested with parents, providers and policymakers. The Design Group brought together representatives of different sectors of early care and education with people who had considerable experience working to improve quality at the community level and those who were well-versed in research on quality and child outcomes. During 2007, focus groups were conducted in locations across the state with parents as well as child care center and family/group family child care providers. The focus groups were used to inform small groups of parents and providers about the proposed QRIS, to share the draft rating scale that had been developed by the Design Group and to obtain feedback from these critical stakeholders.

Winning Beginning NY (WBNY), the statewide early care and education coalition, adopted the implementation of QRIS as a key component of its 2006 advocacy agenda. Key members of

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<sup>1</sup> This chapter was primarily written by Ola Friday, QUALITYstarsNY Field Test Project Coordinator.

<sup>2</sup> Some Quality Rating and Improvement Systems are known simply as Quality Rating Systems (QRS).

<sup>3</sup> The New York State Child Care Coordinating Council is now known as the Early Care and Learning Council (ECLC).

WBNY also served on the QRIS Design Group. WBNY began an engagement process with gubernatorial candidates and other elected officials, sending them a copy of a briefing paper and meeting, when possible, with key individuals. Following the 2006 election, WBNY began meeting with members of the new administration to share information and advocate for the QRIS.

In September 2007, Gladys Carrión, Commissioner for the Office of Children and Family Services (OCFS), committed to the establishment of a QRIS in New York State. The Governor's Children's Cabinet Advisory Committee Subcommittee on Quality agreed in November 2007 that the implementation of QRIS would be the focus of its work. The Design Group was reconvened and expanded in January 2008 and successful proposals to several private foundations provided financial support for its work along with in-kind support from the OCFS.

In 2009 private and public funding was secured to support the field test of QUALITYstarsNY. The field test provided an opportunity to test the assumptions of the initial design of QUALITYstarsNY. Specifically, it provided a way to examine the draft quality standards. The New York City Early Childhood Professional Development Program (PDI) is coordinating the work of the field test. Currently, the State's Early Care and Advisory Council (ECAC) is charged with facilitating work toward the full implementation of QUALITYstarsNY.

## **2. Key Features**

The current QUALITYstarsNY standards were developed to apply to programs and providers under the regulation of one of New York's public agencies – the State Office of Children and Family Services, the State Education Department, or the New York City Department of Health and Mental Hygiene.<sup>4</sup> Two sets of standards are available, one for center-based programs and one for family/group family child care homes. Participation is voluntary, with QUALITYstarsNY ratings are assigned to individual physical sites, rather than to entire agencies or school districts.

QUALITYstarsNY has four categories of standards – Learning Environment; Family Engagement; Qualifications and Experience; and Leadership and Management. Participating programs and providers can be assigned up to 100 points total. The number of points earned will determine a site's placement in the five-star level system. The standards, the point allocations, and other information can be found at [www.qualitystarsny.org](http://www.qualitystarsny.org).<sup>5</sup>

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<sup>4</sup> The New York City Department of Health and Mental Hygiene conducts the licensing and monitoring of the city's center-based programs.

<sup>5</sup> The draft standards assigned centers accredited by the National Association for the Education of Young Children and in operation at least five years five star ratings; family child care homes accredited by the National Association for Family Child Care receive four star ratings based on the full 65 points for "Learning Environment," "Family Engagement," and "Leadership and Management," and can earn additional points for meeting standards under "Staff Qualifications."

In the following section, the features of QUALITYstarsNY is compared with those of other states' QRIS, based on information provided in the *Compendium of Quality Rating Systems and Evaluations*, prepared by Child Trends and Mathematica Policy Research for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.<sup>6</sup>

### 3. Comparison with Other State QRIS

New York State benefitted from the experiences of states with QRIS already in place as it designed the standards and rating process for the QUALITYstarsNY field test. The table below indicates, for key characteristics of QUALITYstarsNY, the number of other state quality rating and improvement systems that share that characteristic, based on information in the *Compendium* described above.

QUALITYstarsNY CHARACTERISTIC	# OTHER QRIS WITH SAME CHARACTERISTIC (out of 19 reviewed in <i>Compendium</i> )
Voluntary	6: partially voluntary; 5: link QRIS & licensing, issuing rated licenses; 1: requires all programs receiving public subsidies to participate in QRIS <sup>7</sup>
Open to all licensed child care centers	19
Open to Head Start/Early Head Start programs	17

<sup>6</sup> This resource, published in April 2010, is available at [www.acf.hhs.gov/programs/opre/cc/childcare\\_quality/index.html](http://www.acf.hhs.gov/programs/opre/cc/childcare_quality/index.html).

<sup>7</sup> While Illinois has four levels for licensed centers and homes, it has three for license-exempt homes. Tennessee has four levels for licensed homes, but three for licensed centers. See *QRIS Standards, Levels, and Rating Systems* [http://nccic.acf.hhs.gov/poptopics/gris\\_systems.html](http://nccic.acf.hhs.gov/poptopics/gris_systems.html).

QUALITYstarsNY CHARACTERISTIC	# OTHER QRIS WITH SAME CHARACTERISTIC (out of 19 reviewed in <i>Compendium</i> )
Open to school-based pre-kindergartens	12
Open to center-based, school-aged programs (standards not yet drafted)	14
Open to regulated family child care homes and licensed group family child care homes	16
Not open to legally license-exempt, home-based providers	17
Five star levels	8: Five levels; 7: Four levels
Levels based on points <sup>8</sup>	3 <sup>9</sup>
Use of ERS observations <sup>10</sup>	14 <sup>11</sup>

<sup>8</sup> QUALITYstarsNY does require programs at level two and higher to earn at least five points from each of the system's four categories.

<sup>9</sup> Much more common is a Building Block Structure, in which all the standards at one level must be met before a program moves to the next level. Building Blocks are used by 12 of 19 in the *Compendium* and by 17 of the 23 systems reviewed in the 2010 NCCIC brief *QRIS Standards, Levels, and Rating Systems* [http://nccic.acf.hhs.gov/poptopics/gris\\_systems.html](http://nccic.acf.hhs.gov/poptopics/gris_systems.html). Two states—Iowa and Louisiana—use combinations, Building Blocks at lower levels and Points for higher levels. Also, Tennessee uses Points for homes and Building Blocks for Centers.

Specific standards within New York’s four categories map closely with the thirteen categories *Compendium* authors identified in their survey of QRISs across the country: (1) licensing compliance, (2) ratio/group size, (3) health/safety, (4) curriculum, (5) environment—activities, practices, materials that promote learning and development, (6) child assessment, (7) staff qualifications, (8) family partnership, (9) administration/management, (10) cultural/linguistic diversity, (11) accreditation, (12) provision for special needs, (13) community involvement—to connect the program and community and families to community resources. Within QUALITYstarsNY’s “Learning Environment” category, standards relate to curriculum, environment, and child assessment. In “Family Engagement,” standards relate to family partnership, cultural/linguistic diversity, provision for special needs, and community involvement. “Staff Qualifications,” both a QUALITYstarsNY and a *Compendium* category, also includes a standard related to health and safety training. Similarly, New York’s “Leadership and Management” covers the *Compendium*’s administration/management category. Thus, the only standard identified in the *Compendium* not touched on in QUALITYstarsNY is ratio/group size. For centers, the *Compendium* cites this standard for eight of 19 state systems. It was cited for just five of the 17 systems that included family child care homes. These tended to be states with less favorable ratios and group sizes in their licensing regulations.

## **B. FIELD TEST**

### **1. Purpose and Goals**

New York State conducted a field test to test the assumptions of its QRIS design and processes and to inform the final system design. A field test also conveyed the message to the early care and education field that the state was committed to implementing a system that worked for all participants and was informed by the people who would be most impacted by the system, programs and providers.

Through the evaluation component, the field test provided an opportunity to assess the validity of the draft standards and to assess the ease and efficiency of the initial processes around engagement. The quality improvement planning component of the field test aimed to demonstrate the value and use of community supports for quality improvement, gather information about the kinds of improvements programs planned to make and estimate the cost

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<sup>10</sup> The Environmental Rating Scales used by QUALITYstarsNY for centers and early childhood classrooms in public schools include the Infant/Toddler Environment Rating Scale (ITERS-R) and the Early Childhood Environment Rating Scale (ECERS-R), depending on the ages of the children. For family/group family child care, the Family Child Care Environment Rating Scale (FCCERS-R) is used.

<sup>11</sup> Unlike New York, several states also set minimum scores beneath which no classroom on which the center average is based may fall. Twelve of the 17 systems in the *Compendium* that included family child care homes use ERS scores in ratings, recognizing scores from 2.0-6.0. For homes and centers, some states also set required minimums for scores on certain subscales.

of quality improvements. Also, the field test implemented a Quality Improvement Framework for program improvement support that was tested to examine its applicability in full implementation.

The field test provided the opportunity to tailor the information management software previously developed for a QRIS in Miami-Dade County, Florida, to QUALITYstarsNY. The Web-based Early Learning System<sup>12</sup> (WELS) was modified to manage the ERS assessment data, accept the standards checklist information, collect staff and program information, and support quality improvement plans. The use of a data management system allows for streamlined data entry and processing, enhanced information sharing and robust reports to aid in quality and program improvement. WELS provides a format to track participant progress over time and show how progress aligns with financial support. It is an accountability tool that provides tailored reports for public and private funders.

Lastly, the field test examined partnership models such as the use of community agencies to act as local partners to assist in program outreach, education and support.

## **2. Project Management**

The NYC Early Childhood Professional Development Institute at the City University of New York (PDI) was selected by the Design Group to manage the implementation of the field test. PDI is an entity of the Research Foundation of CUNY that focuses on the professional development of the early care and education work force in New York City, and policy and system-building issues that pertain to the early care and education work force in New York State. PDI hired a Project Coordinator to oversee the coordination of the numerous field test components including the evaluation component, quality improvement planning and data management. The Project Coordinator facilitated communication among the various subcontractors and consultants and addressed implementation issues as they arose. Other activities of the Project Coordinator included managing the field test budget, soliciting and managing the work of the evaluation team, designing and overseeing the design of field test materials, working with the WELS developers to customize the system, managing all contracts and consultants, communicating regularly with the field test participants, and communicating with the early care and education field about QUALITYstarsNY through presentations and conferences.

The Project Coordinator also communicated regularly with an Advisory Team<sup>13</sup> that consisted of seven stakeholders from various aspects of the early care and education field including city and state agencies, unions and not-for-profits. The Advisory Team gave advice, clarity and insight

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<sup>12</sup> For more information about WELS, see [www.welsfoundation.org](http://www.welsfoundation.org).

<sup>13</sup> Advisory Team members: Denise Dowell (Civil Service Employees Association), Dana Friedman (Early Years Institute), Doris Hill-Wyley (State Education Department), Jackie Jones (Consultant), Kristen Kerr (New York State Association for the Education of Young Children), James Langford (Children's Aid Society), and Sherone Sanchez (NYC Administration for Children's Services).

on field test implementation issues. It acted as a sounding-board and a way to engender objective feedback regarding important field test implementation issues.

Oversight of the field test was the responsibility of the co-chairs of the Early Childhood Advisory Council (ECAC)<sup>14</sup> Quality Improvement Work Group (Oversight Committee)<sup>15</sup>. The Project Coordinator communicated with the Oversight Committee on a bi-weekly basis to provide updates on the field test process and to discuss full implementation issues that were suggested by field test results.

The Design Group drafted a field test funding proposal that was used to solicit funds to support the field test implementation. Funding for the field test came from a combination of public and private funds. The total project budget was \$1,591,817, with \$1.2 million from the Office of Children and Family Services (OCFS) through the federal American Recovery and Reinvestment Act 2009. The balance of project funds came from a group of seven private funders. Quarterly reports were provided to OCFS and mid-term and final reports were provided to the private funders.

The field test proposal estimated a 14 – 16 month effort. The actual field test stayed within this timeframe, but the timing of various components was adjusted in response to new developments during the field test. The original design did not take into account the Institutional Review Board (IRB) process. IRB approval was required before field test applicants could be notified of their selection to participate. Although the programs and providers applied to participate by February 19, 2010, the selected participants were not fully engaged until April 2010 when IRB approval was received. The delayed engagement affected the evaluation team's ability to conduct ERS observations at school-year programs before the summer and in some instances, observations had to be scheduled in the fall.

### **3. Evaluation**

The Request for Proposal laid out a set of goals for the field test evaluation that form the basis for the evaluation. These goals fall into four categories:

- Implementation issues, including recruitment, application, and orientation processes and required documentation
- Measurement of quality, including the validity of the standards and assessments based on observations
- Results of participation, including participant gains in understanding of quality and opinions about appropriate incentives and supports

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<sup>14</sup> The Early Childhood Advisory Council (ECAC) provides strategic direction and advice to the State of New York on early childhood issues.

<sup>15</sup> Co-chairs of the Quality Improvement Work Group were Anne Mitchell (, Janice Molnar (Office of Children and Family Services), and Recy Dunn (NYC Department of Education). As of 1/07/2011 Doris Hill-Wyley (State Education Department) replaced Recy Dunn.

- Costs for implementation and quality improvement, including availability and use of participant and community resources

The field test of QUALITYstarsNY (QSNY) differed from the future full implementation of the system in significant ways. For example, the time frame of the field test was only a few months in length during which participating centers, public schools, and family care providers had to be recruited, apply to participate, complete a self-assessment using the standards, submit documentation to verify self-assessment results, and have an Environment Rating Scale (ERS) observation scheduled and completed. Further, the timing of the field test, in the late spring and summer, made it difficult for school-year programs to fully participate and resource constraints limited the number of ERS observations possible in each center or public school field test site. The quality improvement process was also extremely truncated. Instead of being an on-going, iterative process, consultation was a point-in-time engagement with programs and providers. Also, although funds were available through QUALITY Scholars to support professional development activities, these funds had to be expended very quickly and no resources were available to support environment improvements. Additionally, because of constraints related to the evaluation of the field test, center and public school administrators were not given detailed ERS results, limiting their ability to use this information in developing their Quality Improvement Plans. Nevertheless, lessons learned from the field test will contribute to future planning of the full implementation of QUALITYstarsNY.

Because of these field test conditions and other factors, the evaluation was not able to directly address the following issues:

- How providers would participate if various incentives or supports based on ratings were available
- How providers would respond if there was a more flexible/longer time frame for preparing and submitting applications
- What providers would do to change the learning environment in response to ERS information, before submitting an application
- How providers would use an appeal process if offered
- What quality improvement efforts providers would actually undertake and complete after receiving a rating
- How provider quality would change over time once an initial rating was given and whether providers with high quality ratings would sustain that level
- How parents would respond to the availability of information on quality ratings or to various incentives for choosing care at specific levels of quality
- Costs of maintaining a cadre of reliable assessors across the state over time
- Efficiency and effectiveness of state-level versus regional or local management and support
- How provider quality is related to child outcomes

The evaluation data collection and analysis approach included:



- Comparing characteristics of programs and providers that differed in their response to recruitment during the field test
- Describing participant perspectives on the field test experience and their assessment of the application and rating process,
- Assessing the adequacy of applications, observations, and submitted documentation to accurately and completely represent quality
- Identifying patterns of strength and weakness in program and provider quality
- Examining the priorities for quality improvement and the extent to which available local resources could support improvement plans.

More details on the evaluation data collection methods and tools can be found in Appendix A.

#### **4. Communities**

The Design Group identified 13 communities in New York State to participate in the field test. Selection criteria included the degree of support for early care and education that already existed in the community, history of collaborative approaches to community work, and identification of financial resources.<sup>16</sup> Additionally, the communities were selected to reflect the demographic and geographic diversity of the state. The communities were: Albany County, Binghamton, Brooklyn - New York City, Buffalo, Chemung County, Franklin & Clinton Counties, East Harlem - New York City, Long Island, Onondaga County, Queens - New York City, Rochester, Rockland County, and Westchester County. In some communities certain zip codes were identified to further define the catchment area. (See Appendix B for the list of field test zip codes).

#### **5. Lead Agencies**

As part of the field test design agencies were asked to act as local partners in the field test communities. Any type of agency was eligible to participate, including, but not limited to, school districts, Child Care Resource and Referral agencies (CCR&Rs), Board of Cooperative Educational Services (BOCES), universities, non-profit agencies and local government offices. A comprehensive list of people and agencies in each community who worked in the early education services field was drafted. They were each sent an Invitation to Participate (ITP) introducing them to the field test and explaining how their community could go about selecting a lead agency. Most communities held a community meeting where they discussed options and selected an organization to be the lead agency. The Project Coordinator received 13 lead agency responses to the ITP. Each lead agency received \$10,000 for its work. (See Appendix C for a list of the lead agencies).

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<sup>16</sup> *Efficiency and Accountability in NYS Early Learning Programs through a Quality Rating and Improvement System: QUALITYstarsNY: The Proposal for Field Test of QUALITYstarsNY, 2009.*

The lead agency was responsible for recruiting participating programs and providers, marketing the field test, and supporting the participants through the application and standards checklist completion processes. They also compiled a resource directory of various quality improvement supports, including training, workshops, higher education, and specialist consultants, in their communities.

The lead agencies spearheaded the outreach and recruitment efforts in the field test. They marketed the field test to programs through special mailings, e-mail announcements, phone calls and personal meetings. They also leveraged existing relationships with programs and providers and publicized the field test in newsletters, workshops and trainings. Targeted outreach was carried out with certain groups, such as public schools and family providers, to encourage them to participate. A number of lead agencies met privately with school district leaders to discuss QUALITYstarsNY and the benefits of participating. Also, a letter from the State Education Department was sent to school district superintendents encouraging them to apply.

Eligible programs and providers were invited to attend a community information session to learn more about Quality Rating and Improvement Systems, QUALITYstarsNY and the field test. Most lead agencies held two or three information sessions, generally one during the day and the other in the evening in order to accommodate the schedules of both family providers and center and public school staff. The Project Coordinator prepared a presentation for the information sessions and attended the first session in each community to support the lead agency. The Project Coordinator also provided marketing materials for the lead agencies including a presentation, brochures and a one-page brief.

Applications to participate in the field test were available at each information session. There were two versions of the application: one for centers and public school and another for family/group family child care providers (see Appendix D for applications to participate). Applications were also available on-line as requested by a number of programs and providers. The center/ public school application included a classroom information form to gather more information on the program type in each classroom, age range of children, enrollment, number of staff assigned, etc. Large centers expressed frustration about having to document each and every classroom.

## **6. Participants**

Eligible programs and providers in the field test communities were invited to participate in the field test. These programs and providers had to be regulated by a public agency, such as the Office of Children and Family Services (OCFS), the State Education Department (SED) or the NYC Department of Health and Mental Hygiene (DOHMH). Special efforts were made to contact and invite programs and providers in the following categories:

- Universal Pre-Kindergarten (UPK) in public schools
- Head Start/Early Head Start

- Child Care Center (non-profit) with and without UPK
- Child Care Center (for-profit) with and without UPK
- SED registered Nursery schools
- Special education schools (4410)
- Registered Family Child Care
- Licensed Group Family Child Care

The field test was open to all eligible programs and providers in the 13 field test communities. Interested programs and providers were invited to apply to participate. The evaluation team amassed a master list of eligible programs and providers, including OCFS licensed programs, NYC DOHMH regulated programs, SED public school districts with Universal Pre-Kindergarten contracts, SED registered nursery schools, SED 4410 programs<sup>17</sup>, and Head Start and Early Head Start grantees. This information was compiled from lists obtained from OCFS, SED and DOHMH. School districts were contacted to obtain the physical location of their public school UPK classrooms and Head Start grantees were contacted to obtain the locations of their programs. Nevertheless, it was a challenge to obtain a complete list of the physical locations where services were delivered. The master list of eligible programs was distributed to the lead agencies that were responsible for outreach in their communities. In some cases, lead agencies reviewed and gave feedback on the lists; in others the lead agencies used their own lists for outreach.

A total of 265 centers, 48 public schools or school districts, and 157 family providers applied to be in the field test. Of these, 246 centers, 42 public schools or districts, and 145 family providers were eligible based on their location in the designated zip codes for the field test communities. Of the eligible applicants, 145 or 59% of centers, 38 or 90% of public schools, and 89 or 61% of family providers were selected to participate in the field test. The field test sample included 16 centers that were verified as being accredited by the National Association for the Education of Young Children (NAEYC) and 2 family/group family child care homes that were verified as holding National Association for Family Child Care accreditation .

Participating programs were expected to attend a community information session, if possible, to learn more about the field test, complete all paperwork, agree to schedule Environment Rating Scale observations, comply with the evaluation team's requests for information and feedback, and prepare a Quality Improvement Plan. Programs received a modest stipend for their participation --\$250 for family/group family child care providers and \$500 for center-based programs.

Two hundred forty (240) centers, public schools and family/group family child care providers were initially invited to participate in the field test. These programs and providers were selected to include the range of centers, public schools and family providers in the state. In

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<sup>17</sup> 4410 programs are NY State Education Department preschool special education programs authorized pursuant to section 4410 of the state education law.

particular, special attention was paid to selecting centers and family care providers that offered programs such as UPK and Head Start, enrolled families with child care subsidies or vouchers, and that served children with special needs and that held national accreditation. Applicants with any characteristic that was infrequent, like accreditation, were selected first. The other programs and providers were sampled randomly and the distribution across subgroups was verified before final selection.

Selected programs and providers were sent acceptance letters and were asked to complete consent forms and additional program information. Non-selected programs and providers were sent thank you letters.

Mid-way through the field test a smaller group of programs and providers was chosen to replace participants that had left the field test. Thirty-two replacement programs and providers were chosen from the original application list in mid-July 2010. The lead agencies initially contacted these programs to gauge their interest in participating. Once confirmation was received that the programs were interested they were sent a welcome letter and the standards checklist materials. Replacement programs and providers had approximately four weeks to complete the standards checklist and were observed on the ERS tools and engaged in the quality improvement planning process. Many replacement programs and providers also received significant extensions to complete the standards checklist.

Also, mid-way through the field test, in July 2010, the National Association for the Education of Young Children (NAEYC) asked New York State to pilot a new cultural competence tool as part of NAEYC's Pathways to Cultural Competence Project. NAEYC defined the goal of the project as to "give early childhood programs that are participating in their state's quality rating and improvement system (QRIS) two checklists to help guide them in reflecting and improving upon their use of culturally-competent practices." All field test participating center-based programs were asked to participate in the Pathways Project. Family providers were not asked to participate because the Program Checklist was created for center-based programs only and public schools were omitted from the Project Coordinator's invitation because they were on summer break. Twenty nine (29) centers responded that they were interested and were sent the project materials, including the Program Guide, Program Checklist and Teacher Checklist. Twenty five (25) centers returned the completed Program Checklist and optional Teacher's Checklist. Participants were also asked to complete a brief survey based on their experience using the tools. As an incentive for completing the checklists, participants would receive resources from NAEYC to help them increase their programs' level of cultural competence in the area(s) they chose.

## **7. Independent Assessment Observations**

The main independent assessment tools used in the field test were the Environment Rating Scales, which are a set of tools developed at the Frank Porter Graham Child Development Institute at the University of North Carolina, Chapel Hill. Three of the four tools were utilized in the field test: the Early Childhood Environment Rating Scale – Revised Edition (ECERS-R), the

Infant/Toddler Environment Rating Scale - Revised Edition (ITERS-R), and the Family Child Care Environment Rating Scale - Revised Edition (FCCERS).<sup>18</sup>

The ERS is currently the only assessment tool mandated to be used as part of the QUALITYstarsNY standards. According to the draft standards, programs can either do a self-assessment using the tools or, to achieve a 3-Star rating and higher, undergo an independent observation. The self-assessment option was not used in the field test due to the lack of time and capacity to train participants on using the tools for self-assessment and improvement planning. Instead, the design of the field test called for conducting one or more ERS observations in each participating program or family/group family child care home, depending on the variability in programs or ages of the children. For example, public schools almost always offered only UPK or Head Start classrooms for preschool children, while centers might have separate classrooms for infants, toddlers, and/or preschoolers, as well as UPK, Head Start, and other types of programs. At least one ERS observation was done in most participating sites. There were three family/group family child care homes and one center that were not observed due to scheduling issues.

The evaluation team assembled a team of 30 observers around the state to conduct the observations. Suzanne Dohm, an experienced quality improvement consultant and trainer, managed and facilitated this work. ERS observers were required to have been trained on the ERS tools and have experience administering the tools. (See Appendix E for ERS observer position description and application). The observers attended a refresher course and participated in inter-rater reliability assessments before beginning their field test work.

Programs were informed about the ERS observation component of the field test at the community information sessions and in other outreach encounters. Each site was sent a more detailed letter about the process and more information about the tools, along with a copy of the relevant tool(s) they would be observed on.

Programs and providers could indicate which dates would be most convenient and those that would not be possible (for example, because of special events or activities). Programs and providers were then called the day before and informed that the observation would occur the next day. In order to avoid special preparations in advance of the observations, centers and schools were not informed of which classroom(s) would be observed. Once on-site, the observer informed the program administrator which classroom was to be observed. ERS observations lasted approximately three hours, or less, depending on the schedule of the program. Observers completed paper score sheets on-site and submitted them to Ms. Dohm for review. Ms. Dohm examined each score sheet for accuracy. Once approved, score sheets were filed and entered into WELS.

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<sup>18</sup> For more information on the Environmental Rating Scales, see <http://ers.fpg.unc.edu/>.

In addition to the ERS observation, each observed field test classroom or family/group family child care home was assessed on supplementary nutrition and physical activity indicators. A sample of preschool classrooms in child care centers were assessed using another observation tool that focused on more specific aspects of the learning environment (Supports for Early Literacy Assessment/Supports for Social-Emotional Growth Assessment)<sup>19</sup> and a sample of infant/toddler classrooms and family/group family child care homes were observed using a tool focused on the details of caregiver-child interactions (the Program for Infant/Toddler Care - Program Assessment Rating Scale).<sup>20</sup>

Programs and providers were not informed of their assessment scores until the quality improvement planning consultation process. Due to the restrictive wording of the IRB-required consent forms, teacher assessment information could not be shared with program administrators. Additionally, assessment scores could not be shared with public school principals or other administrators because of union contract regulations. Only family providers were given their scores during the quality improvement planning consultation process. Additionally, there was no time or capacity to get the scores directly to the teachers before the quality improvement planning consultations.

## **8. Standards Checklist**

Participating programs and providers completed a self-assessment exercise based on the relevant standards (centers or family/group family child care). The standards were reformatted into a checklist format with accompanying options of documentation listed that could be provided as proof of meeting each standard. The documentation examples were taken from the draft standards, with others added with input from the Advisory Team.

In some cases several “indicators” or specific items were used to represent a single standard. For example, the Family Engagement, Transitions standard FE IV:T1 for centers and schools reads as follows:

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<sup>19</sup> The Supports for Early Literacy Assessment (SELA) and the Supports for Social-Emotional Growth Assessment (SSEGA) are tools developed by Sheila Smith and her colleagues at New York University and have been used extensively in research and program improvement projects.

<sup>20</sup> The Program Assessment Rating Scale (PARS) is a recently developed observational tool designed to assess the quality of center and home-based infant and toddler early care and education settings. It is part of the Program for Infant/Toddler Care (PITC), a comprehensive training system for infant and toddler teachers developed by WestEd.

Program implements **at least 2 of the following**:

- Program has a written policy for transitioning children into the program;
- Program has a written policy and procedures to support children and families transitioning into the program, during transitions within the program, and transitioning out of the program;
- Program provides parents of 4-year-olds with information on kindergarten registration;
- Program transfers child records, with parent permission, when child transitions to another educational setting (e.g., other center, kindergarten)

If a center or school met this standard, two points would be awarded.

On the checklist, this standard was represented by the following indicators:

Indicator	Documentation
Program implements the following (check all that apply): 1. <input type="checkbox"/> Program has a written policy for transitioning children into the program	<input type="checkbox"/> Copy of policies <input type="checkbox"/> Parent handbook with relevant pages referenced <input type="checkbox"/> Copy of information on kindergarten registration <input type="checkbox"/> Other (please list)
2. <input type="checkbox"/> Program has a written policy and procedures to support children and families transitioning into the program, during transitions within the program, and transitioning out of the program	<input type="checkbox"/> Copy of policies and procedures <input type="checkbox"/> Parent handbook with relevant pages referenced <input type="checkbox"/> Other (please list)
3. <input type="checkbox"/> Program provides parents of 4-year-olds with information on kindergarten registration	<input type="checkbox"/> Copy of policies and procedures <input type="checkbox"/> Parent handbook with relevant pages referenced <input type="checkbox"/> Sample parent information on kindergarten registration, copy of flyer for meeting, or handout with kindergarten information <input type="checkbox"/> Other (please list)
4. <input type="checkbox"/> Program transfers child records, with parent permission, when child transitions to another educational setting (e.g., other center, kindergarten)	<input type="checkbox"/> Copy of policies and procedures <input type="checkbox"/> Copy of information from parent handbook <input type="checkbox"/> Sample records transfer letter <input type="checkbox"/> Other (please list)

Programs checked each indicator that was met and the corresponding verifying documentation that was submitted. Unlike the draft standards, programs were instructed to “check all that apply” so that information on all things they do could be obtained, not just the minimum information necessary to meet the standard. This information was entered into WELS, which assigned the appropriate number of points, based on the combination of indicators required to meet the standards and the relevant supporting documentation.

There were three versions of the checklist: centers, public schools, and family/group family child care homes. Although there are not separate standards for public schools the Advisory Team determined, in recognition of the fact that many policies and procedures under the



management and leadership standards category are carried out at the district rather than school or classroom programs level, it was appropriate to offer slightly different clarifications and instructions for public schools. Additionally, the Advisory Team agreed that due to the time constraints of the field test and programs' inability to acquire documentation in a timely fashion public schools would automatically receive 21 points in the Management and Leadership category for meeting standards pertaining to Financial Accountability and Sustainability, Policies and Procedures, Staff Compensation and Benefits and Staff Planning, if they attested to meeting those standards. Examples of these standards include "program has a current-year operating budget" and "program has written fiscal policies and procedures" (See Appendix F for the three versions of the Standards Checklist).

The checklist process applied to three of the four standards categories: Learning Environment, Family Engagement, and Management and Leadership. In order to assign points for the qualifications and experience of the classroom and administrative staff, field test participants completed a form for each relevant individual and submitted these forms along with transcripts, certificates, and other records. This information was entered into WELS and points were assigned to sites based on the average of points assigned to each individual staff person or provider.

Programs and providers were given 6 weeks to complete the checklist and qualifications and experience process.

When a standards checklist was received it was logged into a spreadsheet as having been received and an email was sent to the program or provider indicating receipt. The checklist and documentation were then filed away securely in locked file cabinets. Checklists were scored by hand by the Project Coordinator because the WELS system was still being tested as to its ability to accurately score checklists. Incomplete checklists were completed, if possible, by reviewing the documentation that was submitted. This information was then entered into WELS.

The field test process did not include a full review of the submitted documentation for either accuracy or quality. Participants generally received full credit for indicating the submission of a document. In cases where the standard was noted as being met, but no respective documentation was checked, a review of the submitted materials was made to determine if relevant documentation had been submitted. The evaluation team conducted an additional analysis that examined the accuracy and quality of a sample of documents from a random sample of participating programs and providers.

The points generated by WELS were checked against the Project Coordinator's scores. If both sets of points were identical then the information was saved and a Score Report was created. If the scores were not identical then both the Project Coordinator's scoring and WELS scoring were reviewed to assess and rectify the issue. Once the scores were identical a Score Report was created. Staff qualification and experience forms were also filed and entered into WELS.

## **9. Quality Improvement Planning**

A team of consultants led the quality improvement planning component of the field test. The QIP Coordinator created a framework for quality improvement planning consultation, managed the work of the Quality Improvement Planning Regional Consultants (QIP Consultants), conducted a cost analysis to estimate the cost of attaining higher star levels and drafted a final report on the QIP process with recommendations for full implementation. Each QIP Consultant was designated a number of programs and providers, usually in a specific community based on her location and her particular skills.

The role of the QIP Consultants was to meet with the programs and providers to discuss their standards checklist and ERS assessment scores and to work collaboratively to develop a quality improvement plan based on those assessments. QIP Consultants contacted programs and providers after the standards checklist and ERS information were processed. Their engagement followed a protocol outlined in the QIP Framework (see Appendix G) that was created by the QIP Coordinator with input from the QIP Consultants.

The consultation preparation process included a thorough review of the programs' independent ERS and self-assessment information. The QIP Consultants were able to access a number of reports on each site's assessments in WELS including the ERS Strength-Need report that outlined the high scoring and low scoring subscales and items and the Checklist Report that listed program's responses on the Standards Checklist. Additional reports from the Project Coordinator were also reviewed, such as the Score Report that listed the points a program or provider earned in each standard category and sub-categories. QIP Consultants also asked to see the original ERS score sheet(s) and a copy of the original completed Standards Checklist. The QIP Consultants reviewed this information and made initial notes and reactions into the Consultation Work Sheet (see Appendix H) that would become the basis of the final Quality Improvement Plan.

## **10. Feedback**

Throughout the field test applicants and participants were able to give feedback on the process in a variety of ways. Surveys were completed at each stage of the field test – during the initial community information sessions, as part of the checklist submission package, and during the forums held by lead agencies at the end of the field test after sites had received QIP consultation. During these forums, attending participants also engaged in facilitated discussions about their field test experience and recommendations for moving forward on implementation. Notes from these meetings were incorporated into the Evaluation Report. (See Appendix A for the data collection instruments used to obtain participant and lead agency feedback.) Programs and providers also provided feedback to the Project Coordinator throughout via e-mails and phone calls. Lead Agencies compiled questions and concerns and then relayed this feedback to the evaluation team and Project Coordinator.

Feedback was not only solicited from the participants but also from the lead agencies. The evaluation team conducted telephone interviews with each lead agency to gather more information on how they supported programs through the project. (See Appendix A for the data collection instruments used to obtain participant and lead agency feedback.)

### **11. Web-based Early Learning System (WELS)**

The Web-based Early Learning System (WELS) based in Miami, Florida provided data management and rating services for the field test. The system is currently being used in Miami-Dade County's quality rating and improvement system, Quality Counts, and was customized to meet New York State's needs. WELS is able to aggregate data from a variety of resources to generate program profiles, create quality improvement plans, track resources, inform systemic investments, and provide quality control.

### **C. ORGANIZATION OF THE REPORT**

The remainder of the report is organized into four sections:

- Field test recruitment, support, and participation
- Using the standards to measure and improve quality
- Moving toward state-wide implementation

The executive summary to the report brings together the major findings and possible implications for further development and implementation.

## FIELD TEST RECRUITMENT, SUPPORT, AND PARTICIPATION

This chapter describes how the centers, public schools, and family/group family child care homes were recruited for the field test and how lead agencies in each field test community provided support for applications for the field test and submission of the standards checklist. It also describes the application and participation rates for centers, schools, and family/group family child care homes in the field test.

### A. RECRUITMENT

The lead agencies in all thirteen field test communities were responsible for disseminating information about QUALITYstarsNY in their communities, recruiting participants for the field test, holding sessions to provide detailed information about QUALITYstarsNY and the field test, following up with both session attendees and potential participants who had not attended, and distributing applications to participate in the field test. To support their work, the field test coordinating organization developed a website with information including the QUALITYstarsNY draft standards, the application forms, and responses to frequently asked questions. The coordinator also developed a brochure, provided a set of slides to be used in the information sessions, and attended many of the information sessions to answer questions first hand.

#### 1. Recruitment Methods Used by Lead Agencies

##### *Summary Statements:*

- Certain methods for informing centers, public schools, and family/group family child care home providers about QUALITYstarsNY and inviting them to participate in the field test were widely used. These included special mailings, e-mail announcements, other regular communication through newsletters, and providing information at meetings and training workshops held by the lead agencies.
- Personal visits and phone calls were often used in recruitment, particularly in follow-up after the initial information sessions.
- Potential participants who attended the information sessions most frequently mentioned being invited through personal contact.
- The methods that the lead agencies believed were the most effective in recruiting field test participants involved building on existing relationships and conducting individualized outreach.
- While only some of the lead agencies involved other community organizations in providing information about QUALITYstarsNY for the field test, a number mentioned these partnerships as valuable and recommended that they be further developed for recruitment during full implementation.

**Implications:**

- While state-level efforts to publicize and promote QUALITYstarsNY will be important during full implementation, recruitment of programs and providers, particularly in the early years, may be most effectively carried out by local or regional organizations.
- These organizations should be selected based on the scope of their existing communication methods and the depth and breadth of their relationships with local centers, public schools, and family providers.
- In addition, these organizations should have existing partnerships with other groups and agencies with links to local centers, public schools, and family providers, and be encouraged to expand these partnerships during implementation.

**Evidence:**

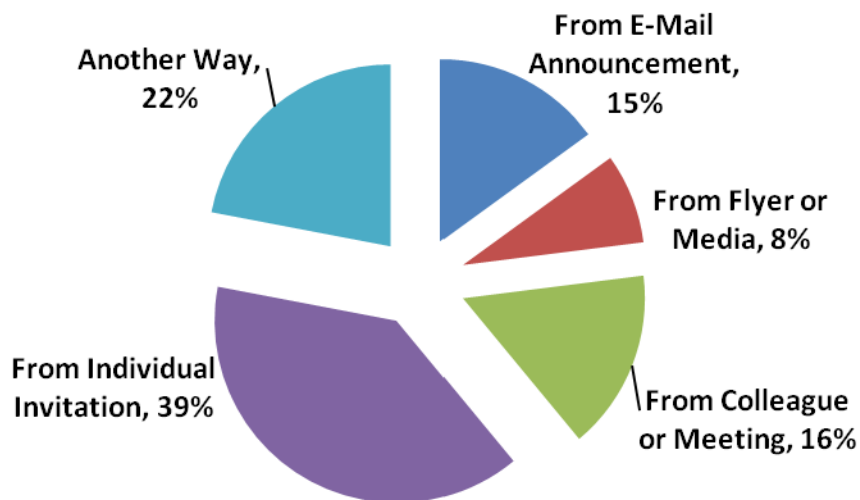
The most frequently used methods of outreach and recruitment used by the lead agencies to reach all types of programs and providers during the field test were e-mail messages and special mailings. Centers and family providers, generally already on the lead agencies' mailing lists, also received information in regular newsletters. Personal visits and phone calls were often used to invite centers, public schools, and family providers to the information sessions. (See Table 1.)

**TABLE 1: Number of Lead Agencies by Methods Used for Outreach to Programs and Providers**

	E-Mail	Special Mailing	Own Newsletter	Newsletters of Other Organizations	Own Meetings	Meetings of Other Organizations	Visits or Phone Calls
Inform Centers	10	11	9	5	11	1	9
Invite Centers	10	13	3	3	12	3	9
Inform Public Schools	9	10	7	5	9	1	4
Invite Public Schools	10	12	3	2	6	3	9
Inform Family/Group Family Providers	10	12	10	6	10	1	8
Invite Family/Group Family Providers	10	13	3	4	11	3	9

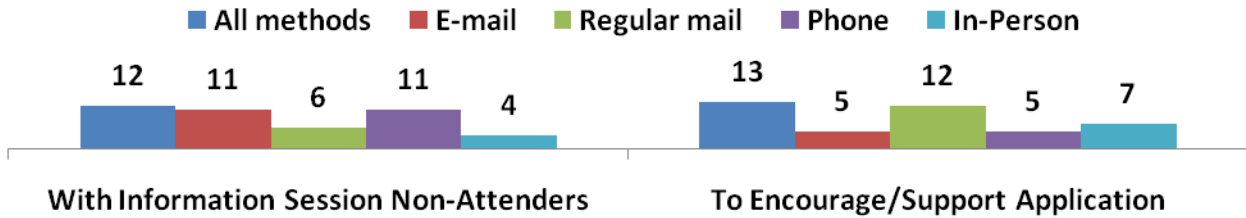
Staff of early childhood centers, representatives from public schools, and family/group family child care home providers who attended the information sessions were asked to indicate how they first learned about the field test. Information shared in personal contacts from the lead agency was the most frequently mentioned source, followed by e-mail messages and hearing from a colleague or at a meeting. (See Figure 1.)

**FIGURE 1: Percent of Information Session Attendees By Way First Hearing About Field Test**



During interviews conducted with lead agency staff, several outreach methods were seen as particularly effective in getting people to attend the information sessions and to apply to participate in the field test. One effective method was personal contact via telephone or visit. These contacts were often made as follow-up to mailings or e-mail announcements or to the information session itself. (See Figure 2 and Table 2.) As one lead agency representative pointed out, “Follow-up [to mailings] phone calls were key in getting people to come out – they liked the personal touch.” Another pointed out the value of contacting those who had attended the information sessions: “One thing I recognized was that when people came to the information sessions, they were just seeking information. We made follow-up visits and phone calls to encourage actual applications.” These follow-up contacts allowed programs and providers to ask additional questions and air concerns.

**FIGURE 2: Number of Follow-Up Methods Used by Lead Agencies**



**TABLE 2: Number of Lead Agencies by Type of Follow-Up Methods Used**

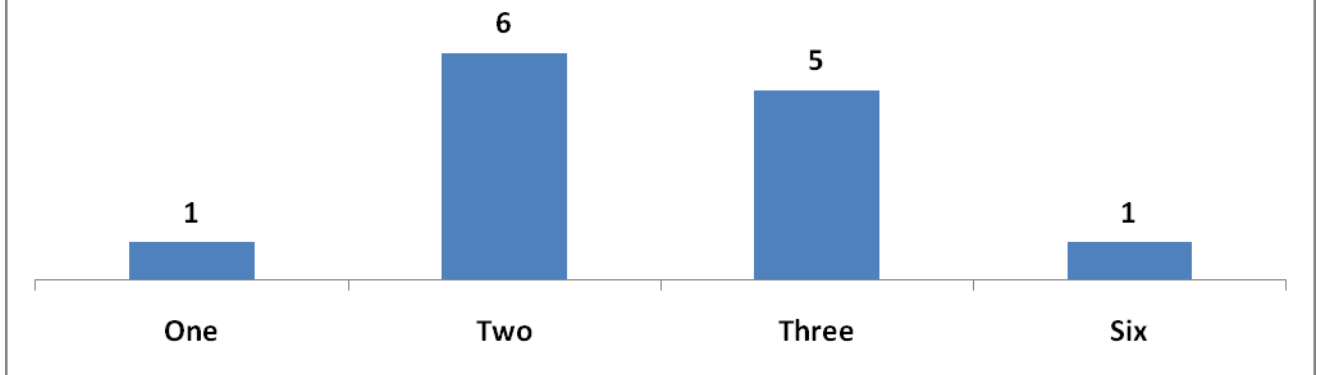
	All methods	E-mail	Regular mail	Phone	In-Person
With Information Session Non-Attendees	12	11	6	11	4
To Encourage/Support Application	13	5	12	5	7

Another common theme in lead agency reflections on effective outreach and recruitment was the importance of existing relationships programs and providers had with the lead agencies. As one representative commented, “You need to be in relationship with programs and providers when you ask them [to participate].” In most cases these relationships had been forged between the lead agency and programs and providers over the years through training workshops, other quality improvement initiatives (such as accreditation), and regular communication via newsletters and regular meetings, especially of program directors and home providers. Some lead agencies had been using these relationships to build awareness of and interest in QUALITYstarsNY well before the field test through regular meetings, newsletters, and e-mail updates.

A number of lead agencies also found it particularly effective to work with partners in reaching out to programs and providers. Depending on the community, these field test partners included program administrator or family provider networks or support groups organized by other agencies, the local OCFS office, community events or professional groups related to early childhood, and public school administrators. Lead agencies also mentioned the future possibility of working with affinity groups such as campus-based early childhood programs, church-affiliated centers or nursery schools, and Head Start grantee groups.

Most lead agencies held two or three information sessions in their communities, generally one during the day and the other in the evening, with the goal of accommodating the schedules of both family providers and staff from centers and public schools. (See Figure 3.)

**FIGURE 3: Number of Information Sessions Scheduled by Lead Agencies**



Based on sign-in log sheets, attendance at the information sessions varied across the field test communities. Generally more center-based program staff attended a session than family providers, with public school staff least likely to attend. (See Table 3.)

**TABLE 3: Number of Individuals Attending Information Sessions by Type of Setting**

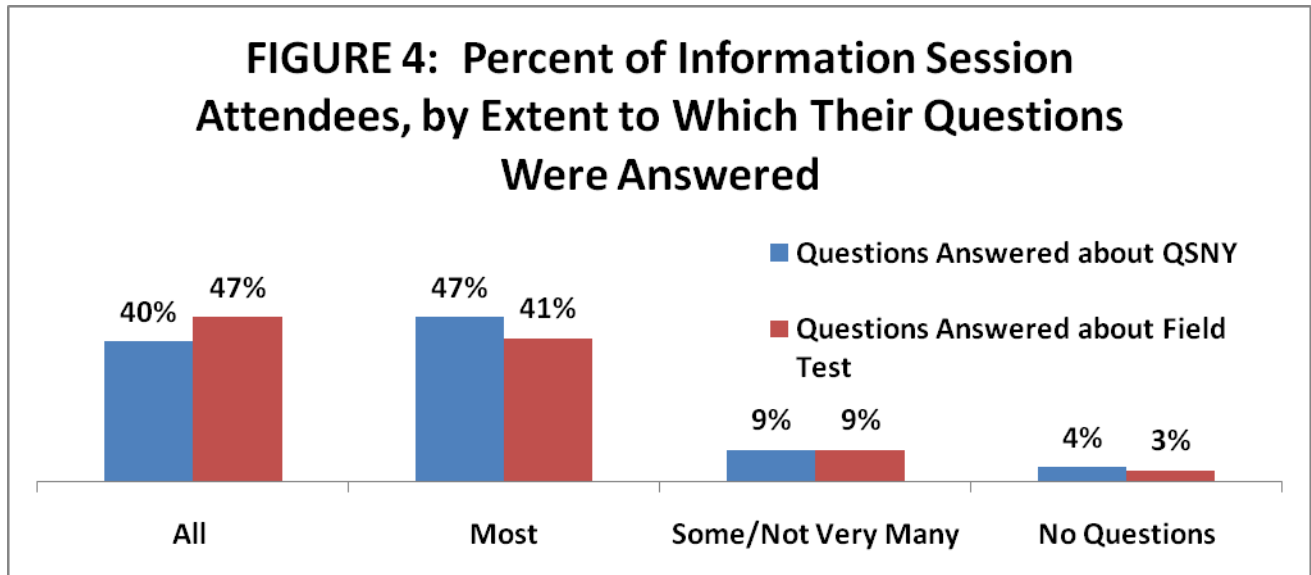
	Mean Number Attending	Median Number Attending	Minimum Number Attending	Maximum Number Attending
Family Child Care Providers	7	4	1	20
Group Family Child Care Providers	8	5	0	41
All Family Child Care Providers	15	11	2	58
Centers	28	22	3	111
Public Schools	4	3	0	12

The lead agencies were asked during their interviews to indicate what had been the most frequently asked questions raised at the information sessions and during outreach and recruitment. The following major questions and concerns were expressed across the field test communities around the state:

- Questions about whether QUALITYstarsNY will become mandatory and how it will be linked with licensing
- Concern that QUALITYstarsNY is unlikely to be implemented statewide, given the current fiscal climate
- Concern about the time involved
- Questions about the value of participation in QUALITYstarsNY – specifically, how it is related to accreditation and what might be the potential financial benefits for participation



Almost all (close to 90%) information session attendees who filled out questionnaires at the end of the session reported that their questions about QUALITYstarsNY and the field test had been completely or mostly answered. (See Figure 4.) As will be noted later in this report, however, many field test participants did not understand the level of effort that would be required and would have liked to have more details on those requirements and the process more clearly outlined at the information sessions.



## 2. Application Rates and Applicant Characteristics

### **Summary Statements:**

- Although there are generally more family/group family child care home providers in most communities than licensed centers, in the field test communities more licensed centers applied to participate than did family/group family providers. This was true in most communities in absolute numbers and in the ratio of eligible centers and family/group family providers to applicants.
- Public schools were often difficult to recruit for the field test. Lead agencies with existing relationships with school staff and the local district found them useful in engaging schools in the field test.

### **Implications:**

- Considerably greater effort and probably different outreach and recruitment approaches are likely to be needed to recruit family providers and public schools for full implementation.
- Based on other information gathered during the field test, family/group family child care home providers are likely to need additional guidance and support in providing

documentation, while public schools may need more information about how the quality standards are appropriate to preschool programs within districts.

**Evidence:**

While generally more centers applied to participate in the field test than family providers, the two most rural communities – Clinton-Franklin Counties combined and Chemung County – recruited more family providers than centers. Success in recruiting public schools also varied considerably across the field test sites. (See Table 4.)

**TABLE 4: Number of Applicants in Each Field Test Community by Type**

	Centers	Public Schools	Family/Group Family Child Care Homes
<b>Albany</b>	15	4	10
<b>Broome</b>	15	4	3
<b>Chemung</b>	5	6	7
<b>Clinton-Franklin</b>	4	4	11
<b>Erie</b>	10	0	6
<b>Kings</b>	18	3	13
<b>Monroe</b>	24	2	6
<b>Nassau-Suffolk</b>	66	5	48
<b>New York</b>	6	1	2
<b>Onondaga</b>	20	3	11
<b>Queens</b>	24	8	13
<b>Rockland</b>	11	0	5
<b>Westchester</b>	28	2	10
<b>Total</b>	246	42	145

Because the master lists of potentially eligible programs and providers varied in completeness across the sites, it is not possible to accurately compare the application rates for all types of settings. The most complete information was available for licensed centers and registered family providers. Table 5 illustrates the substantial differences between these two types of early care and education settings in their interest in the QUALITYstarsNY field test. In general, the ratios of eligible centers to applicants were no greater than 20 to 1 and in most cases they were less than 10 to 1. For family providers, the ratios were all much larger, ranging from 3 to 30 times larger than the ratio in the same community for centers.

**TABLE 5: Ratio of Eligible Family/Group Family Child Care Homes and Centers to Applicants**

	Ratio: Registered Family/Licensed Group Family Child Care Providers to Applicants	Ratio: Licensed Centers to Applicants
Albany	15 to 1	5 to 1
Broome	25 to 1	2 to 1
Chemung	12 to 1	4 to 1
Clinton	18 to 1	5 to 1
Erie	41 to 1	5 to 1
Kings	83 to 1	19 to 1
Monroe	106 to 1	3 to 1
Nassau-Suffolk	24 to 1	5 to 1
New York	85 to 1	11 to 1
Onondaga	29 to 1	3 to 1
Queens	52 to 1	7 to 1
Rockland	41 to 1	6 to 1
Westchester	40 to 1	6 to 1
Total	35 to 1	5 to 1

There was no pattern across the field test communities in the numbers or ratios of applicants associated with the outreach and recruitment methods used by the lead agencies.

There was considerable variation across the field test communities in the groups the lead agencies believed were not well represented among those attending the information sessions and those selected to participate in the field test.<sup>21</sup> Most often mentioned were family and group family child care providers, followed by public schools. Depending on the community specific groups were under-represented, according to the lead agencies. These included faith-based programs, nursery schools, providers whose first language is not English, Head Start programs, and those serving low income families. There were different experiences among the field test communities with proprietary programs that are part of national chains – in some communities these programs generally were not interested, while in another this group was seen as eager to be able to present their programs in the best light. In a number of sites, the lead agencies reported that many of those interested in QUALITYstarsNY were the “usual suspects” – individuals and programs that frequently participated in training and other professional activities.

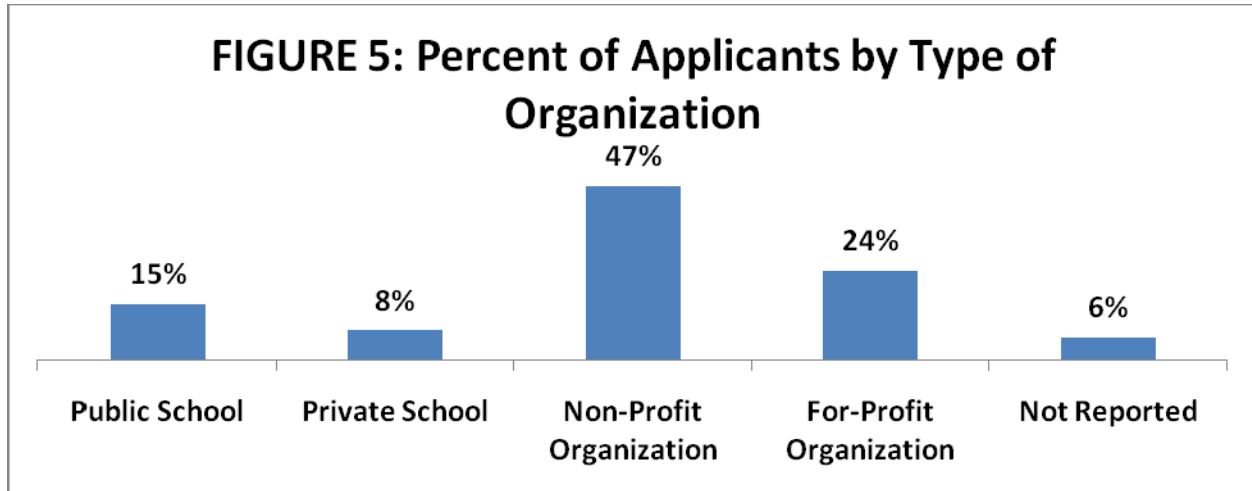
The sections below describe the field test applicants, first for centers and public schools, and then for family/group family child care home providers.

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<sup>21</sup> The lead agency staff were asked to describe groups of programs or providers that they believed were not well represented among those attending the information sessions and those selected to participate in the field test. Lead agencies were not provided with lists of the applicants so they could not comment directly on the types of programs or providers that did or did not apply to be in the field test.

## Applicant Center and Public School Characteristics:

- **Type of Organization**



- **Ages of Children Served**

Almost all (91%) of the center and public school applicants served preschool-age children, two-thirds (66%) served infants and toddlers, and 34% provided care to school-age children during the school year.

- **Children Whose Home Language Is Not English**

Just over three-quarters (77%) of the applying centers and public schools served some children for whom English was not their home language. Very few (7%) had enrollments with more than 75% of non-native English speakers.

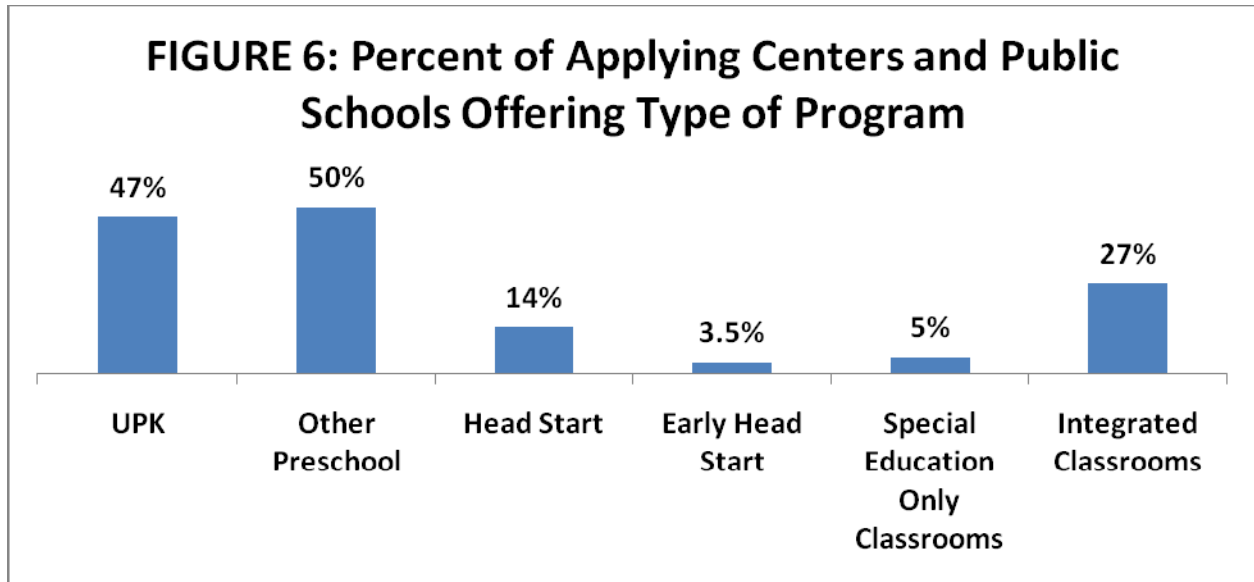
- **Children with Special Health, Development, or Educational Needs**

A large majority (86%) of center and public school applicants served children with special needs, although very few (2%) had enrollment of more than 75% of children with these needs.

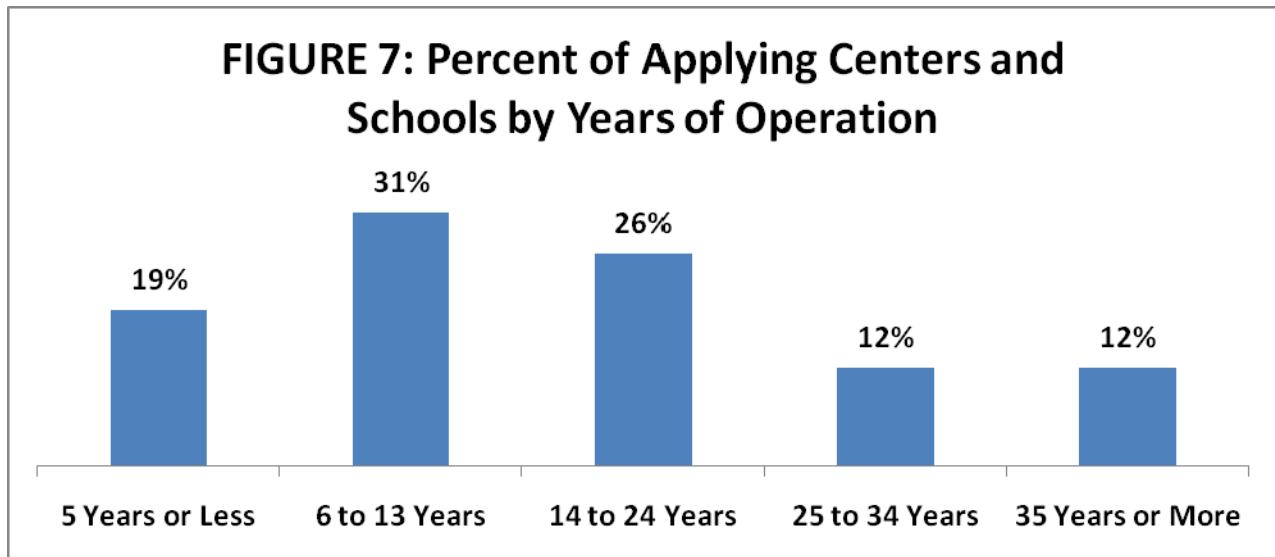
- **Centers Serving Any Children Receiving Public Subsidy**

Among centers applying for the field test, 62% had children received public subsidies or vouchers for child care.

- Type of Program Offered<sup>22</sup>

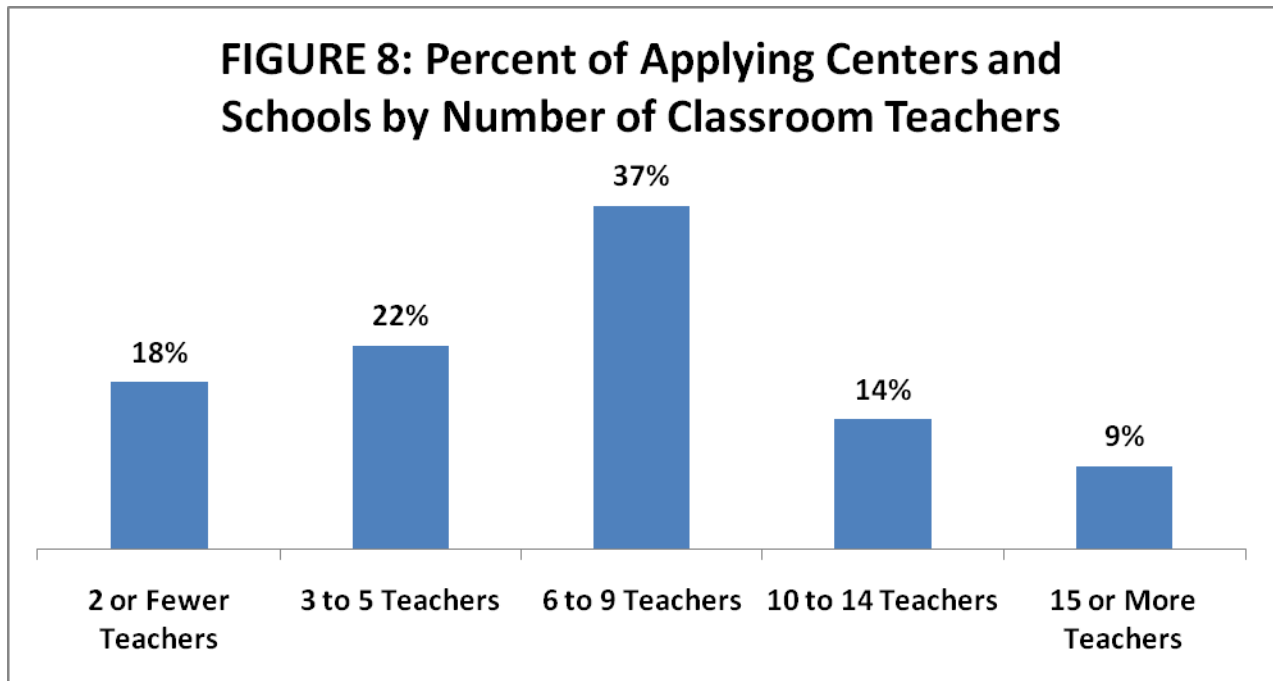


- Years of Operation



<sup>22</sup> “Other Preschool” refers to classrooms or programs for preschool-age children that were not UPK-funded.

- **Number of Classroom Teachers**



**Applicant Family/Group Family Child Care Home Characteristics:**

- **Ages of Children Served:**

Family/group family child care homes that applied to participate in the field test very often were serving children of all age groups. Most served infants and toddlers and preschool-age children (81% each) and many served school-age children (72%).

- **Type of Program Offered**

Small numbers of applying family/group family child care homes offered Head Start (9%) or Early Head Start (11%) programs.

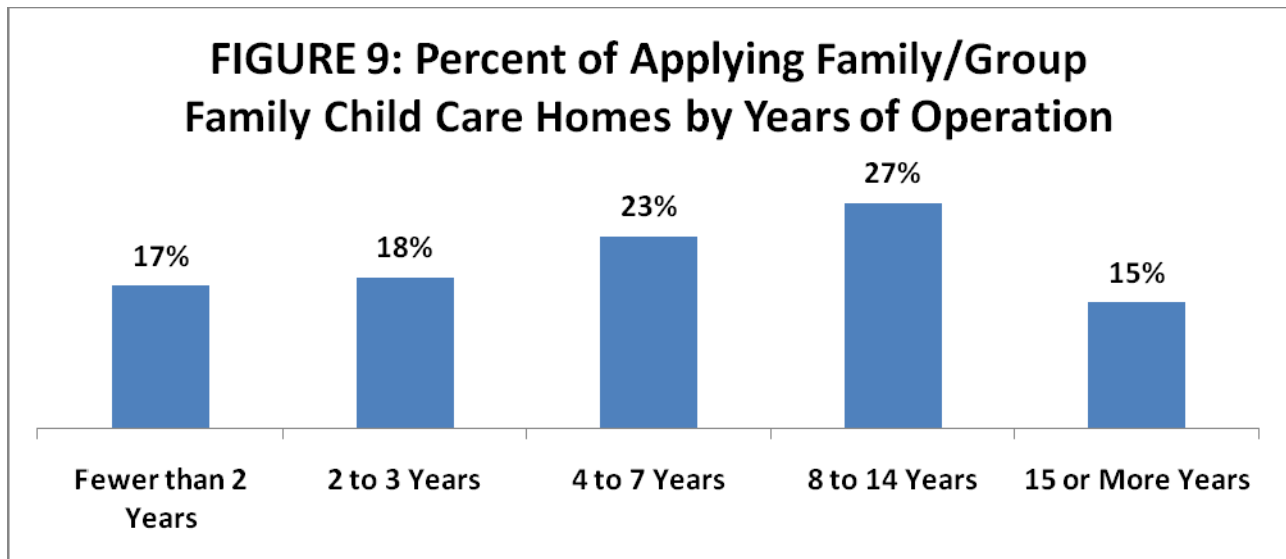
- **Number of Children Whose Home Language is Not English**

More than one-third (37%) of family/group family child care home applicants served children whose home language was not English and in 12% of all applying family/group family child care homes more than half of the children they served were non-native English speakers.

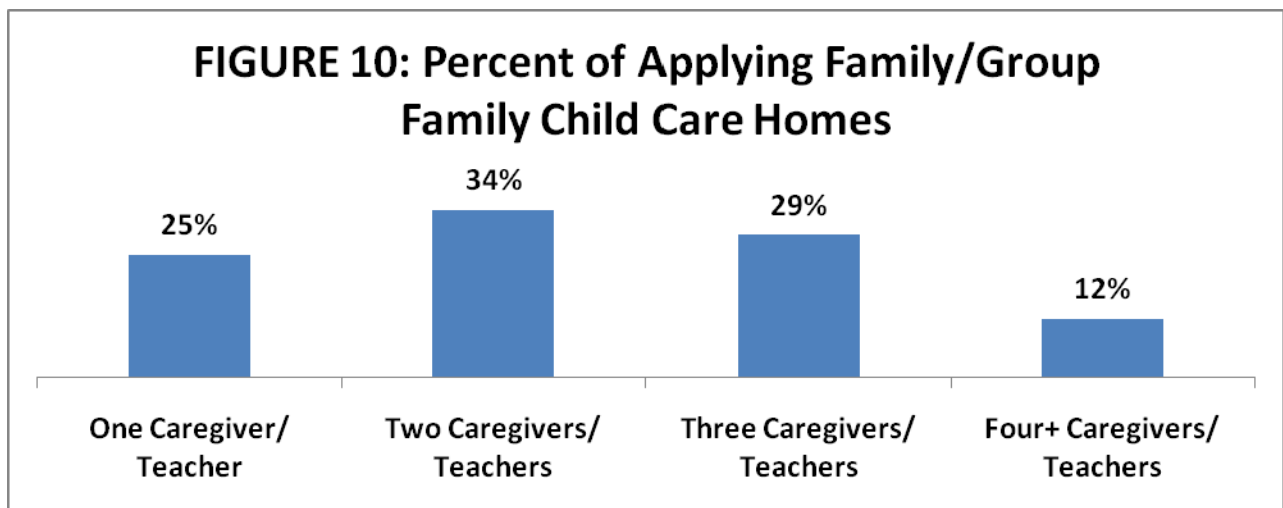
- **Number of Children with Special Health, Development, or Learning Needs**

Forty-one (41) percent of applying family providers served children with special needs.

- **Years of Operation:**



- **Number of Adult Caregivers/Teachers:**



While type of license was not asked on the field test application, Figure 14 suggests that at least 40% were group family child care homes.

## **B. SUPPORT**

Once applicants were selected for the field test, the lead agencies were encouraged to offer them support in completing the checklist and submitting the required documentation. This section describes the ways in which the lead agencies offered support to the field test participants and participant feedback on that support.

### **1. Ways Used by Lead Agencies to Support Participation in QUALITYstarsNY**

#### ***Summary Statements:***

- Initial group sessions to review the checklist and responses to individual questions by phone were methods used by all or most of the lead agencies to support participation in the QUALITYstarsNY field test.
- While the initial orientation sessions were valuable, the lead agencies found that follow-up group sessions and individual support via telephone calls and personal visits were the most effective methods of support.
- In addition to needing orientation to the QUALITYstarsNY standards, checklist, and documentation process, many participants – particularly family providers and public schools – were unfamiliar with the Environmental Rating Scales.

#### ***Implications:***

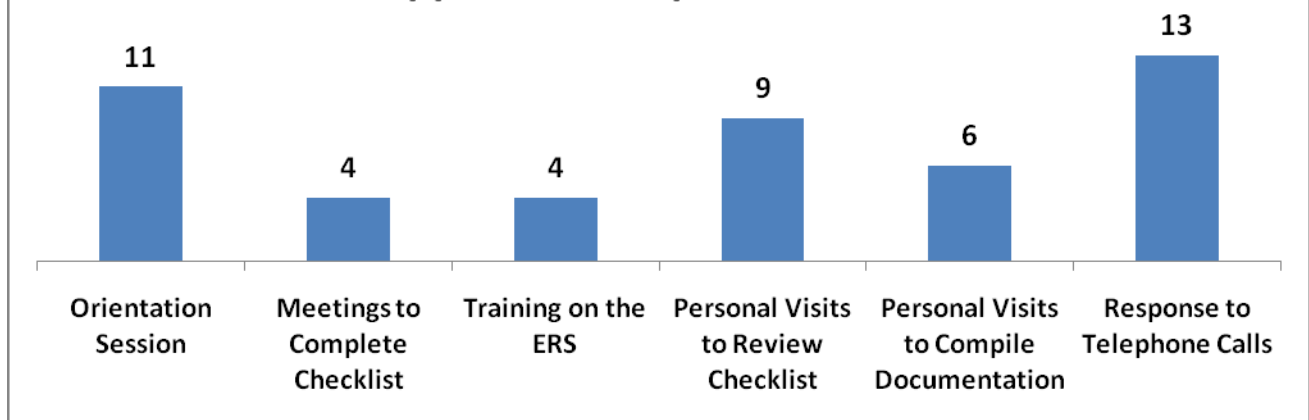
- Successful participation in QUALITYstarsNY by a diverse array of programs and providers will require that a “menu” of supports be available. This menu would ideally include both individual and group supports and ones offered using technology as well as personal contact.
- As suggested by several of the lead agencies, organizing professional development and training for all early childhood programs and providers around the standards and in line with the ERS instruments would help prepare those who participate in QUALITYstarsNY be successful.

#### ***Evidence:***

Almost all of the lead agencies held a group session with participants to review the standards, the checklist, and the documentation requirements. All the lead agencies reported responding to telephone calls from individual participants who called with questions about the checklist or the documentation. Other methods of providing support were used less frequently. (See Figure 11.)



**FIGURE 11: Number of Lead Agencies Offering Support to Complete Checklist**



The lead agency representatives were asked to reflect on their experiences offering support to the field test participants and to identify approaches that they found particularly helpful or that they would consider using in the future. A frequent comment during this part of the interview was that it was difficult to prepare to support the participants when the lead agencies themselves were not familiar with the checklist and documentation requirements. Several mentioned that in the future it would be helpful to organize professional development workshops and trainings around the standards and the Environmental Rating Scale criteria, so that programs and providers would be aware of the expectations and be prepared with the necessary documentation before participating in QUALITYstarsNY.

Some programs and providers – particularly in larger agencies and those that reported having participated in similar efforts either through accreditation or with performance standards associated with their funding (for example, Head Start) – appeared to need little assistance as they did not respond to offers from the lead agency for support. However, this was not the case for most participants. While most of the lead agencies believed that the initial orientation session held after the participants received the checklist was helpful in providing an overview of the requirements,<sup>23</sup> all noted that there were many follow-up questions. Many of these questions were answered in telephone calls from participants, but a number of lead agencies made personal visits to centers and family providers to encourage and assist them. One lead agency described this as “going over questions, letting them air their concerns, reviewing the checklist section by section, reiterating that not having all the documentation was acceptable, hand-holding as they went through the steps to reassure them that they were on the right path.”

<sup>23</sup> The Project Coordinator prepared a Checklist Completion Tip Sheet based on questions and suggestions that came up at the initial orientation sessions. This document was available for later sessions.

A number of lead agencies either offered sessions (and in one case, webinars) after the initial orientation for groups of participants to go over sections of the checklist. Some found that this was a particularly helpful way of providing support and noted that some participants found this a less stressful approach than working on the checklist on their own. Other lead agencies believed that it would be difficult to organize and facilitate these working groups, given the diversity in needs and capacities among participants. Some also felt that group sessions might be intimidating if the participants had not already established some level of trust among themselves. There were also concerns about participant-organized working groups, particularly if not facilitated by someone well-versed in best practices and the quality standards, as the participants themselves may not have sufficient knowledge to provide appropriate guidance to each other. Even with these concerns in mind, several lead agencies suggested that offering facilitated group sessions that could be attended on an as-needed basis would be valuable during full implementation.

It became evident that many participants, particularly family/group family child care providers and public schools, were not familiar with quality criteria embedded in the Environmental Rating Scale instruments nor with the observation and assessment process itself. Some lead agencies offered training specifically on the ERS and others have organized or hosted similar sessions in the post-field test period.

## **2. Participant Feedback on Support**

### ***Summary Statements:***

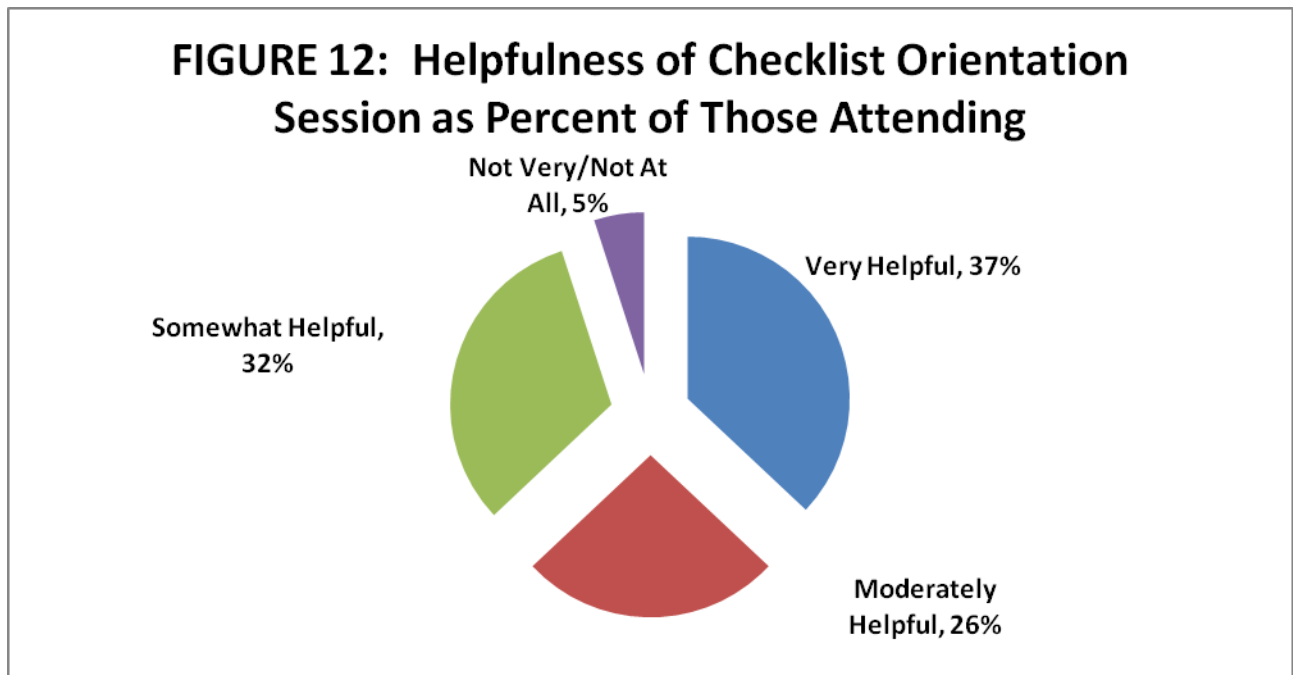
- The initial orientation sessions provided by the lead agencies were attended by many field test participants and were generally seen as helpful.
- Many field test participants got individual support from the lead agencies via telephone calls or e-mail exchanges.
- Fewer (between 20% and 30%) received personal visits or participated in groups to go through the checklist.
- Most of those who did not receive a particular type of support would have liked to have had it.

### ***Implications:***

- As suggested from the lead agency reflections described above, participants valued the orientation sessions but discovered that they had questions and needed support beyond that initial meeting. However, given the field test experience, it is likely that the initial orientation sessions during full implementation can anticipate many of the follow-up questions and provide more specific instructions. In addition, additional resources can be made available on-line.
- As also noted earlier, it will be valuable to have a “menu” of supports available to QUALITYstarsNY participants, including both individual and group supports.

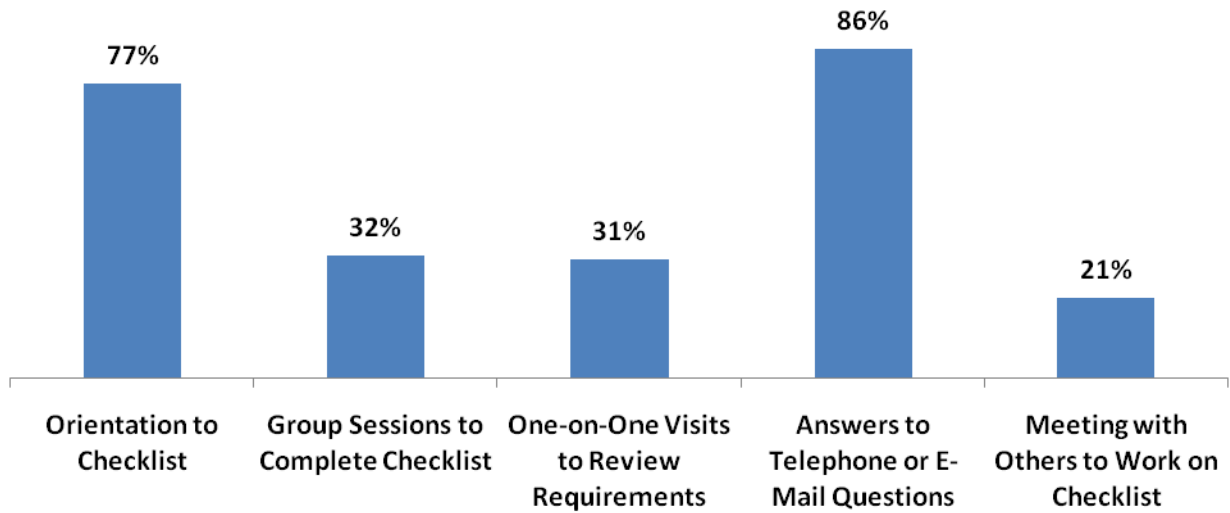
**Evidence:**

As mentioned above, most of the lead agencies (11 out of 13) offered initial orientation sessions to the checklist and documentation requirements. Participants were asked to assess the helpfulness of these sessions on a survey submitted with their completed checklists. Of the 164 participants who submitted a survey, 83% had attended an orientation session or another session on the standards and checklist. Figure 12 indicates that many of the responding participants found these sessions helpful to some degree.



After the field test was completed, participants were invited to forums organized by the lead agencies in each site. At the forums, attending participants completed a survey that included questions about the support they received during the field test and other support they would have liked to receive. As expected, most of the 124 responding participants had attended a checklist orientation session and received answers from the lead agency to telephoned or e-mailed questions. (See Figure 13.)

**FIGURE 13: Percent of Participants Receiving Support to Complete Checklist**



Participants who did not receive a particular type of support during the field test were asked to indicate whether they would have liked to have the support. The majority of these participants would have liked to receive each type of support, with more than four out of five wanting personal visits and almost all wanting to attend an orientation session. (See Figure 14.)

**FIGURE 14: Percent of Participants Wanting Each Type of Support to Complete Checklist, If Didn't Receive It**



## C. FIELD TEST COMPLETION RATES

A total of 470 applications to participate in the field test were received; of these, a few (37) were from communities or zip codes outside of the field test areas. Of the remaining 433 applicants, 272 were selected to participate in the field test, 240 in the first selections made in March and 32 in the second selections made in the summer to replace initially selected programs and providers that were no longer participating in the field test.

As noted in the previous section, the lead agencies in the field test communities were encouraged to provide supports they felt would be helpful to assist selected programs and providers. This section describes the field test completion rates and the programs and providers that completed the field test, compares some of the characteristics of programs and providers that completed the field test with those that did not, and examines how the types of supports provided by lead agencies were associated with completion rates.

### 1. Field Test Selection and Completion

#### ***Summary Statements:***

- Centers and public schools selected for the field test were more likely than selected family/group family child care home providers to complete the standards checklist and submit the required documentation.
- Reasons for not completing the field test differed among the types of participants, but the compressed field test schedule and amount of paperwork involved were factors in a number of cases.

#### ***Implications:***

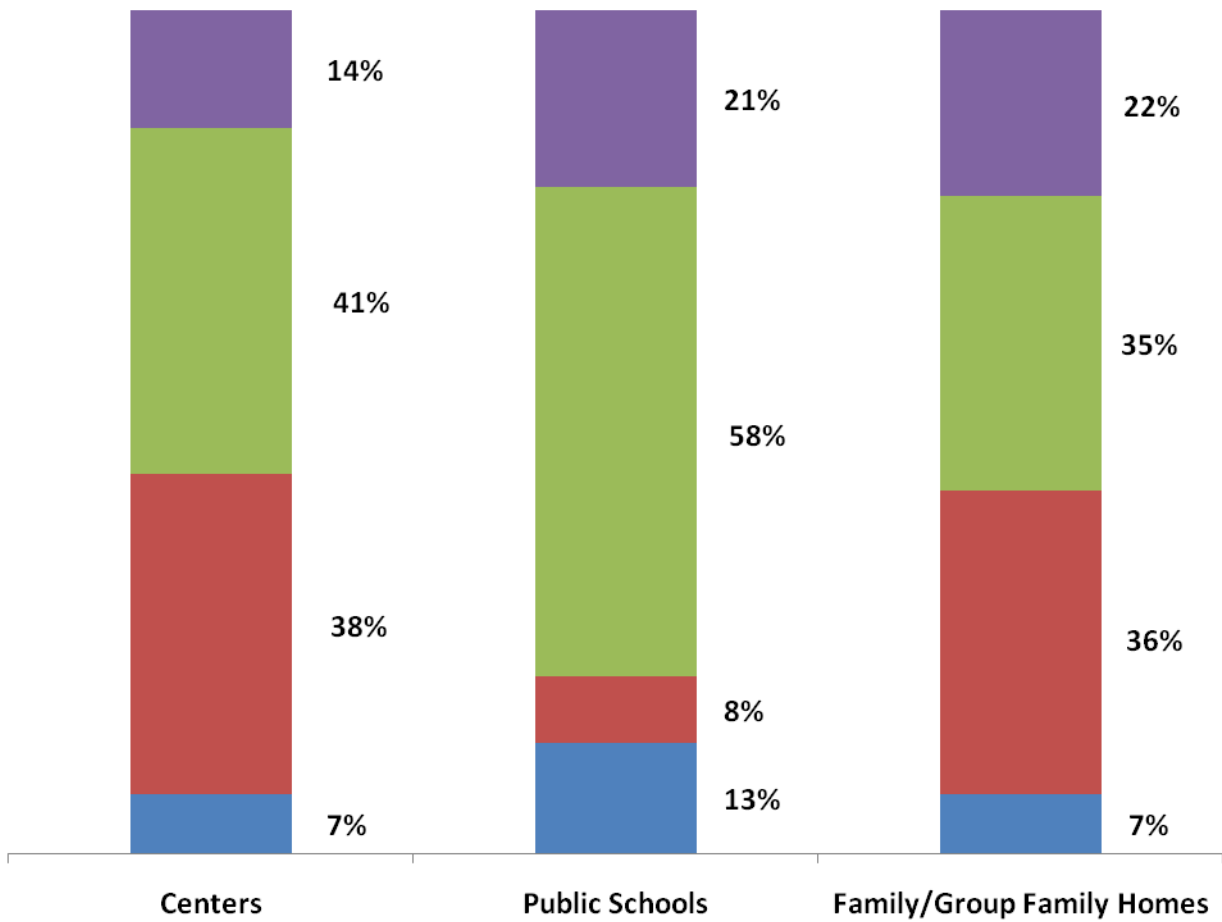
- Some factors associated with selected programs and providers not continuing to complete the field test are likely to continue to be present during full implementation, particularly the requirement for some amount of documentation as part of the process. Making the documentation process more manageable may increase the rate of completion among those interested in participating in QUALITYstarsNY.
- Additional time to complete the standards checklist and recognizing that public schools and school-year only programs may not be able to conduct some of the required steps, particularly classroom observations, during the summer would also increase the completion rates.
- Family/group family child care home providers, on the other hand, are more likely to be affected by circumstances that cannot be addressed in the implementation of QUALITYstarsNY. These circumstances include health, family, or other factors that cause the provider to cease operations permanently or temporarily.

***Evidence:***

A total of 265 centers, 48 public schools or school districts, and 157 family/group family child care home providers applied to be in the field test. Of these, 246 centers, 42 public schools or districts, and 145 family/group family child care home providers were eligible based on their location in the designated zip codes for the field test communities. Of the eligible applicants, 145 or 59% of centers, 38 or 90% of public schools, and 89 or 61% of family/group child care home providers were selected to participate in the field test. (See Figure 15 and Table 6.)

**FIGURE 15: Percent of Applicants by Eligibility, Selection, and Participation Status**

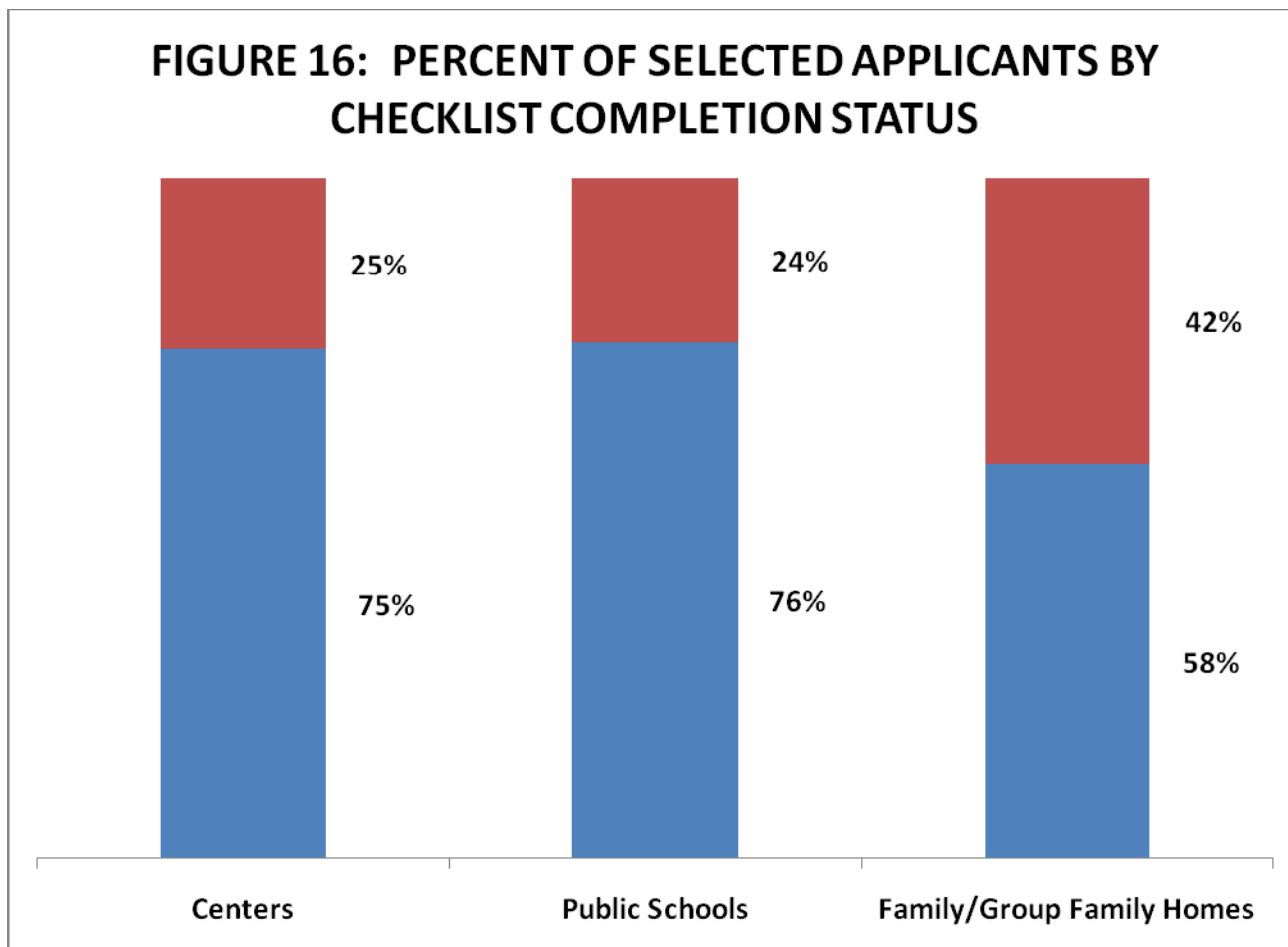
■ Applicant Not in Field Test Community      ■ Applicant Not Selected  
■ Selected Applicant Completed Checklist      ■ Selected Applicant Did Not Complete Checklist



**TABLE 6: Number of Applicants by Eligibility and Selection Status and Type**

	Number of Applicants Not in Field Test Community	Number of Eligible Applicants Not Selected	Number of Selected Applicants Completing Checklist	Number of Selected Applicants Not Completing Checklist
<b>Centers</b>	19	101	109	36
<b>Public Schools</b>	6	4	28	10
<b>Family/Group Family Child Care Homes</b>	12	56	55	34

Approximately three-quarters of centers and public schools selected for the field test completed the standards checklist, the criterion for completion. A substantially smaller percentage of family/group family child care home providers – not quite three-fifths – completed the field test.<sup>24</sup> (See Figure 16.)



Not all the non-completers provided an explanation of why they did not complete the field test and many of the reasons provided were specific to individual circumstances. However, there were some patterns of reasons for non-completion that varied by type. The reasons for family/group family child care home providers fell into two main categories – insufficient time or resources to participate and withdrawing permanently or temporarily from providing care. A major factor for schools was the timing of the field test, given that the checklists were not received until late in the school year; another factor was the difficulty in compiling

<sup>24</sup> One center and three family/group family providers that completed the checklist did not have an ERS observation, due to scheduling issues. One selected center and four selected family/group family providers were observed but did not complete their checklists.



documentation that resided at the district rather than school level. Centers that did not complete the field test also were challenged by the documentation requirements as well as by timing of the field test (as staffing schedules and programs often differ in the summer from the school year). Overall, however, family/group family providers were substantially less likely to complete the field test than centers or public schools, suggesting that this difference is likely to be the case in full implementation as well.

## **2. Characteristics of Centers, Public Schools, and Family/Group Family Child Care Home Providers That Completed the Field Test**

### ***Summary Statements:***

- The centers, public schools, and family/group family child care home providers that completed the field test – while not necessarily representative of all types of settings across the state – were quite diverse in the specific types of early care and education services they offered, in the children they served, and in other characteristics such as size (number of teachers or adults) and years of operation.
- Characteristics that were least frequently represented among the field test participants were those where this would be expected: holding national accreditation, primarily serving children whose first or home language is not English, and in the case of centers and schools, offering classrooms that only enrolled children with special needs.

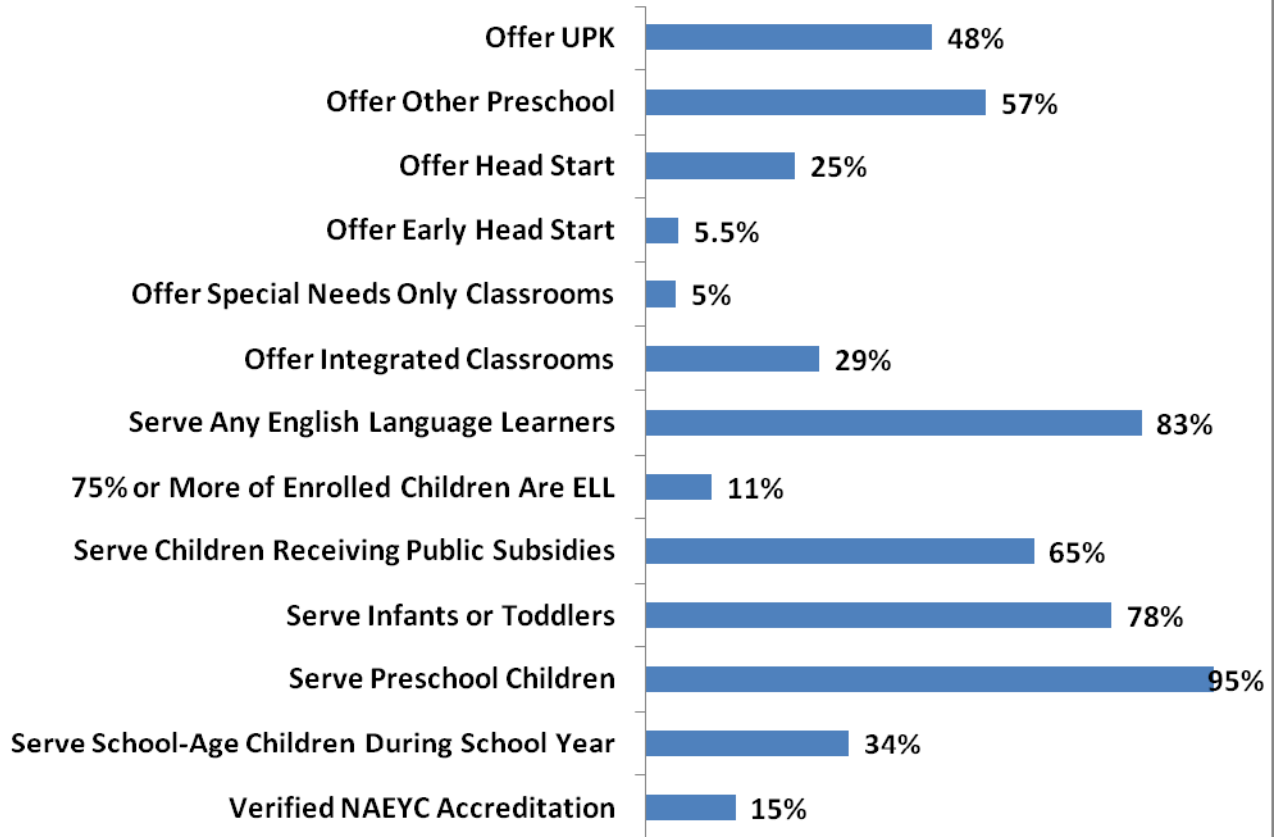
### ***Implications:***

- The field test experience suggests that a wide range of types of early care and education programs and providers are likely to be interested in and be able to complete the requirements of QUALITYstarsNY.
- The diversity among completing applicants also lends strength to confidence in the field test findings.

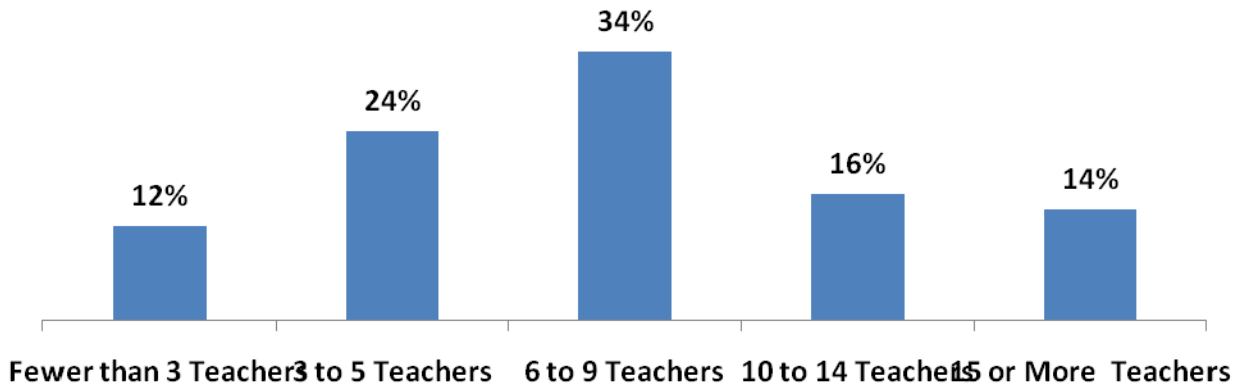
### ***Evidence:***

Figures 17 through 23 below illustrate the range of characteristics among centers, public schools, and family/group family child care home providers that completed the field test.

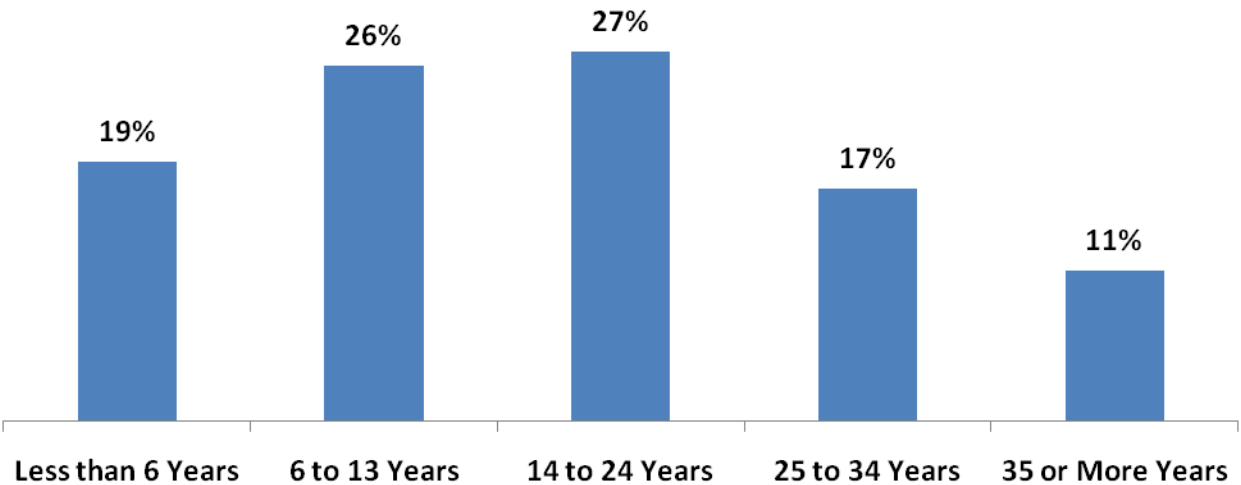
**FIGURE 17: Percent of Centers Completing Field Test, by Programs Offered and Other Characteristics**



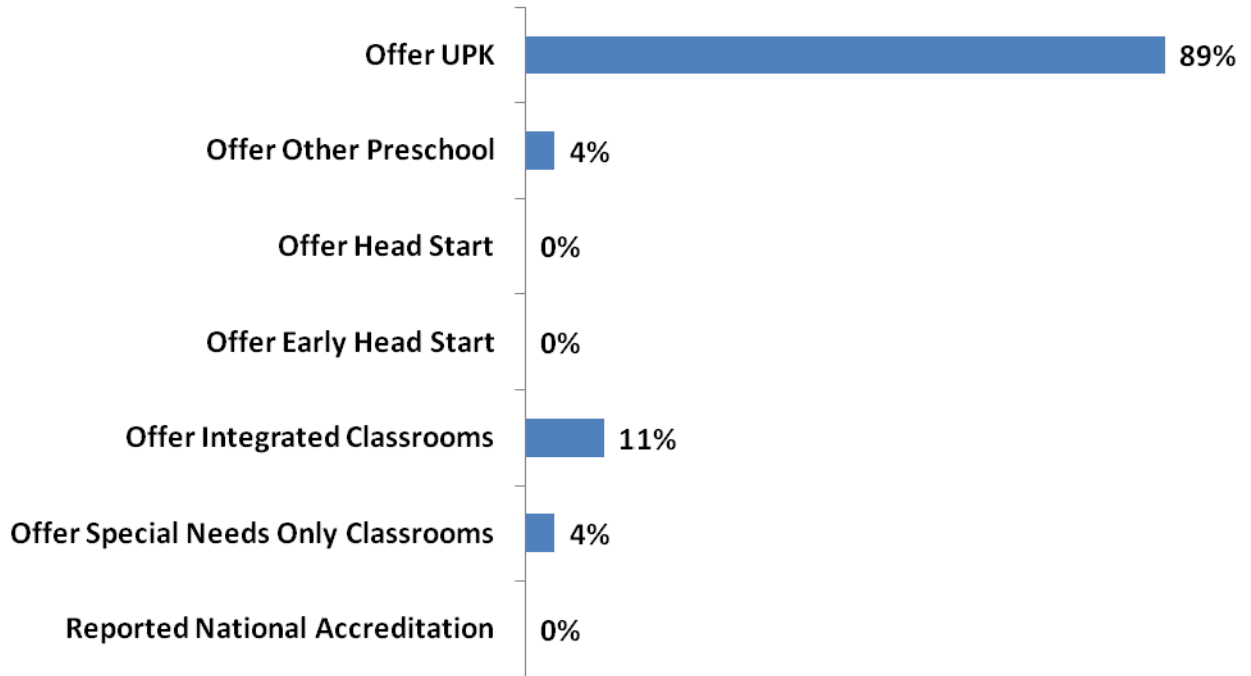
**FIGURE 18: Percent of Centers Completing Field Test, by Number of Teachers On Staff**



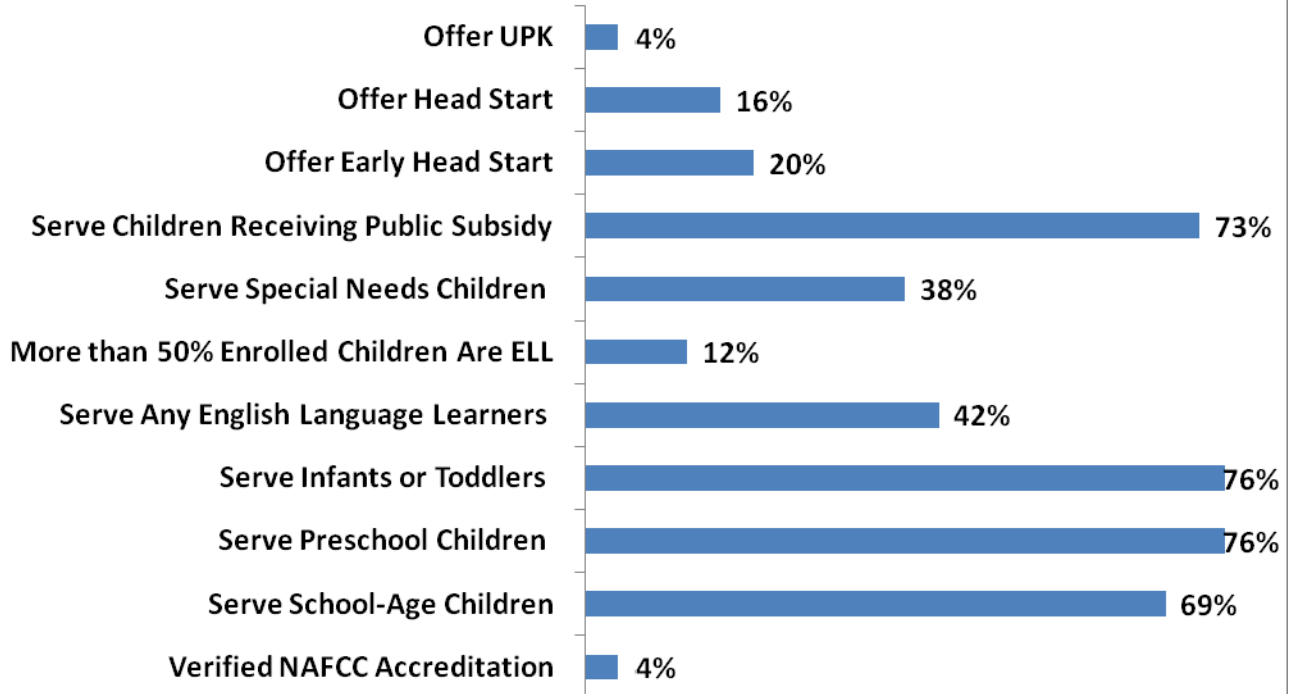
**FIGURE 19: Percent of Centers Completing Field Test, by Years of Operation**



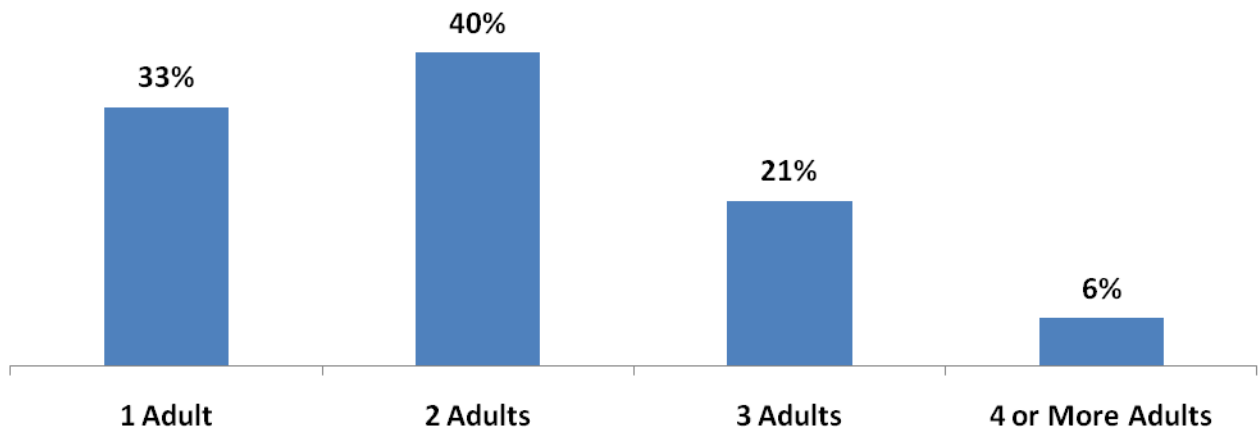
**FIGURE 20: Percent of Public Schools Completing Field Test, By Type of Program Offered**



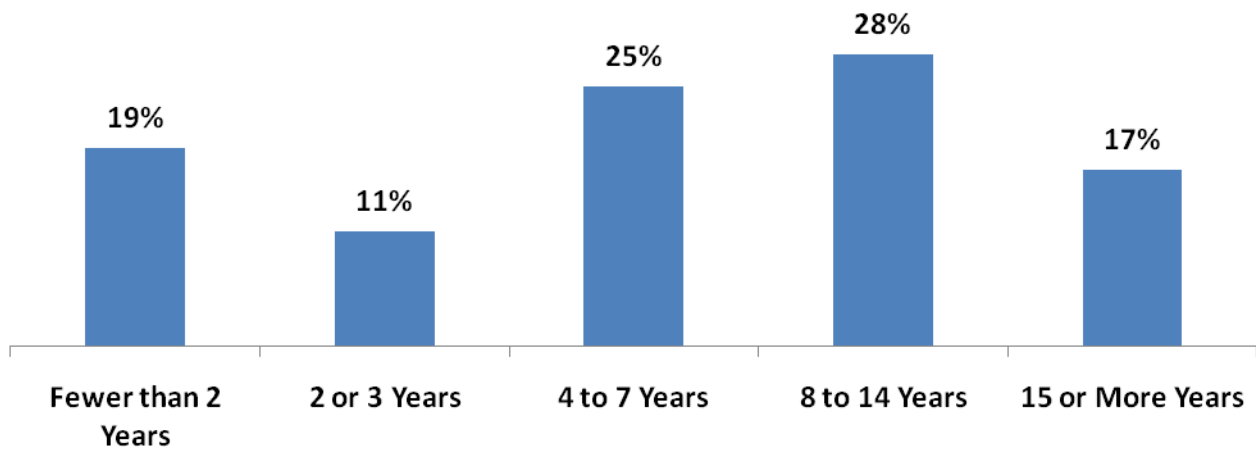
**FIGURE 21: Percent of Family/Group Family Child Care Home Providers Completing Field Test**



**FIGURE 22: Percent of Family/Group Family Child Care Home Providers Completing Field Test, by Number of Adults**



**FIGURE 23: Percent of Family/Group Family Child Care Home Providers Completing Field Test, by Years of Operation**



### 3. Characteristics of Selected Applicants By Completion Status

#### ***Summary Statements:***

- Centers with experience with documentation and reporting requirements were more likely to complete the field test than centers without this experience.
- The same is true for family/group family child care home providers.

#### ***Implications:***

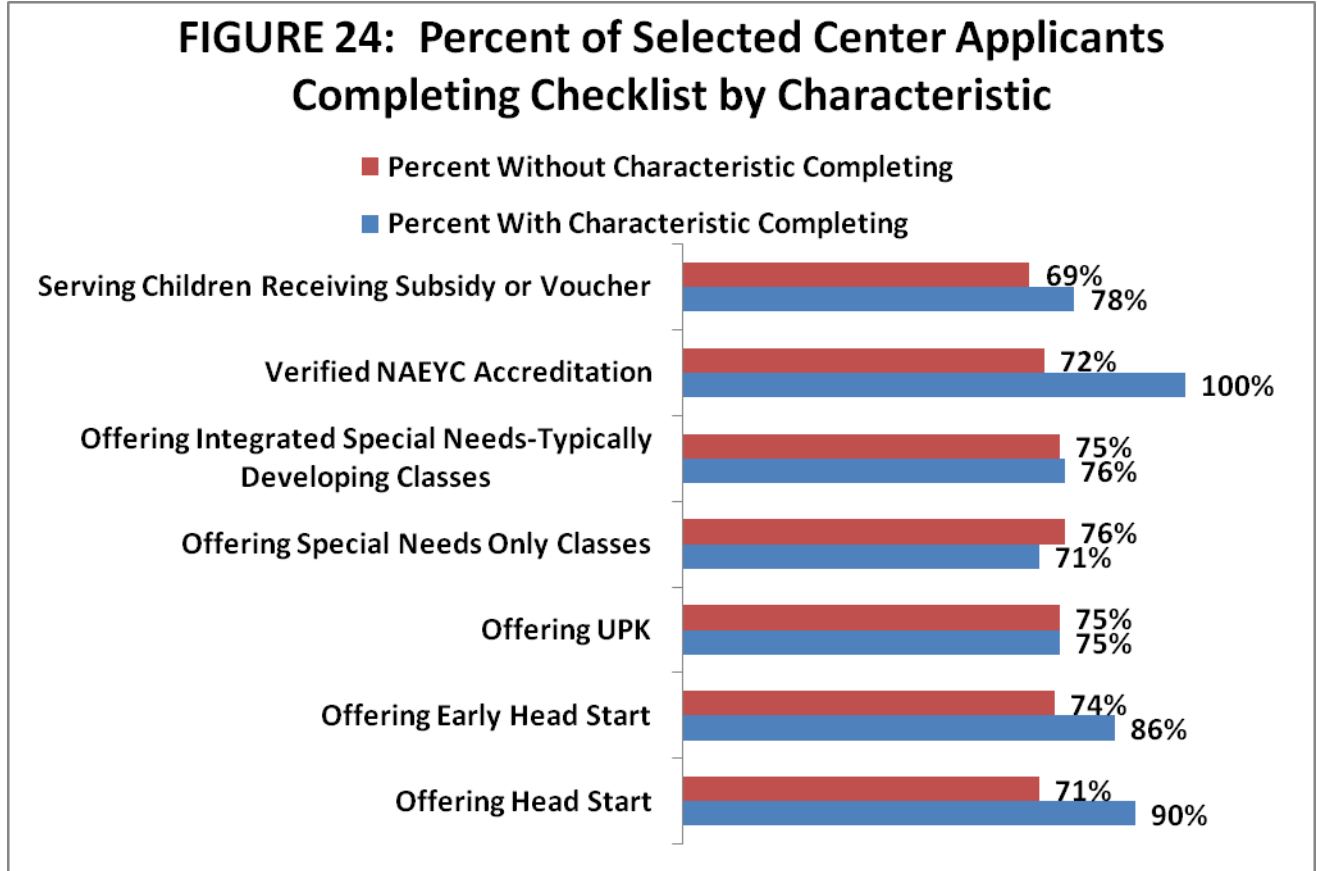
- Increasing the fit between the documentation and reporting requirements between QUALITYstarsNY and federal or state funded programs, the child care subsidy system, and national accrediting bodies will make it easier for centers and family/group family child care home providers in these circumstances to participate.
- Centers and family/group family providers without this experience are likely to need additional support to participate fully in and benefit from QUALITYstarsNY.

#### ***Evidence:***

Comparing information from the applications to participate in the field test for selected centers<sup>25</sup> indicates that those with experience with documentation and reporting requirements

<sup>25</sup> Only centers are included in this analysis because public schools generally do not vary on the characteristics being compared.

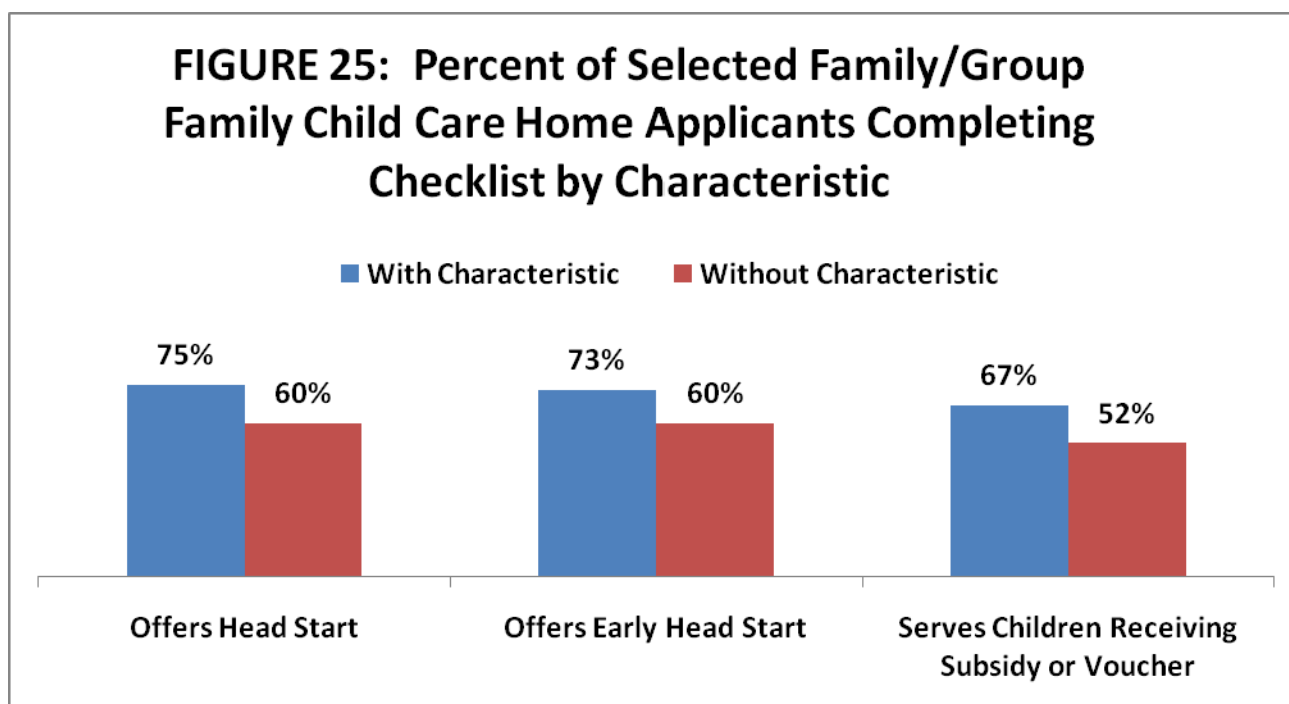
– such as centers offering Head Start and Early Head Start programs – were more likely to complete the field test than other centers. Centers reported to hold NAEYC accreditation were also somewhat more likely to complete the field test than those without this experience, as were centers serving children receiving child care subsidies. (See Figure 24 and Table 7.)



**TABLE 7: Percent of Centers Completing Checklist by Characteristic**

	Percent With Characteristic Completing Checklist	Percent Without Characteristic Completing Checklist
Offering Head Start	90%	71%
Offering Early Head Start	86%	74%
Offering UPK	75%	75%
Offering Special Needs Only Classes	71%	76%
Offering Integrated Special Needs-Typically Developing Classes	76%	75%
Verified NAEYC Accreditation	100%	72%
Serving Children Receiving Subsidy or Voucher	78%	69%

Similar to centers, family/group family child care providers with experience in documentation and reporting were more likely to complete the field test, as shown in Figure 25 and Table 8.



**TABLE 8: Percent of Family/Group Family Child Care Homes Completing Checklist by Characteristic**

	Percent With Characteristic Completing Checklist	Percent Without Characteristic Completing Checklist
Offers Head Start	75%	60%
Offers Early Head Start	73%	60%
Serves Children Receiving Subsidy or Voucher	67%	52%

#### 4. Completion Rates Associated with Support Strategies

**Summary Statements:**

- No specific support strategy or combination of strategies was uniformly associated with completion rates for centers, public schools, or family/group family child care home providers.

**Implications:**

- Successful support strategies are likely to vary by area or region, depending on the specific needs and experiences of programs and providers. Offering a menu of



different types of support is likely to be most effective in encouraging participation and supporting completion of the QUALITYstarsNY process.

***Evidence:***

As noted in the earlier section, lead agencies offered a range of types of supports to selected field test applicants. These supports included three types of group sessions – to orient programs and providers to the checklist and documentation requirements, to work as a group on completing the checklist and assembling documentation, and to learn more about the ERS observation process and criteria. Three types of individualized supports were provided by some or all of the lead agencies, including personal visits to review the checklist, personal visits to help compile documentation, and response to telephone questions.

There was no significant correlation between the total number of supports offered, the number of group supports, or the number of individual supports and the completion rates for centers, public schools, or family providers. There was also no significant relationship between whether a specific type of support was offered and these completion rates.

## USING THE STANDARDS TO MEASURE AND IMPROVE QUALITY

The New York State quality rating and improvement system, QUALITYstarsNY, establishes a set of standards for measuring the quality of early care and learning settings. These standards are intended to apply to licensed child care centers, regulated nursery schools, early childhood classrooms in public schools, and family and group family child care homes.<sup>26</sup> The draft standards that were used in the field test can be found at [www.qualitystarsny.org](http://www.qualitystarsny.org).

The QUALITYstarsNY standards are organized into four categories: the classroom or home learning environment, family engagement, provider qualifications and experience, and management and leadership. Specific elements or aspects of quality under each category are assigned a specified number of points, totaling a maximum of 100. Provider qualifications and experience has a maximum of 35 possible points, the learning environment and management and leadership categories each have a maximum of 25 possible points, and family engagement has a maximum of 15 possible points. Based on the number of points, a participating center, school, or family provider would be assigned between one to five stars. Centers, schools, and family/group family child care homes with fewer than 20 points would receive one star; those with points from 20 through 25 would receive two stars; those with points from 26 through 50 would receive three stars; those with points from 51 through 75 would receive four stars; and those with 76 or more points would receive five stars – if, at all levels above one star, at least five points were achieved in each category.

In this chapter, we examine these standards and rating algorithm as they were applied to the centers, schools, and family providers participating in the field test. We begin by looking at the distribution of points based on the standards and examine how variations in the weighting of categories within the standards might affect the site's overall star rating. In this first section, we also examine how assessing the adequacy of documentation submitted to verify that the standards were met affects the points earned. The next section of this chapter examines how well one critical measure of quality of the classroom or home learning environment – the scores from observations using the appropriate Environmental Rating Scale – captures what is known about the factors that most directly impact children's development and learning. This section also examines how a different dimension of quality – providing nutritious meals and opportunities for physical activity – is related to the other measures of quality and what feedback from participating sites suggests might be other aspects of quality valuable to include in the standards. This chapter ends with a section on the quality improvement planning consultation that was provided to participating sites, highlighting those dimensions of quality that were given highest priority.

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<sup>26</sup> Plans for QUALITYstarsNY are for it to include school-age care programs at a future point.

**A. STANDARDS, RATING PROCESS, AND POINT ASSIGNMENT**

Centers, schools, and family/group family child care home providers participating in the field test were provided with a checklist based on the draft QUALITYstarsNY standards. Items on the checklist were derived from the standards, although in some cases several items were used to represent the standard. For example, the Family Engagement, Transitions standard FE IV:T1 for centers and schools reads as follows:

<p>Program implements <b>at least 2 of the following</b>:</p> <ul style="list-style-type: none"> <li>• Program has a written policy for transitioning children into the program;</li> <li>• Program has a written policy and procedures to support children and families transitioning into the program, during transitions within the program, and transitioning out of the program;</li> <li>• Program provides parents of 4-year-olds with information on kindergarten registration;</li> <li>• Program transfers child records, with parent permission, when child transitions to another educational setting (e.g., other center, kindergarten)</li> </ul>
---

If a center or school met this standard, two points would be assigned.

On the checklist, this standard was represented by the following items:

INDICATORS	DOCUMENTATION
<p>Program implements the following (check all that apply):</p> <p>5. <input type="checkbox"/> Program has a written policy for transitioning children into the program</p>	<p><input type="checkbox"/> Copy of policies</p> <p><input type="checkbox"/> Parent handbook with relevant pages referenced</p> <p><input type="checkbox"/> Copy of information on kindergarten registration</p> <p><input type="checkbox"/> Other (please list)</p>
<p>6. <input type="checkbox"/> Program has a written policy and procedures to support children and families transitioning into the program, during transitions within the program, and transitioning out of the program</p>	<p><input type="checkbox"/> Copy of policies and procedures</p> <p><input type="checkbox"/> Parent handbook with relevant pages referenced</p> <p><input type="checkbox"/> Other (please list)</p>

INDICATORS	DOCUMENTATION
7. <input type="checkbox"/> Program provides parents of 4-year-olds with information on kindergarten registration	<input type="checkbox"/> Copy of policies and procedures <input type="checkbox"/> Parent handbook with relevant pages referenced <input type="checkbox"/> Sample parent information on kindergarten registration, copy of flyer for meeting, or handout with kindergarten information <input type="checkbox"/> Other (please list)
8. <input type="checkbox"/> Program transfers child records, with parent permission, when child transitions to another educational setting (e.g., other center, kindergarten)	<input type="checkbox"/> Copy of policies and procedures <input type="checkbox"/> Copy of information from parent handbook <input type="checkbox"/> Sample records transfer letter <input type="checkbox"/> Other (please list)

Representatives of the participating centers and schools checked each indicator that was met and the corresponding verifying documentation that was submitted. This information was entered into the WELS on-line data management system that assigned the two points for this standard only if at least two of the four indicators, and the relevant supporting documentation, were checked.

This process applied to three of the four standards categories: classroom or home learning environment, family engagement, and management and leadership. In order to assign points in the fourth category -- the qualifications and experience of the classroom and administrative staff in centers and public schools and of family/group family child care home providers and their assistants -- field test participants completed a form for each relevant individual and submitted these forms along with transcripts, certificates, and other records. This information was entered into the WELS on-line data management system and points were assigned to sites based on the average points assigned to each individual staff person or provider.

### 1. Distribution of Points Among the Field Test Sites

**Summary Statements:**

- The average number of points assigned to field test participants was less than half the number possible.
- The average points assigned to the Qualifications and Experience category of the standards were particularly low – about 14% of the 35 possible.
- There were some field test participants that were assigned no (zero) points in each of the standards categories, except the ERS points in the Learning Environment category.

***Implications:***

- The observed distribution of points assigned based on the draft standards suggests that programs and providers have considerable room for improvement.
- The fact that some sites are assigned the greatest possible number of points in three of standards categories (learning environment, family engagement, and management and leadership) suggests that these standards are attainable.
- However, some participants could not be assigned any points in some standards categories because no documentation was submitted. This suggests that some interested programs and providers may need assistance in preparing to take part in QUALITYstarsNY, particularly if the requirement that a minimum of 5 points be achieved in each category.
- The difficulty for all field test participants in meeting the Qualifications and Experience standards is partially due to the burden of providing the required documentation, such that some sites submitted none at all. A state-wide early childhood education workforce registry would help alleviate this barrier.
- Even so, it appears that the Qualifications and Experience standards may be difficult for most programs and providers to meet, at least in the immediate term. It may be worth considering whether partial points in this category could be assigned when the staff or provider is pursuing additional training, education, or credentials.

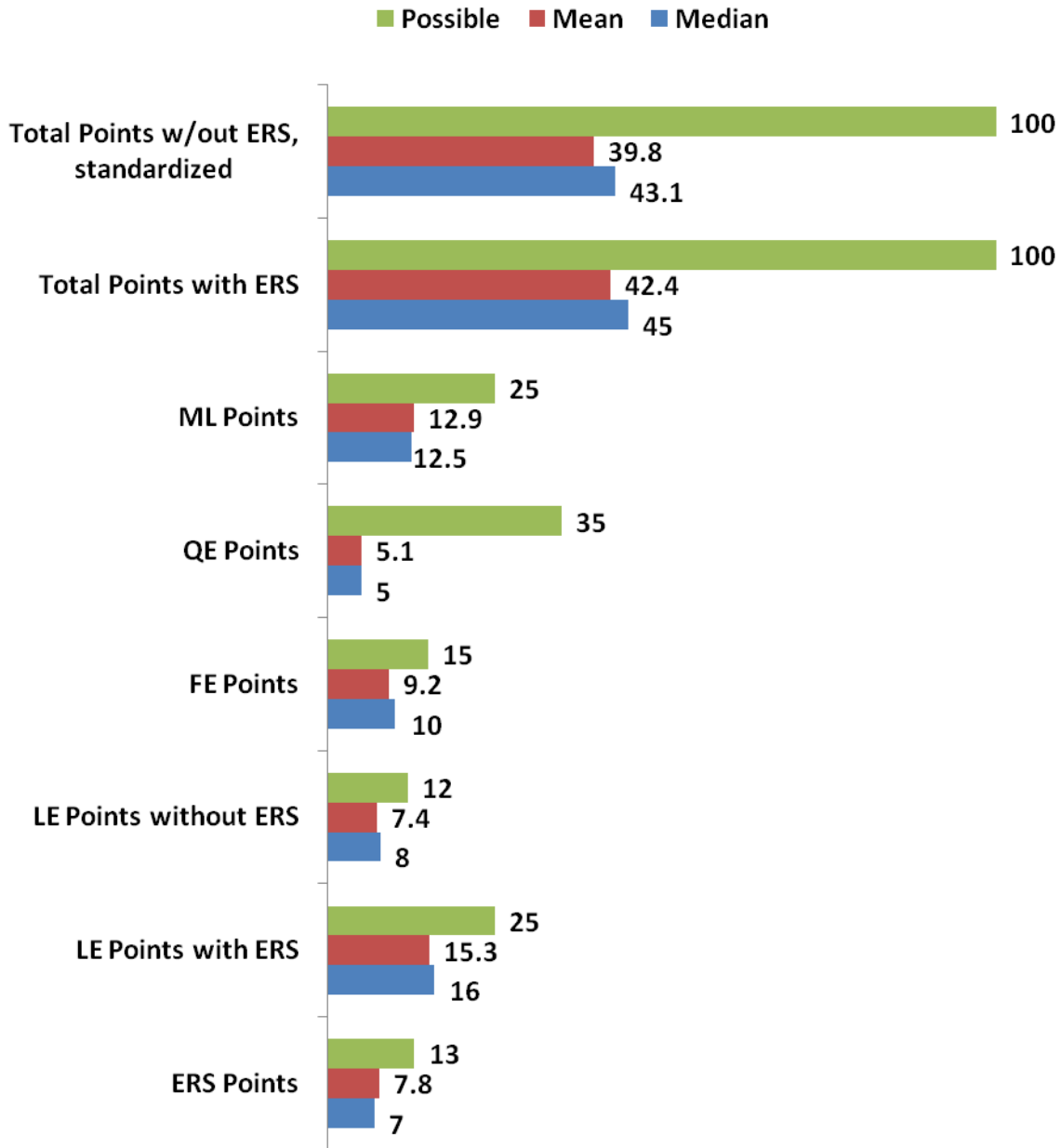
***Evidence:***

Figure 26 and Table 9 describe the points given for all 188 field test sites that submitted a standards checklist and were observed using the appropriate Environmental Rating Scale instruments.<sup>27</sup>

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<sup>27</sup> A total of 192 sites submitted checklists, but 4 had no ERS observations. For the purposes of consistency and comparability across the standards categories, only the sites with both checklist and ERS data are included in this analysis.

**FIGURE 26: All Field Test Participants Submitting Standards Checklist & With ERS Observation**



**Notes to Figure 1:** ERS Points refers to the points given based on an average of the Environmental Rating Scale scores in a site (from one to four classrooms in centers and schools, and the single score in family/group family child care homes); LE Points=points for the Learning/Home Environment standards; FE Points=points for the Family Engagement standards; QE points=points for the Qualifications and Experience standards; ML Points=points for the Management and Leadership standards.

**TABLE 9: Points Assigned by Standards Category to All Field Test Participants**

	Range	Highest	Lowest	Median	Mean	Possible
<b>ERS Points</b>	9	13	4	7	7.8	13
<b>LE Points with ERS</b>	20	24	4	16	15.3	25
<b>LE Points without ERS</b>	11	11	0	8	7.4	12
<b>FE Points</b>	15	15	0	10	9.2	15
<b>QE Points</b>	17	17	0	5	5.1	35
<b>ML Points</b>	25	25	0	12.5	12.9	25
<b>Total Points with ERS</b>	62	70	8	45	42.4	100
<b>Total Points w/o ERS, standardized<sup>28</sup></b>	60.9	65.5	4.6	43.1	39.8	100

As the data above indicate, the average number of points assigned to field test participants was less than half the number possible and even the highest number achieved (70 points) is 30 points below what would be theoretically possible and below the number necessary to achieve the 5 star level.<sup>29</sup> Looking at the average points assigned in the standards categories shows a similar pattern – the average is well below the maximum possible in every category, particularly in the Qualifications and Experience category where 17 sites were assigned zero points because they did not submit any documentation. There were 4 sites (2%) with zero points assigned for the Learning/Home Environment category when the ERS observations points were not considered. There were 6 sites (3%) with zero points assigned in the Family Engagement category and 8 sites (4%) with zero points in the Management and Leadership category.

There were sites where all or almost all of the possible points were assigned – in points based on the ERS scores, in Learning Environment overall and in the indicators other than the ERS, in Family Engagement and in Management and Leadership. However, even when documentation was provided, the highest number of points assigned for Qualifications and Experience was 17, less than half the number possible.

<sup>28</sup> Because the ERS is an independently obtained measure of quality, and one that is analyzed separately in this report, the number of points assigned for the LE standard and in total was calculated with and without the points assigned based on ERS score. The total without the ERS points was “standardized” to 100, by dividing the points assigned without the ERS points by 87 (100 – minus 13, the maximum points for the ERS) and multiplying by 100.

<sup>29</sup> The following numbers of sites did not achieve at least 5 points in specific categories of the standards: Learning Environment: 3 family/group family providers, Family Engagement: 11 centers, 4 public schools, and 17 family/group family providers; Qualifications and Experience: 73 centers, 11 public schools, and 44 family/group family providers, Management and Leadership: 6 centers and 22 family/group family providers. It should be noted that 17 sites did not submit any documentation related to Qualifications and Experience and were assigned zero points.

## 2. Distribution of Points by Type of Site

### ***Summary Statements:***

- On average public schools participating in the field test were assigned the highest number of points based on the standards (52.9 points), just over half of the maximum possible.
- The average number of points assigned to centers was just under half of the maximum points possible (46.5 points).
- Family/group family child care homes were assigned, on average, somewhat over one-quarter of the points possible (28.4 points).
- NAEYC-accredited centers were, on average, assigned more points (54.6) than were non-accredited centers (45.1), although both had a wide range of points assigned.

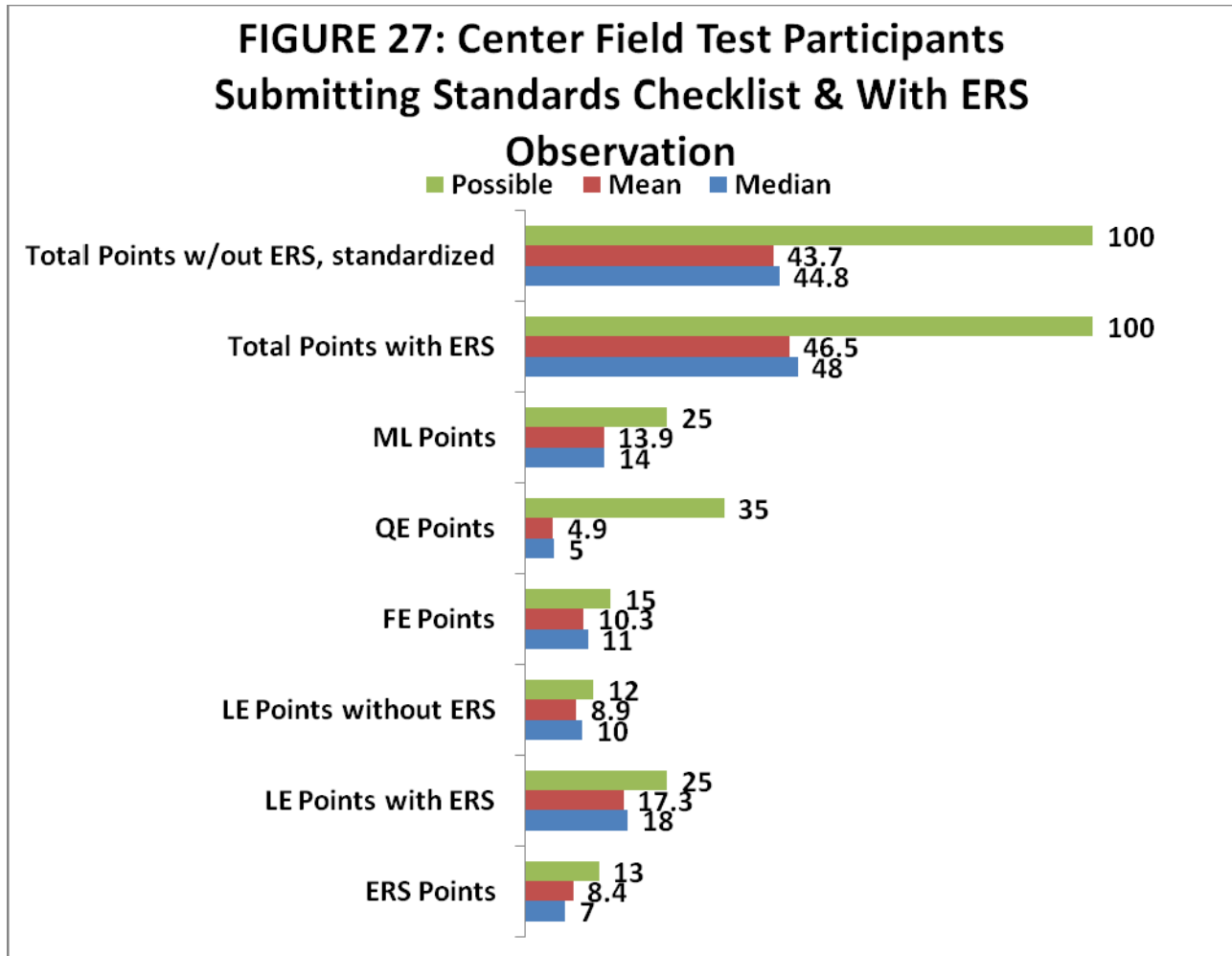
### ***Implications:***

- The differences between family/group family child care home settings and centers and public schools confirms what has been observed in other studies in which standards of quality were applied in the same way to all early care settings – the measured quality is substantially lower in family/group family child care home settings than in centers and schools. However, it is worth considering whether the standards or the documentation requirements capture aspects of the quality of each setting equally well.
- The differences between the average points assigned to centers and public schools is almost fully accounted for by the difference in the Management and Leadership category, in which public schools were automatically given 21 points. Center field test participants that were part of a larger multi-site agency or a corporate chain often noted that they also had difficulty in getting the documentation needed for the Management and Leadership section from their central office or corporate headquarters. It may be worth considering an approach similar to that used with the public school sites during the field test. Another approach suggested by field test participants would be to have letters from accountants, auditors, corporate officers, or other authorities attesting that particular procedures are followed and documents produced, rather than requiring that the documents themselves be provided.
- Since accredited centers did not uniformly demonstrate higher quality than non-accredited centers, this may warrant changing the current standards with regard to how they are assigned to a 5-star level.

### ***Evidence:***



The overall average number of points assigned, out of a maximum of 100, was 42.4. On average, public schools were assigned 52.9 points, centers were assigned 46.5 points, and family/group family child care homes, 28.4 points. The point distributions for participating centers, public schools, and family/group family child care home providers for each standards category are given on the next three pages in Figures 27 through 29 and Tables 10 to 12.

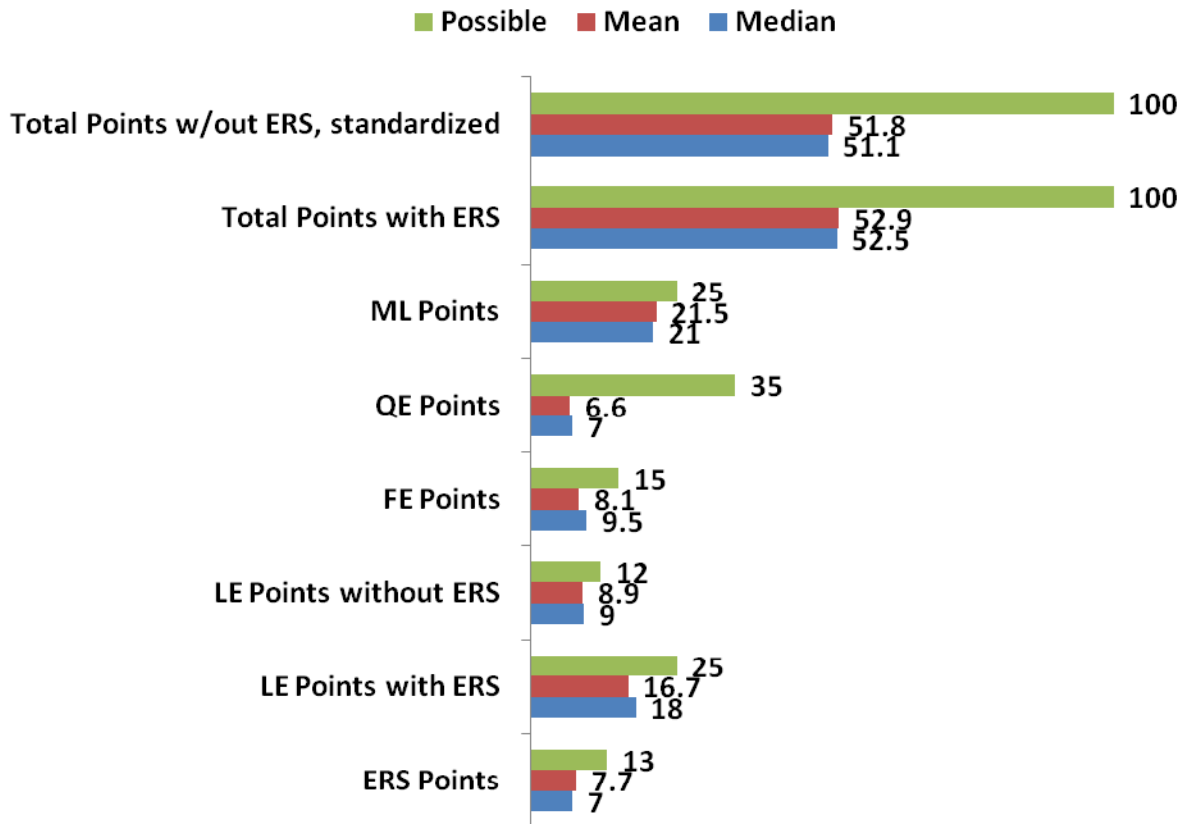


**TABLE 10: Points Assigned by Standards Category to Center Participants**

	Range	Highest	Lowest	Median	Mean	Possible
ERS Points	9	13	4	7	8.4	13
LE Points with ERS	19	24	5	18	17.3	25
LE Points without ERS	10	11	1	10	8.9	12
FE Points	15	15	0	11	10.3	15
QE Points	17	17	0	5	4.9	35
ML Points	25	25	0	14	13.9	25
Total Points with ERS	60	70	10	48	46.5	100

Total Points w/o ERS, standardized to 100	58.6	65.5	6.9	44.8	43.7	100
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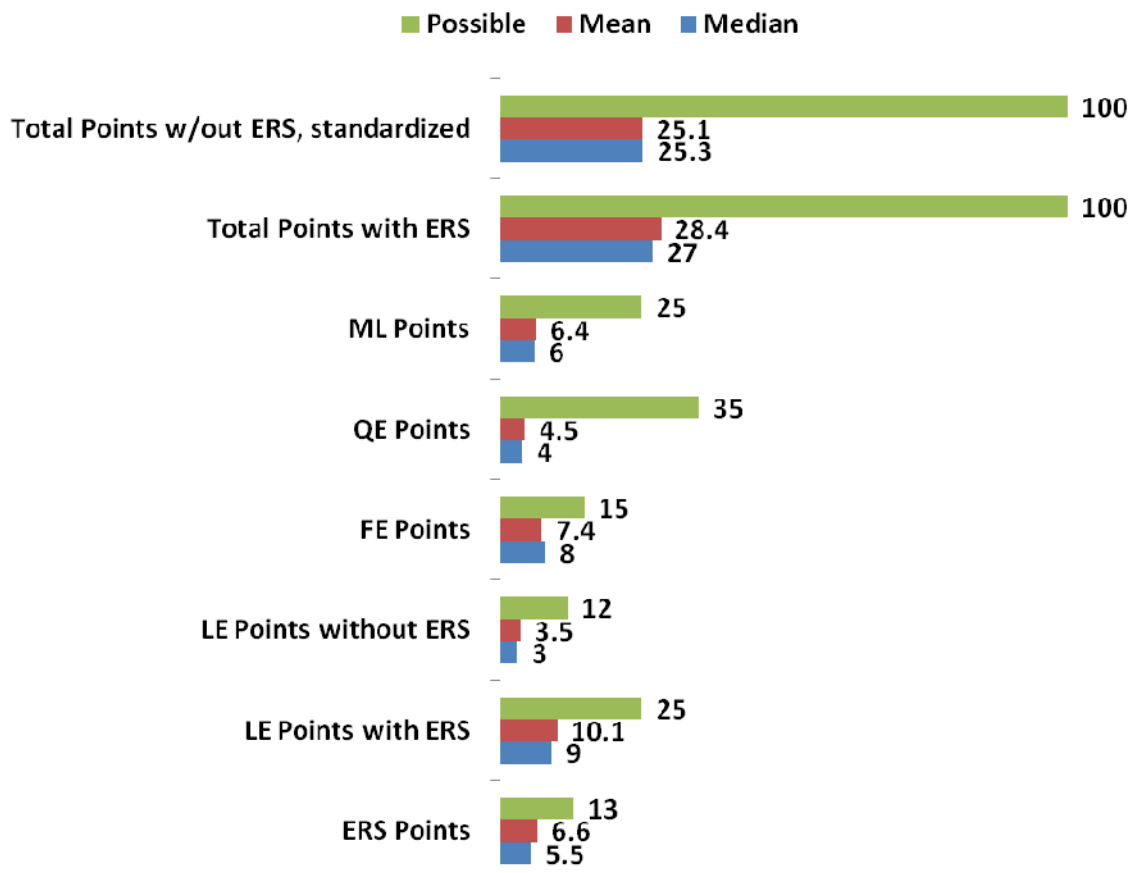
**FIGURE 28: Public School Field Test Participants Submitting Standards Checklist & With ERS Observation**



**TABLE 11: Points Assigned by Standards Category to Public School Participants**

	<b>Range</b>	<b>Highest</b>	<b>Lowest</b>	<b>Median</b>	<b>Mean</b>	<b>Possible</b>
<b>ERS Points</b>	9	13	4	7	7.7	13
<b>LE Points with ERS</b>	19	24	5	18	16.7	25
<b>LE Points without ERS</b>	10	11	1	9	8.9	12
<b>FE Points</b>	13	13	0	9.5	8.1	15
<b>QE Points</b>	17	17	0	7	6.6	35
<b>ML Points</b>	7	23	16	21	21.5	25
<b>Total Points with ERS</b>	25	64	39	52.5	52.9	100
<b>Total Points w/o ERS, standardized to 100</b>	24.2	64.4	40.2	51.1	51.8	100

**FIGURE 29: Family/Group Family Child Care Home Field Test Participants Submitting Standards Checklist & With ERS Observation**



**TABLE 12: Points Assigned by Standards Category to Family/Group Family Child Care Home Participants**

	Range	Highest	Lowest	Median	Mean	Possible
ERS Points	9	13	4	5.5	6.6	13
LE Points with ERS	16	20	4	9	10.1	25
LE Points without ERS	11	11	0	3	3.5	12
FE Points	15	15	0	8	7.4	15
QE Points	15	15	0	4	4.5	35
ML Points	20	20	0	6	6.4	25
Total Points with ERS	49	57	8	27	28.4	100
Total Points w/o ERS, standardized to 100	52.9	57.5	4.6	25.3	25.1	100

NAEYC-accredited centers<sup>30</sup> were assigned an average of 54.6 out of 100 points, while non-accredited centers were assigned 45.1 points on average. However, the range of points assigned was similar for both types of centers – from 15 to 68 for accredited centers and from 10 to 70 for non-accredited centers. Accredited centers were assigned significantly more points in the Family Engagement and Management and Leadership categories than non-accredited centers (12.7 points compared with 9.9 points in Family Engagement and 16.6 points compared with 13.3 points in Management and Leadership). However, there were no significant differences in points assigned in the Learning Environment and Qualifications and Experience categories.

### **3. Levels of Quality Based on Points**

#### ***Summary Statements:***

- None of the participating field test participants was assigned sufficient points to be at the 5 star level.
- Almost all (95%) center participants and all public school participants were assigned points at the 3 or 4 star level. (Public schools were automatically assigned 21 points in the Management & Leadership category, based on the fact that regulations require that schools comply with certain requirements for financial and other policies and procedures.)
- A large percentage (31%) of family/group family child care home participants were assigned points at the 1 star level, with another large group (52%) at the 3 star level.
- No NAEYC-accredited centers were at the 5 star level, and some were below the 4 star level.

#### ***Implications:***

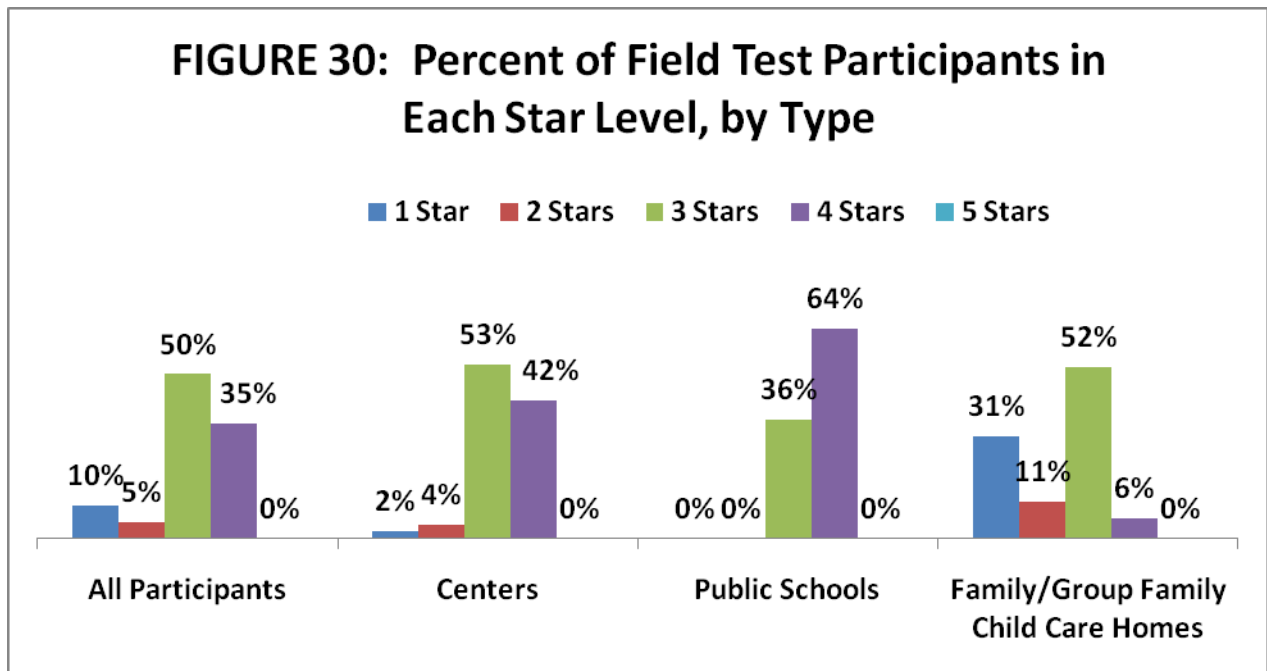
- The differences in quality as measured by the number of points and potential star levels assigned by type of site was noted earlier. The large number of family home sites at the one star level and the fact that a number were not assigned at least 5 points in each category have several possible implications. One might be to ensure that these providers receive additional support to prepare for participation to have the best chance for success. Another would be to review the standards to ensure that they adequately capture quality in home care settings.
- It appears from the field test results that very few programs and providers across the state will be assigned points at the 5 star level, at least in the early stages of implementation. This suggests that public and parent education on the value of a 3 and 4 star rating will be needed, to avoid giving the impression that the system is not meaningful if 5 stars is unattainable or that there is no way to provide children with a quality experience.

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<sup>30</sup> Verified based on lists provided by NAEYC in March 2011.

**Evidence:**

As was noted earlier, none of the field test participants was assigned sufficient numbers of points to be at the 5 star level (which requires 76 or more points in total). Overall, most participants would be at the 3 or 4 star level, although this differs considerably by type. In particular, no public school participants would be below the 3 star level while over two out of five family/group family child care home providers would be at the 1 or 2 star level. (See Figure 30 and Table 13.)



**TABLE 13: Percent of Field Test Participants in Each Star Level, by Type**

	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
All Participants	10%	5%	50%	35%	0%
Centers	2%	4%	53%	42%	0%
Public Schools	0%	0%	36%	64%	0%
Family/Group Family Child Care Home	31%	11%	52%	6%	0%

Among the 16 participating centers that were verified as holding NAEYC accreditation, 10 were at the 4 star level, 5 were at the 3 star level, none were at the 2 star level, and 1 was at the 1 star level.

**4. Distribution of Levels Under Different Weighting of Standards Categories**

### ***Summary Statements:***

- On average, field test participants recommended a distribution of points across the standard categories that was considerably different from the current standards, weighing the learning environment and family engagement more heavily and staff or provider qualifications and management procedures less heavily. At the same time, there was considerable variability among participants in their recommendations in each category.
- Using alternative weighting of the standards categories – equal weight and the participant average recommended weight – results in some differences in the distribution of field test sites across quality levels. In particular, there is an overall shift from quality level 3 to quality level 4.
- The percent of field test sites that would increase their quality level under the alternative weighting systems averages about 20%, with more family/group family child care home providers potentially experiencing an increase in level than centers or public schools.

### ***Implications:***

- More work in developing consensus among programs and providers in New York State about the relative importance of different aspects of quality will be needed for QUALITYstarsNY ratings to be perceived as valid.
- The shift in distribution across quality levels, depending on the relative weights given to different categories of the standards, demonstrates the impact of this critical dimension of the standards. It may be worth exploring how other weighting patterns – particularly those that give greater weight to the learning environment – might be applied. It may also be worth exploring whether differential weighting across the standards might apply for different types of sites.

### ***Evidence:***

As noted in the introduction to this section and illustrated above, the four categories of standards in QUALITYstarsNY had different possible maximum number of points, essentially weighting some categories more heavily than others. Some early care and education settings by default receive more points than others in specific categories; for example, public schools were automatically assigned 21 points for the management and leadership section by virtue of legal requirements for certain policies and procedures, while family/group family child care homes tended to have fewer written policies and procedures. Further, while long-standing evidence of the correlation between caregiver or teacher education and experience and child outcomes lends credence to giving this category greater weight, some recent research<sup>31</sup>

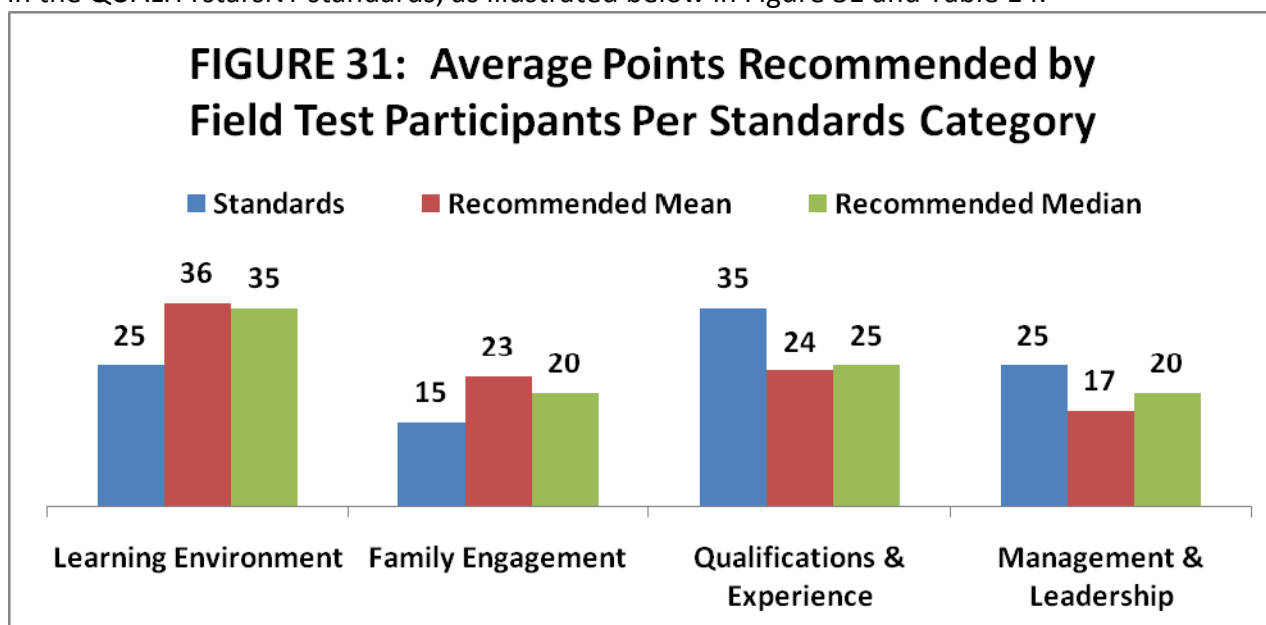
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<sup>31</sup> For example, a 2010 brief from Zero To Three, “Building a Strong Infant-Toddler Workforce,” noted that teachers and providers with higher levels of education are more “sensitive and non-directive” in their interactions with young children and that the children they care for are “more sociable, exhibit more sophisticated use of

indicates that other categories – particularly, the learning environment and caregiver-child interactions – have more direct effects. Therefore, understanding how the distribution of points and quality levels would differ if the categories were weighted differently will inform whether the current weighting should be reconsidered and whether the same weighting should be applied to all settings.

Many field test participants did not appear to be aware of the numbers of points assigned to each standards category until the Quality Improvement Planning consultants met with them to review the points they had been assigned. The survey completed at the forums held by the lead agencies after participants had had their consultation visits asked the following question: “Out of a total of 100 points, how many points do you think QUALITYstarsNY should give to each of the following areas: Learning environment and curriculum; Family communication and engagement; Provider/Staff education, credentials, and experiences, and Business and financial management procedures and written policies. While these descriptions are not precisely how the standards categories are worded, on face value they appear to address the same dimensions of quality.

The distribution of points recommended by field test participants was quite different from that in the QUALITYstarsNY standards, as illustrated below in Figure 31 and Table 14.



**TABLE 14: Average Points Recommended by Field Test Participants Per Standards Category**

STANDARD CATEGORY	MEAN NUMBER OF	MEDIAN NUMBER OF	RANGE OF POINTS
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language, and perform better on cognitive tasks” (page 13). The same brief also notes the challenges in assuming that training and credentials ensures knowledge and skills that will be put into practice in the caregiving environment and emphasizes the importance of mentoring and coaching for all staff, even those with specialized education and certification (page 14).



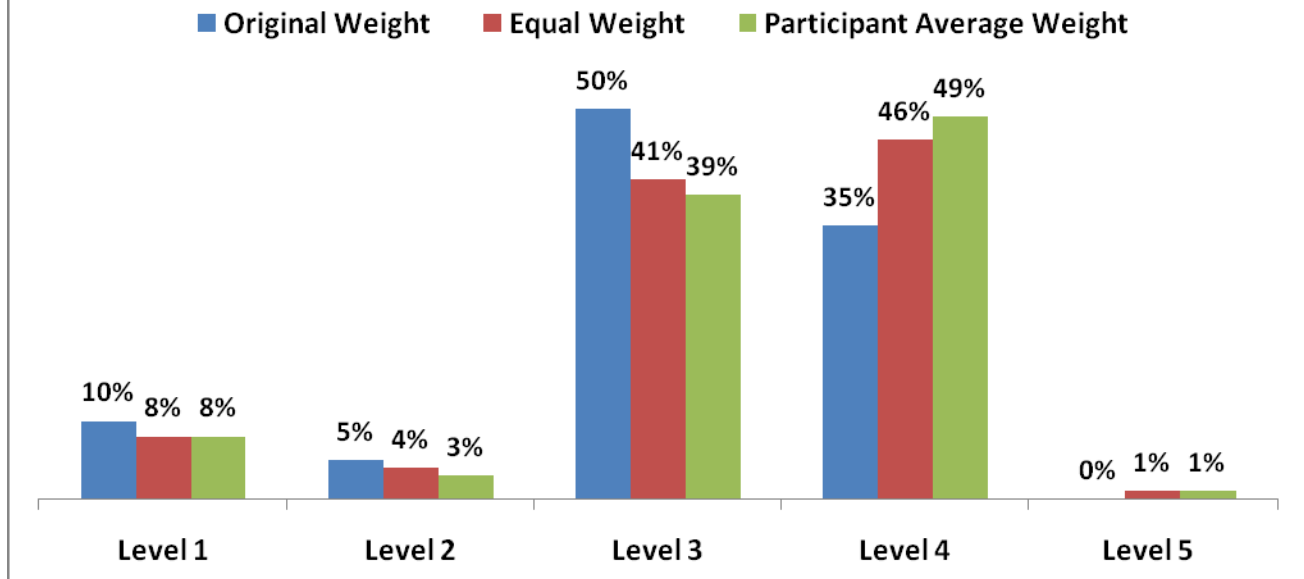
	<b>POINTS</b>	<b>POINTS</b>	
Learning Environment & Curriculum	36	35	20-80
Family Communication & Engagement	23	20	9-35
Qualifications & Experience (education, credentials, & experience)	24	25	5-50
Management & Leadership (business & financial management procedures & written policies)	17	20	0-30

The two standards categories that field test participants would like to have weighted more heavily than in the current standards are Learning Environment and Family Engagement. Conversely, field test participants would assign fewer points than the current standards to staff or provider Qualifications and Experience and to Management and Leadership. This was equally the case for centers, public schools, and family/group family child care home providers.

At the same time, it is clear from the range of recommended points in each category that there are field test participants who would give each category many more points than either the average or the current standards, and similarly those who would give the same category many fewer points. The fact that the mean and the median recommended points for each category are very close indicates that there are about equal numbers of participants who would give fewer points as would give more points.

In order to examine how different weighting of the standards would affect the distribution of levels based on points, two alternative weighting systems were used: one in which the points were adjusted to give equal weighting per category – that is, each category of the standards had a maximum of 25 points, with a possible total of 100, and another in which the points were adjusted to match the average weighting recommended by field test participants – that is, 35 for Learning Environment, 20 for Family Engagement, 25 for Qualifications and Experience, and 20 for Management and Leadership. Figure 32 illustrates how the percent of field test participants at each level of quality would differ between the original weighting and alternative weighting across the standards. (See also Table 15.)

**FIGURE 32: Percent of All Field Test Participants by Quality Level**



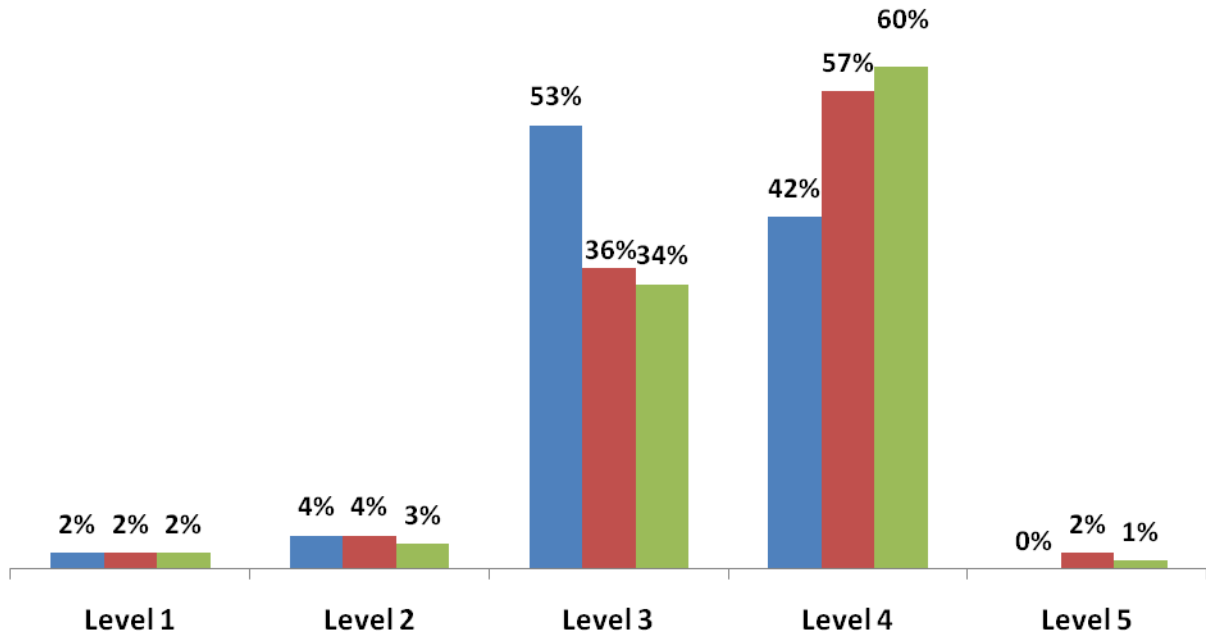
**TABLE 15: Percent of All Field Test Participants by Quality Level**

	Original Weight	Equal Weight	Participant Average Weight	ERS Score
Star Level 1	10%	8%	8%	6%
Star Level 2	5%	4%	3%	16%
Star Level 3	50%	41%	39%	31%
Star Level 4	35%	46%	49%	33%
Star Level 5	0%	1%	1%	14%

As can be seen in Figure 36, both the equal weighting and participant average weighting systems would result in an upward shift in quality levels, primarily from the third to fourth level. This overall shift in distribution applied most strongly for centers, somewhat less so for public schools, and very little for family/group family child care home providers, as shown in Figures 33-35 and Tables 16-18 below.

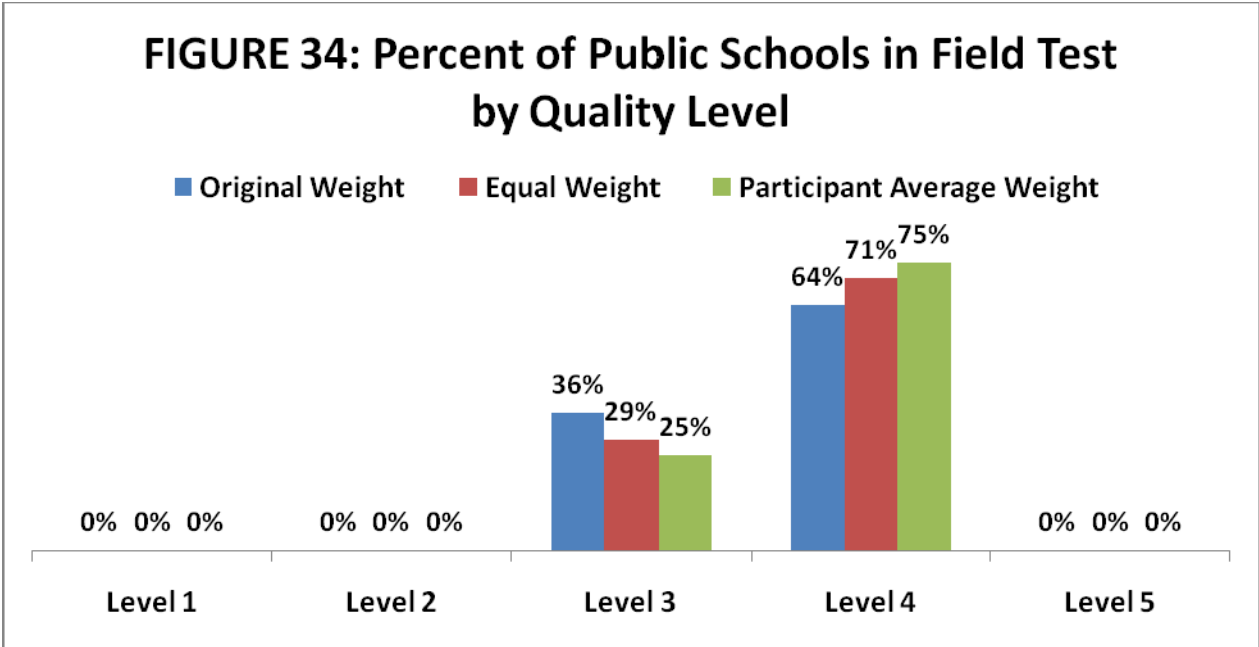
**FIGURE 33: Percent of Centers in Field Test by Quality Level**

■ Original Weight   ■ Equal Weight   ■ Participant Average Weight



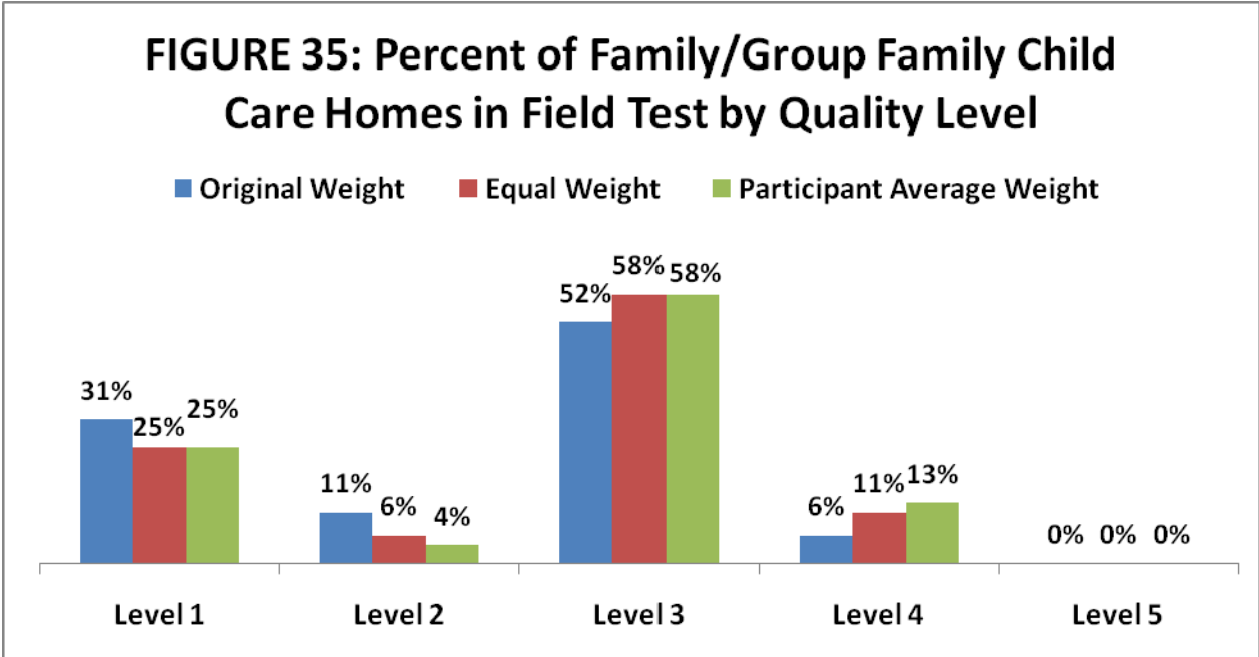
**TABLE 16: Percent of Center Field Test Participants by Quality Level**

	Original Weight	Equal Weight	Participant Average Weight	ERS Score
Star Level 1	2%	2%	2%	4%
Star Level 2	4%	4%	3%	13%
Star Level 3	53%	36%	34%	33%
Star Level 4	42%	57%	60%	33%
Star Level 5	0%	2%	1%	17%



**TABLE 17: Percent of Public School Field Test Participants by Quality Level**

	Original Weight	Equal Weight	Participant Average Weight	ERS Score
Star Level 1	0%	0%	0%	7%
Star Level 2	0%	0%	0%	17%
Star Level 3	36%	29%	25%	21%
Star Level 4	64%	71%	75%	38%
Star Level 5	0%	0%	0%	17%

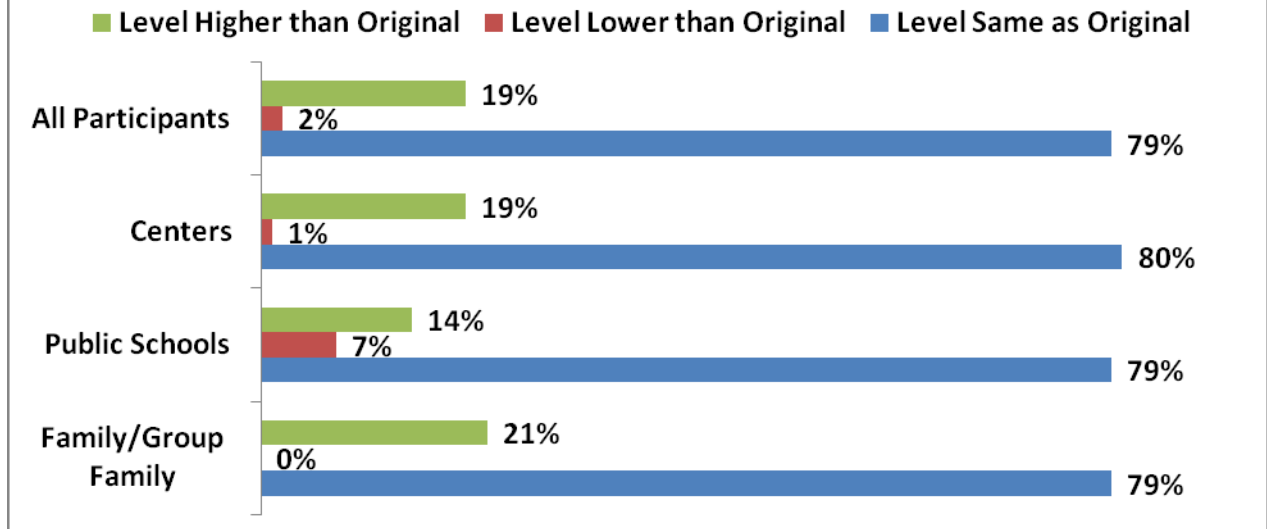


**TABLE 18: Percent of Family/Group Family Child Care Home Field Test Participants by Quality Level**

	Original Weight	Equal Weight	Participant Average Weight	ERS Score
Star Level 1	31%	25%	25%	12%
Star Level 2	11%	6%	4%	23%
Star Level 3	52%	58%	58%	32%
Star Level 4	6%	11%	13%	28%
Star Level 5	0%	0%	0%	5%

At the same time, the percent of participants that would change quality level, if alternative weighting of the standards categories were applied, was not inconsequential, even for family/group family child care home providers. (See Figures 36 and 37 and Tables 19 and 20.) While only small percentages of participants of any type would decline a level, as many as one-quarter of family providers and about one-fifth of centers and public schools would increase at least one level and, in a small number of cases, two levels.

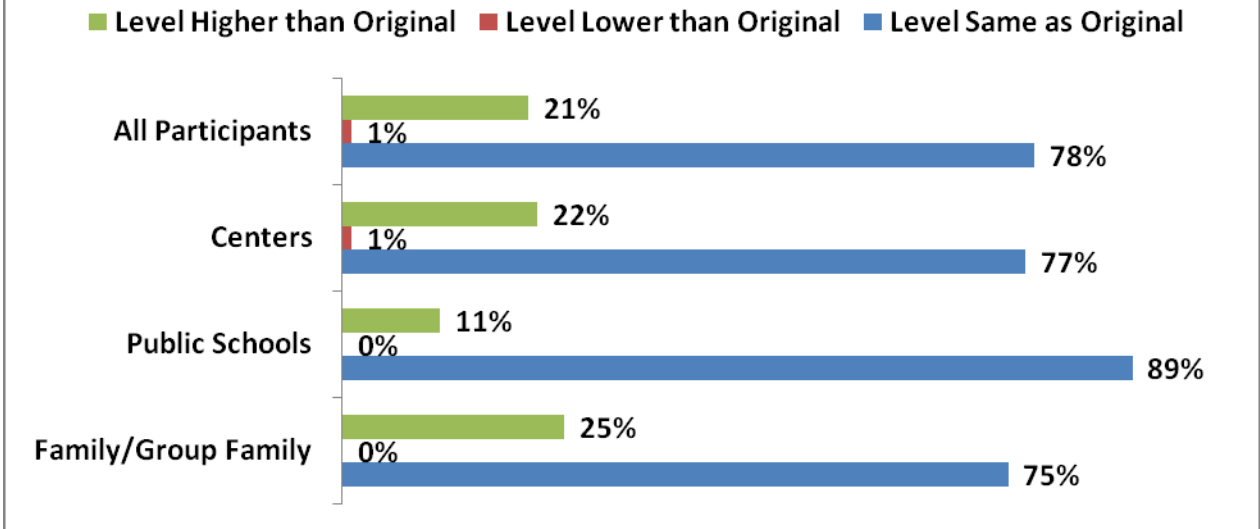
**FIGURE 36: Percent of Participants At Same, Lower, or Higher Quality Level Using Equal Weighting Compared to Original Weighting**



**TABLE 19: Percent of Participants at Same, Lower, or Higher Quality Level Using Equal Weighting Compared to Original Weighting**

	Level Same as Original	Level Lower than Original	Level Higher than Original
Family/Group Family Child Care Homes	79%	0%	21%
Public Schools	79%	7%	14%
Centers	80%	1%	19%
All Participants	79%	2%	19%

**FIGURE 37: Percent of Participants At Same, Lower, or Higher Quality Level Using Participant Average Weighting Compared to Original Weighting**



**TABLE 20: Percent of Participants at Same, Lower, or Higher Quality Level Using Participant Average Weighting Compared to Original Weighting**

	Level Same as Original	Level Lower than Original	Level Higher than Original
Family/Group Family Child Care Homes	75%	0%	25%
Public Schools	89%	0%	11%
Centers	77%	1%	22%
All Participants	78%	1%	21%

**5. Adequacy of Documentation and Point Assignment**

**Summary Statements:**

- Centers and schools were likely to have submitted documents that met at least some of the adequacy criteria in most of the areas reviewed: child intake form, child developmental record, curriculum materials, and family handbook. However, only about one-quarter submitted individual staff professional development plans. While most family/group family child care home providers also submitted intake and parent handbook documents, only about half kept child development records, just

- over two-thirds did not have curriculum materials, and more than four-fifths did not submit a budget showing categories of expenses.
- The average number of elements included on child intake forms, child development records, and parent handbooks, when submitted, generally met or were close to meeting the adequacy criteria established by the evaluation. About half of the documents reviewed for a sample of field test participants met the adequacy criteria for intake forms, about 60 percent met the criteria for developmental records, and about 70 percent met the criteria for parent handbooks. However, on average the submitted curriculum documents were given about 4 of the 9 possible points.
  - Based on the definition of “adequacy” set by the evaluation, the points originally assigned to field test participants in the sample were reduced if inadequate documentation had been submitted. This resulted in 28% of centers, 27% of public schools, and 14% of family/group family child care home providers decreasing at least one quality level.

***Implications:***

- In order to increase the credibility of QUALITYstarsNY, it will probably be necessary to set some criteria for documentation submitted as evidence of meeting the standards.
- As recommended by many field test participants, more guidance on documentation to support the standards checklist would be valuable. Examples or templates would be one strategy, although there is the potential for rote reproduction rather than adaptation to the individual setting. Another approach would be to offer a set of rubrics, perhaps similar to those used in the evaluation.
- Administrators in centers and schools often do not develop individualized plans to help their staff improve their knowledge and skills. This is likely to be due to various factors, including inadequate administrator skills in staff assessment, insufficient knowledge of options for helping staff meet professional development goals, and limited time available for supervising and supporting individual staff members. Quality improvement consultation, similar to that provided in the field test, as well as the availability of resources for training and coursework are likely to be valuable in improving quality in this area.
- To be able to continue providing care and to allocate expenses to best meet the needs of the children they serve, many family/group family child care home providers would appear to benefit from support in budgeting and financial management. In addition, QUALITYstarsNY may wish to develop procedures that provide greater reassurance to family providers about the confidentiality of financial information requested, which is closely linked with personal finances in many cases.<sup>32</sup>

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<sup>32</sup> The issue of confidentiality of submitted documents also arose with centers and public schools, sometimes for financial documents but also for personnel information.



- Overall, adequacy of the curriculum documentation in verifying that the standards in this area were met was the most difficult to assess because of the wide diversity of materials submitted. This area is one that would benefit from greater guidance and technical assistance in helping programs and providers use learning goals and teaching strategies to support child development and learning.

***Evidence:***

For each specific standard, a list of potential types of documents to verify compliance with the standard was provided to the field test participants in the form of a checklist, as illustrated earlier. During the field test, participating sites were given the maximum possible points for each standard for which they submitted documentation, regardless of the characteristics of the documentation itself. That is, the documentation submitted was not reviewed for adequacy before the points were assigned. Both cursory examination of the documents and comments from field test participants made it clear that there was a not common understanding about what would constitute “adequate” documentation, even with the guidelines provided.

Based on consultation with the QUALITYstarsNY field test advisory group, several key types of documents were selected to be reviewed and assessed for adequacy. The goals of this process were to help determine the range of understanding in the field about these documents, to begin to develop rubrics or standards regarding what should be included in the documents in order for them to be considered adequate evidence of the standard, and to estimate the effect of applying such rubrics to the distribution of points and quality levels for a sample of field test participants.

The documents selected for review and assessment were:

- Child enrollment or intake form (Learning Environment, Child Observation and Assessment, standard 1a – one point)
- Child developmental record (Learning Environment, Child Observation and Assessment, standards 1b and 1c – two points)
- Curriculum materials (Learning Environment, Curriculum Planning and Implementation, standards 1a through 1d and standard 2a and 2b – six points)
- Family or parent handbook (Family Engagement, Communication, standard 1b – one point)
- Centers and School only: Individual staff member professional development plan (Management and Leadership, Policies and Procedures, standard 1d1 – two points)
- Family Providers only: Budget (Management and Leadership, Financial Accountability and Sustainability, standard 1a2 – 1 point)

For each of the documents above, with the exception of curriculum materials, a simple checklist was used in reviewing what was submitted; each checklist contained between 5 and 11 items of information pertinent to the document. Curriculum materials were scored to reflect the type of

curriculum reported (with curricula with evidence of positive association with child learning and/or broad use in the field receiving more points); whether the curriculum showed evidence of breadth in areas of learning, recognition of cultural diversity, differentiation by child age or learning style; whether there was evidence of explicit staff training on the curriculum; and whether child observation and assessment was used to guide curriculum implementation. More details on the document review are provided in Appendix I.

A total of 80 sites -- 43 centers, 15 public school sites, and 22 family providers -- were randomly selected for review and coding from among those submitting binder checklists and documentation. Four experienced early childhood professionals, all of whom had extensive training and practical experience in the field, conducted the review and coding. The initial documents of each type were independently coded by each reviewer and compared across reviewers to establish inter-coder reliability.

In some cases among the 80 selected field test participants, no documents were submitted that had any of the coded elements; in these cases it was assumed that no points had been assigned originally. Figure 38 and Table 21 show the percent of the reviewed cases in which no documents were submitted with the standards checklist. Individual professional development plans for staff were frequently not submitted by centers and public schools, while budgets were very often not submitted by family/group family child care home providers. Family home documentation submitted with the standards checklist also frequently did not include child developmental records or curriculum materials.

**TABLE 21: Percent of Field Test Participants Selected for Document Review That Did Not Submit Documents**

	Intake Form	Developmental Record	Curriculum	Parent Handbook	Professional Development Plan	Budget
Centers/ Schools	2%	9%	5%	9%	73%	NA
Family/Group Family Child Care Homes	9%	50%	68%	5%	NA	82%

**FIGURE 38: Percent of Center/School and Family/Group Family Child Care Home Field Test Participants Included in Review That Did Not Submit Documents**

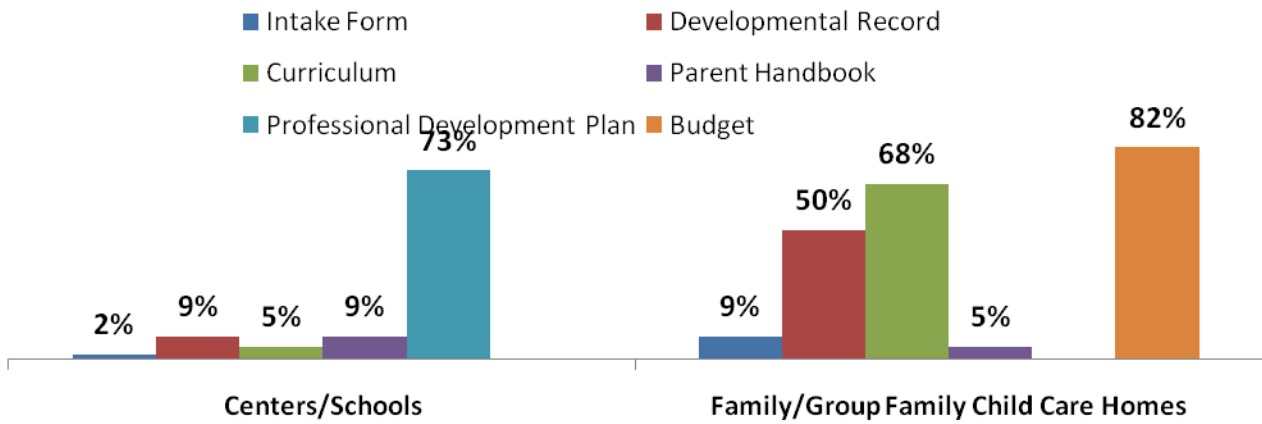


Table 22 shows the maximum number of points possible for each document, an arbitrary number of points set for an “adequate” document, and the average number of points assigned in cases where points were assumed to have been assigned originally.

**TABLE 22: Elements Coded, Adequacy Standard, Number of Elements Found in Review of Sampled Documents, and Percent of Sampled Documents Meeting Adequacy Standard**

	Maximum Possible Elements	Adequate Number of Elements	Mean Number of Elements	Percent with Adequate Document
Intake/Enrollment Form	9	6	5.2	49%
Developmental Record	9	6	5.2	61%
Curriculum	9	6	3.9	33%
Family Handbook	9	6	6.1	71%
PD Plan	11	6	2.0	15%
Budget	5	3	0.5	14%

For each of the 80 field test participants included in the document review, the appropriate number of points was subtracted from the original total for documents that did not meet the adequacy level. Table 23 and Figure 39 show the maximum possible points for the documents that were reviewed and the averages and ranges of points subtracted for inadequate documentation if any was submitted for centers, public schools, and family providers separately.

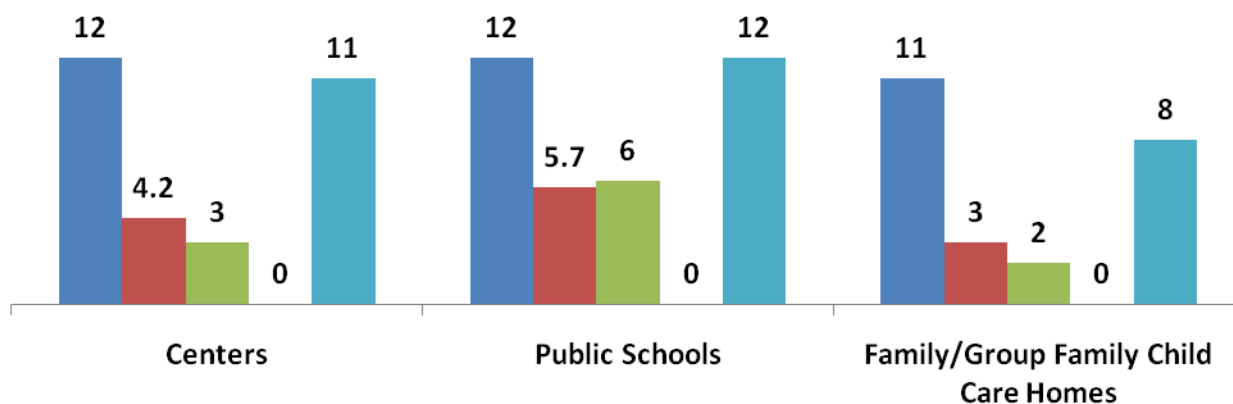
**TABLE 23: Number of Points Subtracted Due to Inadequate Documentation**

	Maximum Possible Points	Mean Points Subtracted	Median Number of Points Subtracted	Minimum Points Subtracted	Maximum Points Subtracted
Centers	12	4.2	3	0	11
Public Schools	12	5.7	6	0	12
Family/Group Family Child Care Homes	11	3	2	0	8

**FIGURE 39: Number of Points Subtracted Due to Inadequate Documentation**

[NOTE: If no documentation submitted, no points were subtracted as it was assumed that no points had initially been awarded.]

■ Maximum Possible Points      ■ Mean Points Subtracted  
■ Median Number of Points Subtracted      ■ Fewest Points Subtracted  
■ Most Points Subtracted

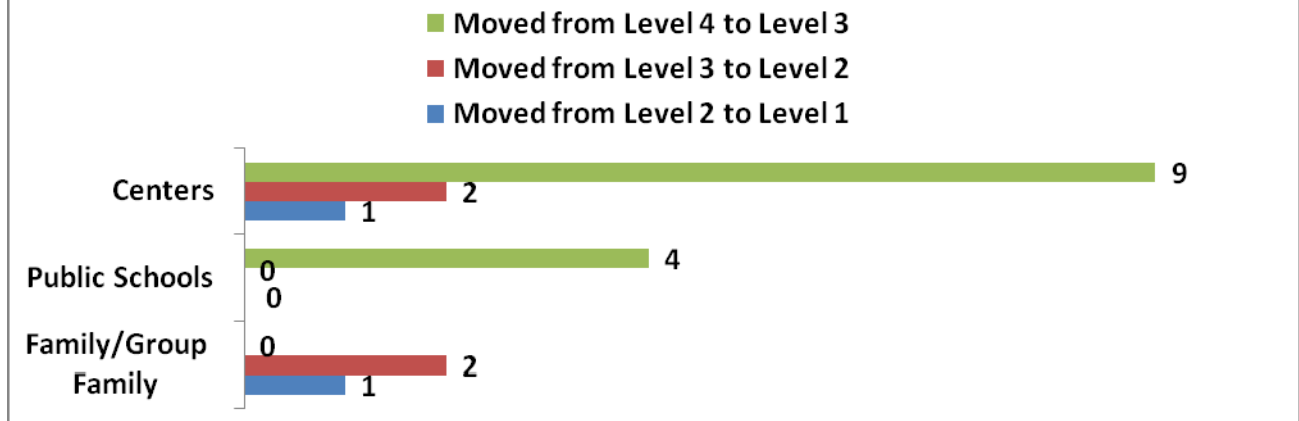


Using the revised total number of points, after subtracting the points due to inadequate documentation, a total of 19 out of the 80 sites included in the document review moved down at least one quality level. (See Table 24 and Figure 40.)

**TABLE 24: Number of Field Test Participants That Decreased in Quality Level, If Inadequate Documentation Considered**

	Moved from Level 2 to Level 1	Moved from Level 3 to Level 2	Moved from Level 4 to Level 3
Family/Group Family Child Care Homes	1	2	0
Public Schools	0	0	4
Centers	1	2	9

**FIGURE 40: Number of Field Test Participants in Document Review that Decreased in Level, if Adequacy of Documentation Considered**



The centers and public schools that decreased in quality level represent over one-quarter of those sites in the document review sample – 28% of the sampled centers and 27% of the sample public schools. The family/group family child care homes that decreased in level were a smaller percentage of those sampled (14%), in substantial part because many did not submit documentation related to child developmental record and curriculum and therefore were not assigned points in these areas initially.

## **B. OBSERVATIONAL MEASURES OF QUALITY**

Within the classroom or home learning environment category, there is provision in the draft standards for points to be assigned based on assessment scores obtained using the appropriate Environmental Rating Scale (ERS).<sup>33</sup> Depending upon whether the assessment is conducted by

<sup>33</sup> The Environmental Rating Scales were developed at the Frank Porter Graham Center for Child Development at the University of North Carolina and have been used extensively in the field of early childhood. Three instruments are available, varying by setting and ages of children served. The ECERS-R is the revised version of the Early Childhood Environmental Rating Scale that is used in center and school classrooms with older toddlers and

the program or provider itself or by an independent observer, the overall ERS score, and if an improvement plan is submitted, a total of up to 13 points could be assigned. During the field test, in order to obtain ERS score information for evaluation purposes and because of the limited time available during the field test, this component of the standards was administered differently than called for in the standards as written. Specifically, observers employed by the evaluation conducted ERS observations at the same time the field test participants were completing the checklist and gathering and submitting documentation. The ERS observations by themselves were used to assign points; participating sites did not receive information on the results of the observations until the quality improvement planning consultations at the end of the field test process.<sup>34</sup>

Observations were made in the homes of participating family providers and in one or more classrooms in participating centers and public schools. Where details on classrooms were provided as part of the field test application, an effort was made to sample classrooms that represented the range of age groups served (infants, toddlers, and preschoolers) as well as other dimensions, such as type of program offered in the classroom (UPK, Head Start), whether the classroom primarily served children with special needs or was integrated, and in half-day programs, both morning and afternoon sessions. In a few situations, where recent ERS observations had been made by the Rochester Children’s Institute, teachers requested that information from these observations be submitted instead of having another observation conducted.

A total of 363 observations were completed,<sup>35</sup> 97 using the ITERS in centers, 168 using the ECERS in centers and 41 using the ECERS in public schools, and 57 using the FCCERS in family/group family child care homes. A total of 327 ERS observations were completed in 188 of the 192 sites that submitted checklists and documentation for the field test. These observations were distributed as follows:

- Observations in family/group family child care homes – 52 observations using the FCCERS
- Observations in centers – total of 226 observations, 148 using the ECERS and 88 using the ITERS; 25 or 23% of the centers had one classroom observed, 37 or 34% had two

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preschool age children; the ITERS-R is the revised version of the Infant and Toddler Environmental Rating Scale that is used in center and school classrooms with infants and younger toddlers; the FCCERS-R is the revised version of the Family Child Care Environmental Rating Scale that is used in family home care settings with children from infants to preschoolers. See <http://ers.fpg.unc.edu/> for more information on these instruments.

<sup>34</sup> Data confidentiality provisions of the protection of human subjects review required for the evaluation did not allow observation information to be shared with the center or school administrator.

<sup>35</sup> Seventeen (17) observations using the ECERS were obtained from teachers who had been observed by the Rochester Children’s Institute for another project. These observations had occurred within the previous 12 months and the teachers did not want another observation.

classrooms observed, 45 or 42% had three classrooms observed, and 1 or 1 % had 4 classrooms observed

- Observations in public schools – total of 39 observations, all using the ECERS; 21 or 75% of the schools had one classroom observed, 4 or 14% had two classrooms observed, 2 or 7% had 3 classrooms observed, and 1 or 4% had 4 classrooms observed.

The ERS instruments assess many features of the quality of the caregiving or learning environment, including aspects of the physical environment, and to a lesser extent, the quality of caregiver-child interactions. Scores on individual items range from 1 to 7, with 1 indicating “inadequate” quality, 3 indicating “minimal” quality, 5 indicating “good” quality, and 7 indicating “excellent” quality. Although the ERS instruments contain a few items related to supports for particular areas of children’s development, they are considered to be an assessment of global quality that does not provide an in-depth focus on quality related to specific domains of children’s development and learning. There is now considerable evidence that young children’s development and learning in specific domains contributes to school readiness and school success. Children’s acquisition of language, literacy, and social-emotional skills are especially critical to positive school outcomes (NICHD Early Child Care Research Network, 2005; Dickinson, McCabe, & Essex, 2006; Ladd, Herald, & Kochel, 2006). Therefore, in order to assess whether the ERS instruments were sufficient to measure those aspects of the home or classroom learning environment found to be most closely related to child development and learning, two other observational tools were used in small samples of the field test sites (described later in this chapter).

In addition, while the ERS observations were being made, the observers used a checklist modified from the NAP SACC (Nutrition and Physical Activity Self-Assessment for Child Care) instrument. This form collected information on the types of foods offered to children and the opportunities for organized physical activity during the observation period. This information was collected for 331 of the total number of ERS observations and for 305 of the observations in sites that submitted their checklist and had ERS observations.

## **1. Distribution of Sites Based on ERS Observations**

### ***Summary Statements:***

- Quality of the care or learning environment as measured by observation using the ERS instruments indicates that overall the field test participants were at the adequate to good levels. There were important differences among the quality levels based on the type of setting.
- The quality of the environment in family/group family child care homes was lower than in centers or public schools; there were fewer homes observed at the good and excellent levels and more at the fair and poor levels than in either of the other settings.

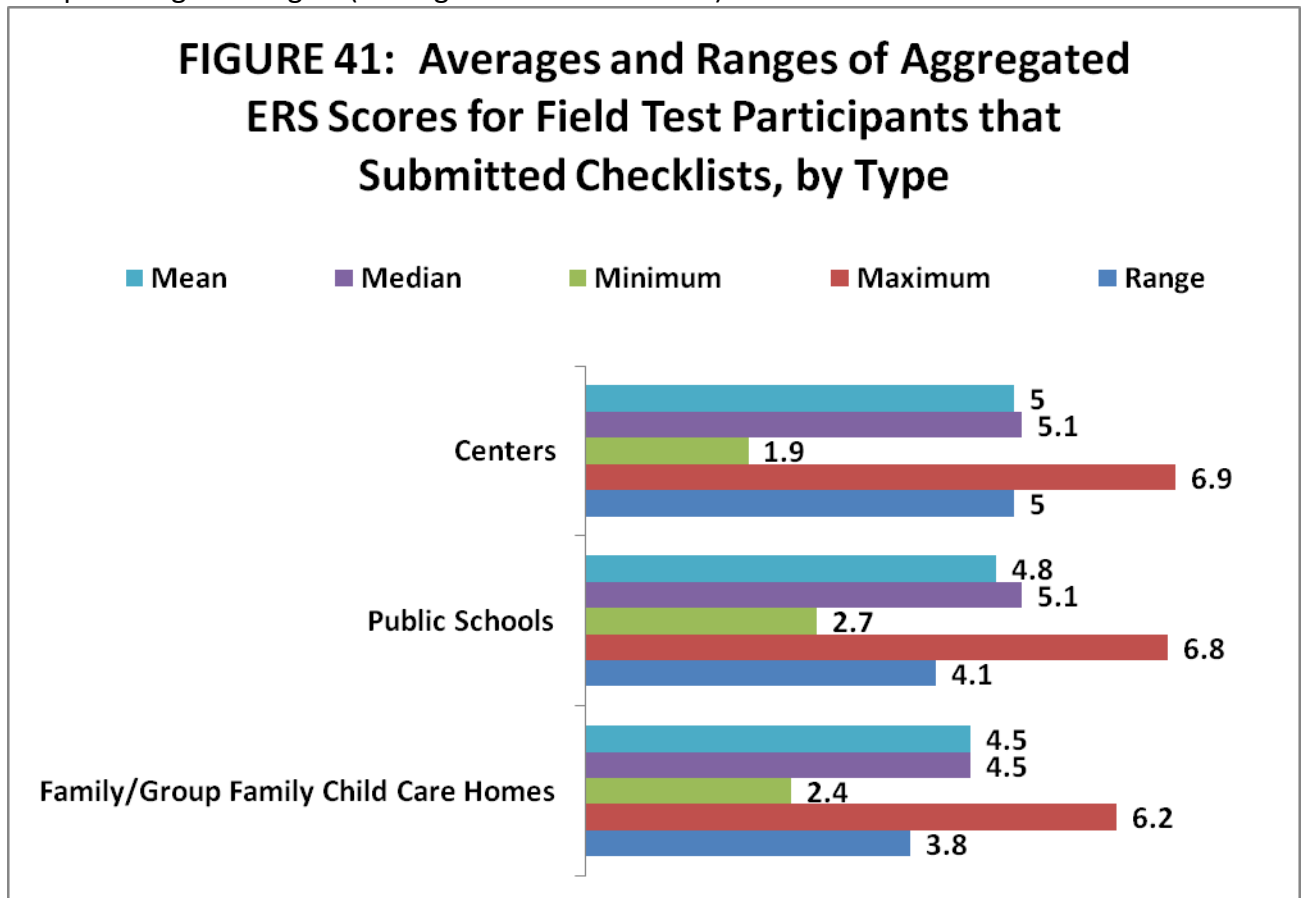
- While classrooms in centers and schools were equally likely to be judged as good or excellent, the percent at the fair and poor levels was about 50% higher in schools as in centers.
- The average ERS scores in NAEYC-accredited centers were higher than in non-accredited centers (5.5 compared with 4.9), although both averages fell in the “good” range.

**Implications:**

- A number of field test participants, especially family/group family child care home providers and public school representatives, were not familiar with the Environmental Rating Scales. Further education and training on the aspects of quality addressed in these tools would both relieve anxiety associated with being observed, and help interested programs and providers make modifications in their learning environment before being rated.

**Evidence:**

The distribution of the quality of the home or learning environment among the field test participants, based on the ERS, indicates that, on average across all the sites, quality was in the adequate to good range. (See Figure 41 and Table 25.)



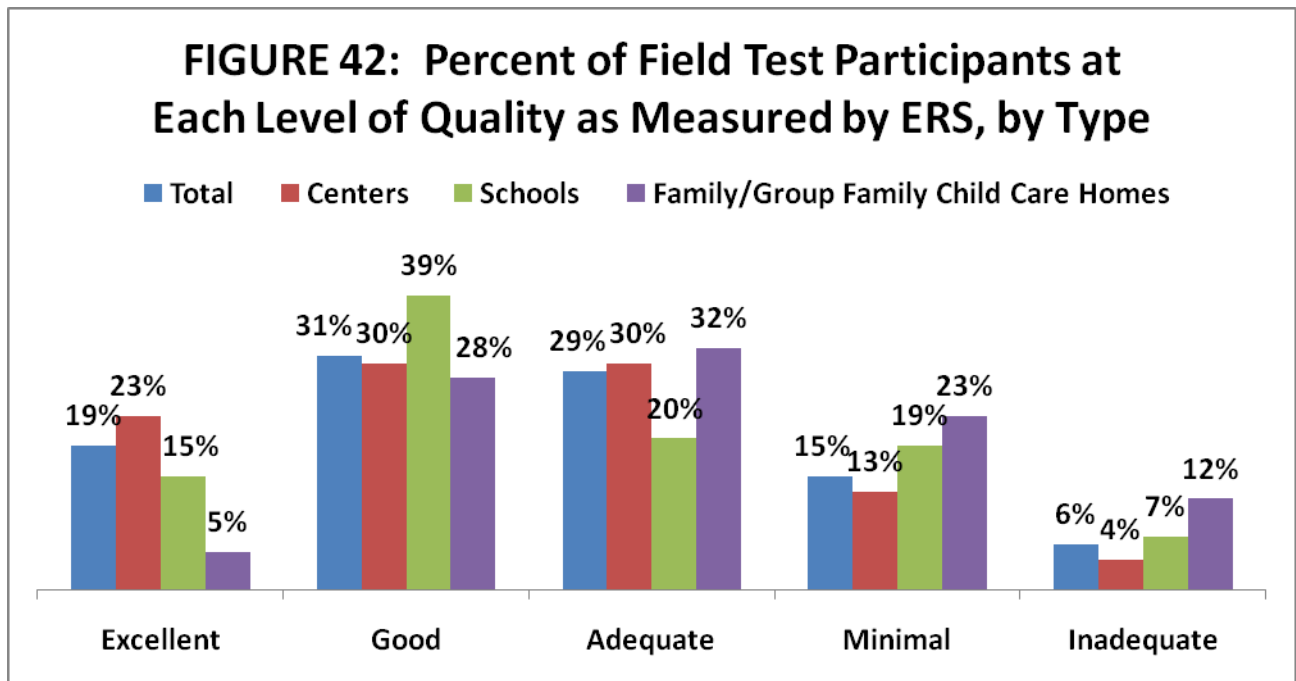


**TABLE 25: Aggregated ERS Scores for Field Test Participants**

	Range	Maximum	Minimum	Median	Mean
Family/Group Family Child Care Homes	3.8	6.2	2.4	4.5	4.5
Public Schools	4.1	6.8	2.7	5.1	4.8
Centers	5	6.9	1.9	5.1	5

When the ERS scores were divided into quality levels (less than 3 = Inadequate; 3 up to 4 = Minimal; 4 up to 5 = Adequate; 5 up to 6 = Good; 6 and above = Excellent),<sup>36</sup> about one-fifth of the sites were at the minimal to inadequate level and another one-fifth at the excellent level. (See Figure 46 and Table 26.)

There were substantial differences in the distribution of quality levels based on the ERS among the three types of settings, as shown in Figure 42. Over half of the observed classrooms in centers and public schools (53% and 54%, respectively) were at the good to excellent level, while one-third (33%) of family/group family child care homes scored at those levels. At the other end of the quality levels, over one-third (35%) of family/group family homes, about one-quarter (26%) of public school classrooms, and less than one-fifth (17%) of center classrooms were at the fair to poor levels.



<sup>36</sup> ERS scores were grouped into these five categories in order to make comparisons with the five star levels in QUALITYstarsNY.

**TABLE 26: Percent of Participants at Each Level of Quality, As Measured by ERS**

	Total	Centers	Schools	Family/Group Family Child Care Homes
Excellent (6 & 7)	19%	23%	15%	5%
Good (5)	31%	30%	39%	28%
Adequate (4)	29%	30%	20%	32%
Minimal (3)	15%	13%	19%	23%
Inadequate (1 & 2)	6%	4%	7%	12%

## **2. Alignment of Quality Levels Based on Observations and Points**

### ***Summary Statements:***

- As expected, quality scores based on learning environment observations using ERS instruments are correlated with quality levels based on points associated with the standards.
- However, there is considerable variability in ERS observation scores within each quality level based on the number of points assigned.

### ***Implications:***

- The value of including an observational tool in QUALITYstarsNY is confirmed, as it adds information not fully captured in other standards. Further, since the learning environment is the area that is seen as the most relevant to early care and education practitioners, its inclusion gives additional credibility to the system.
- As noted earlier, however, it will be important to ensure that QUALITYstarsNY participants understand both the content of the ERS tools in terms of what they cover and the criteria for scoring and the procedures for its administration. In particular, the ERS as taking a “snapshot” of the learning environment did not appear to be always understood, nor did how the policies and procedures documented in other components of the Learning Environment category would provide evidence of sustained and ongoing quality to supplement this “snapshot.”

**Evidence:**

There is a significant but relatively small correlation<sup>37</sup> between the number of points assigned based on the standards checklists submitted by field test participants (excluding points based on the ERS scores) and the average site ERS score (.32). This correlation is the same for centers and greater for family/group family child care home providers (.42), but not statistically different from zero for public schools.<sup>38</sup>

Regardless of the overall association between ERS scores and number of points assigned, there is considerable variability in ERS scores within the quality levels based on the points. The range between the lowest ERS score within a quality level and the highest ERS score in that level can be as much as almost 4 on the ERS scale, which runs from 1 to 7. The smallest range at any quality level is about 2 on the ERS scale. For example, in Figure 46, for field test participants at quality level 3 (mid-range in quality) the average ERS score was 4.8 out of 7, but at least one site at this level had an ERS score of 1.9 (indicating poor quality) and at least one other had an ERS score of 6.8 (indicating excellent quality). These patterns were apparent for each type of participant as well as overall. (See Figures 43-46 and Tables 27-30.)

**TABLE 27: ERS Scores by Star Level, All Field Test Participants**

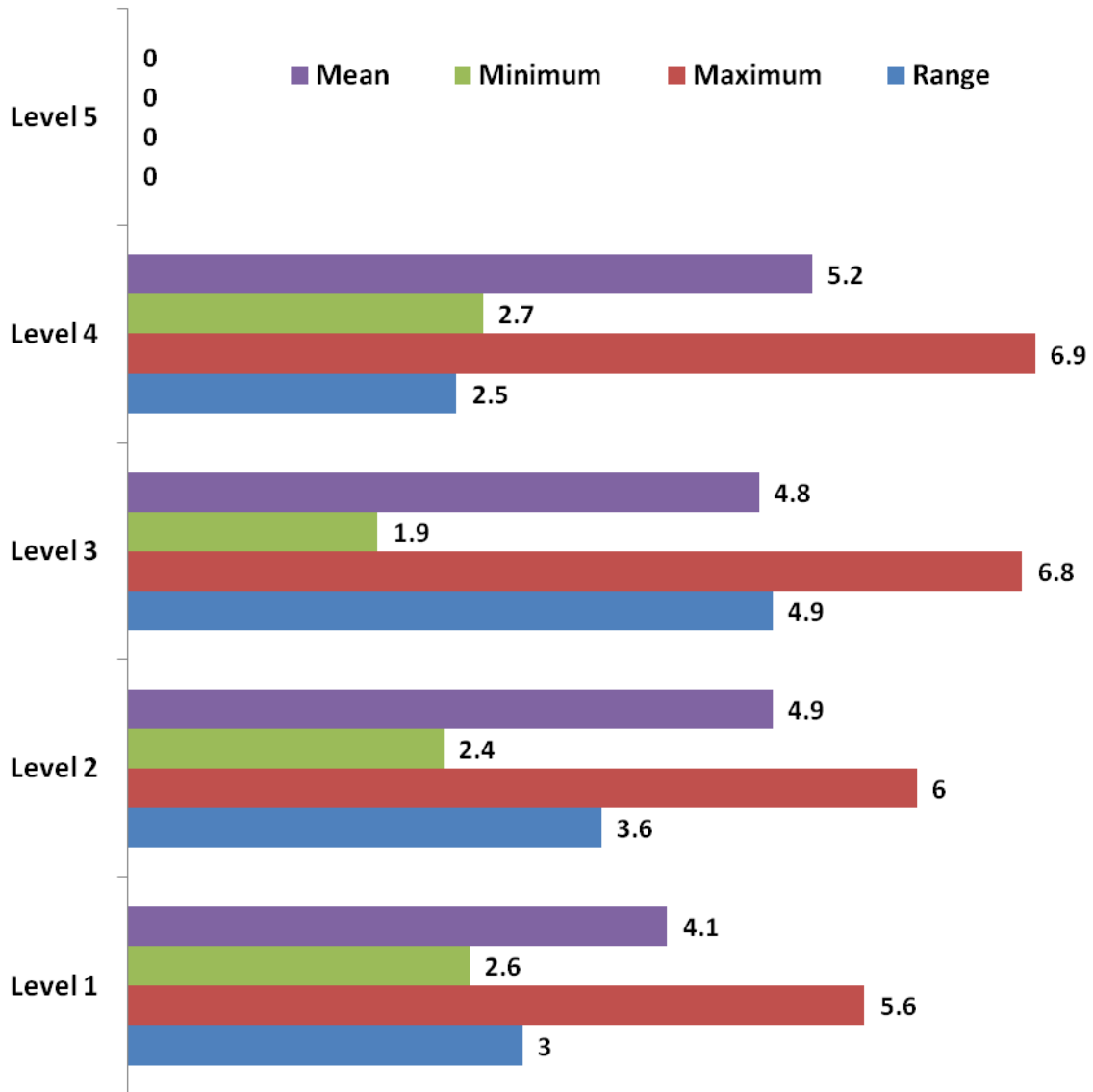
	Range	Maximum	Minimum	Mean
Star Level 1	3	5.6	2.6	4.1
Star Level 2	3.6	6	2.4	4.9
Star Level 3	4.9	6.8	1.9	4.8
Star Level 4	2.5	6.9	2.7	5.2
Star Level 5	NA	NA	NA	NA

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<sup>37</sup> Using Pearson product moment correlation procedures, in which -1.0 indicates a one-to-one inverse correspondence between the values of two variables, +1.0 indicates a one-to-one direct correspondence between two variables, and 0 (zero) indicates that the distribution of the two variables are completely independent.

<sup>38</sup> The variability in points for public schools was limited because all were assigned 21 points in the Management and Leadership standards category automatically; this was a likely factor in the low correlation between points and ERS scores for public schools.

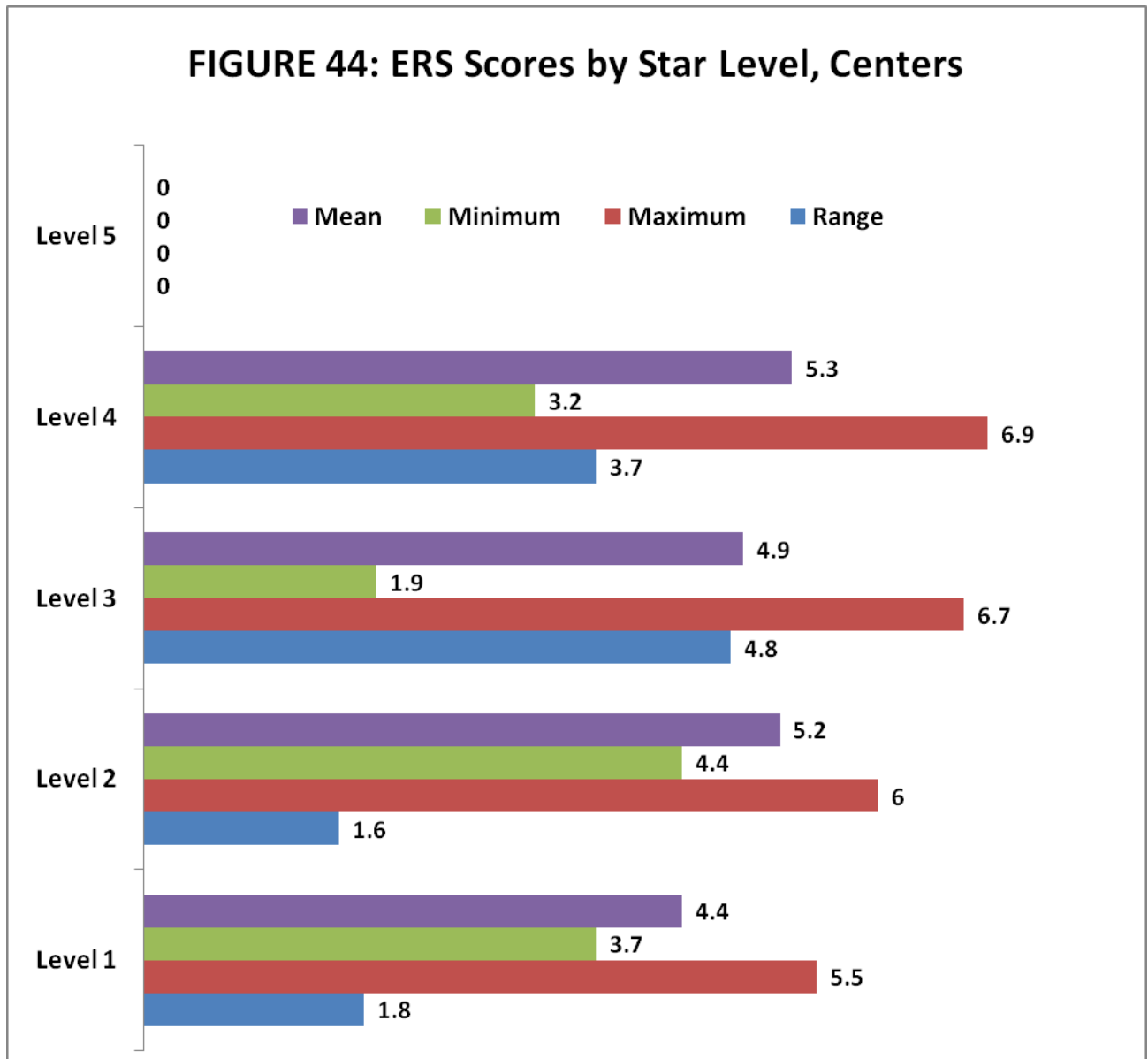
**FIGURE 43: ERS Scores by Star Level, All Participants With Checklist & ERS Observation**



**TABLE 28: ERS Scores by Star Level, Center Field Test Participants**

	Range	Maximum	Minimum	Mean
Star Level 1	1.8	5.5	3.7	4.4
Star Level 2	1.6	6	4.4	5.2
Star Level 3	4.8	6.7	1.9	4.9
Star Level 4	3.7	6.9	3.2	5.3
Star Level 5	0	0	0	0

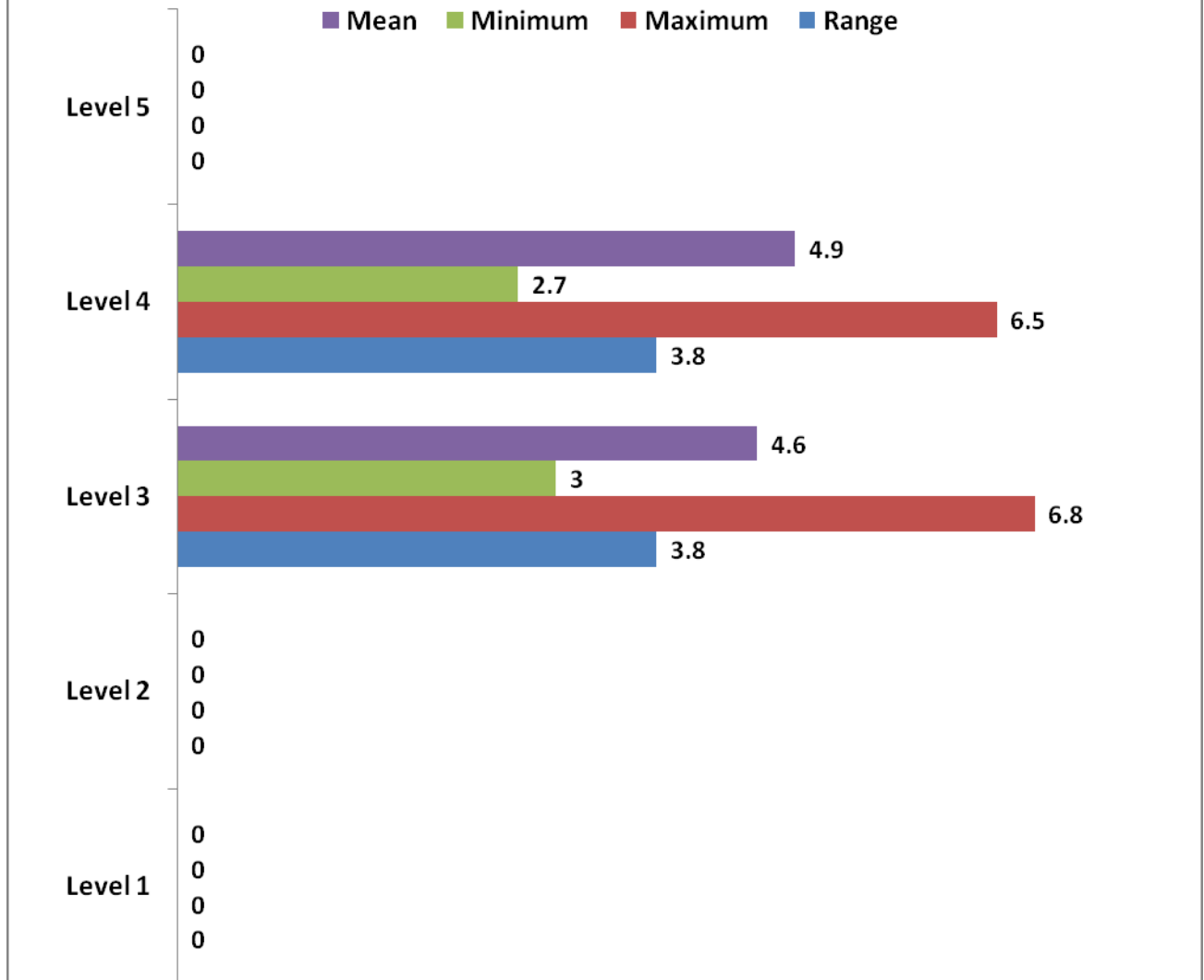
**FIGURE 44: ERS Scores by Star Level, Centers**



**TABLE 29: ERS Scores by Star Level, Public School Field Test Participants**

	Range	Maximum	Minimum	Mean
Star Level 1	0	0	0	0
Star Level 2	0	0	0	0
Star Level 3	3.8	6.8	3	4.6
Star Level 4	3.8	6.5	2.7	4.9
Star Level 5	0	0	0	0

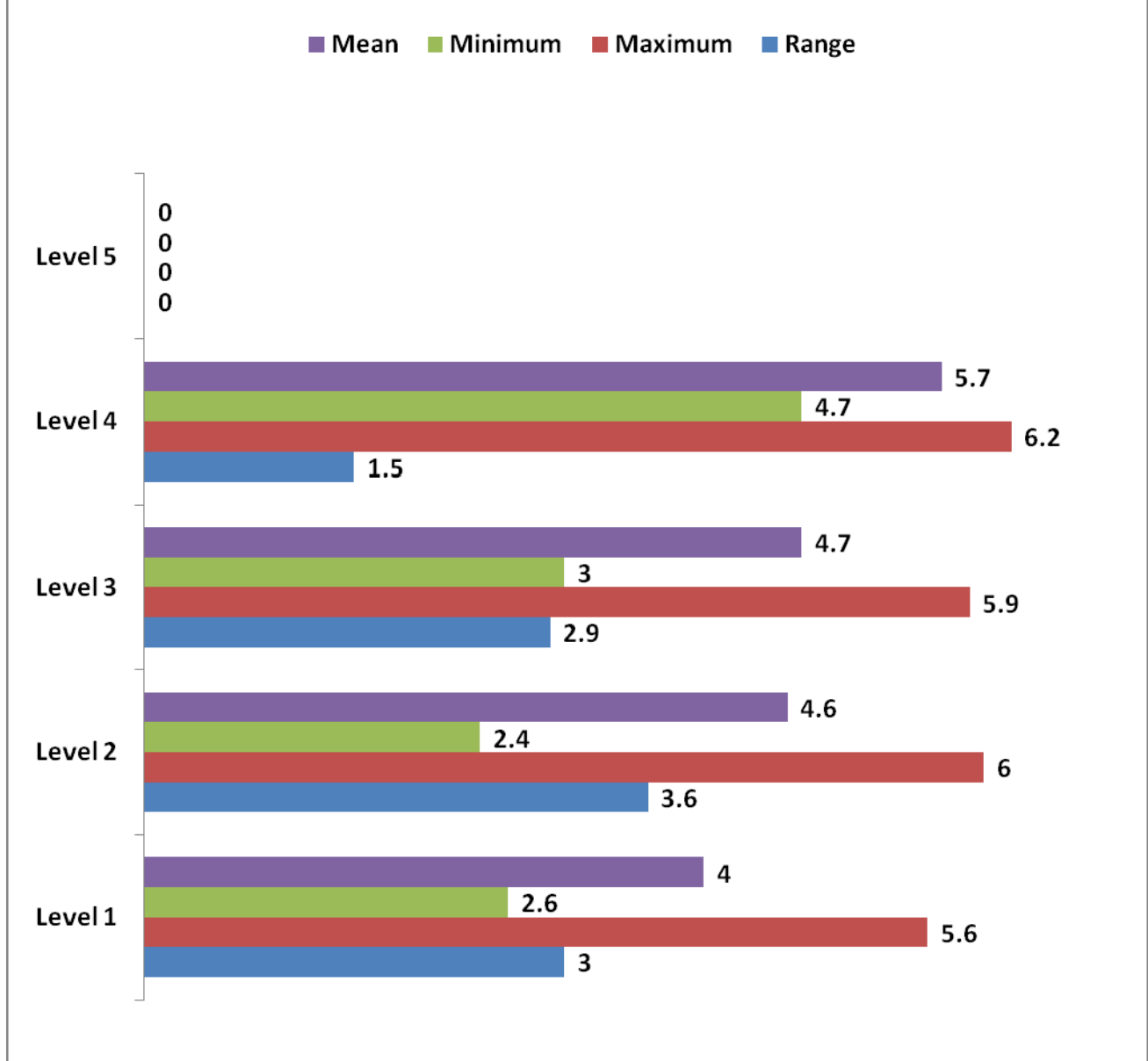
**FIGURE 45: ERS Scores by Star Level, Public Schools**



**TABLE 30: ERS Scores by Star Level, Family/Group Family Child Care Home Field Test Participants**

	Range	Maximum	Minimum	Mean
Star Level 1	3	5.6	2.6	4
Star Level 2	3.6	6	2.4	4.6
Star Level 3	2.9	5.9	3	4.7
Star Level 4	1.5	6.2	4.7	5.7
Star Level 5	0	0	0	0

**FIGURE 46: ERS Scores by Star Level, Family/Group Family Child Care Homes**



**3. Alignment of Quality in Preschool Classrooms Based on Different Observation Instruments**

**Summary Statements:**

- Overall, observations of global quality (using the ECERS) and of specific supports for language and literacy development and social-emotional growth in preschool



classrooms (using the Supports for Early Literacy Assessment (SELA) and the Supports for Social-Emotional Growth Assessment (SSEGA) instruments) are correlated. However, classrooms judged to be of high quality based on ECERS scores have significant weaknesses in supports for children’s language, literacy, and social-emotional growth.

- The discrepancy between global quality based on ECERS scores and the more domain specific scores are also evident in classrooms judged to have adequate global quality; these classrooms were found to have substantial weaknesses in the supports for language, literacy, and social-emotional skills.

***Implications:***

- These findings suggest that QUALITYstarsNY might consider using one or more additional preschool classroom assessment instruments that measure the quality of supports for preschoolers’ language, literacy, and social-emotional growth in addition to the global measure of quality obtained from the ERS.
- Selecting an additional assessment or subscale will require careful consideration of candidate measures’ technical features and research on their ability to predict positive learning outcomes. In addition, the complexity of the measure and costs of training should be considered.<sup>39</sup>

***Evidence:***

As part of the field-test evaluation, an additional assessment was conducted in a subset of 31 preschool classrooms to explore whether global ratings of the quality of the learning environment based on the ECERS corresponded with ratings of the quality of supports within the classroom for children’s language, literacy, and social-emotional development. This assessment included a subset of items from two instruments: 1) The Supports for Early Literacy Assessment (SELA) and 2) The Supports for Social-Emotional Growth Assessment (SSEGA).<sup>40</sup>

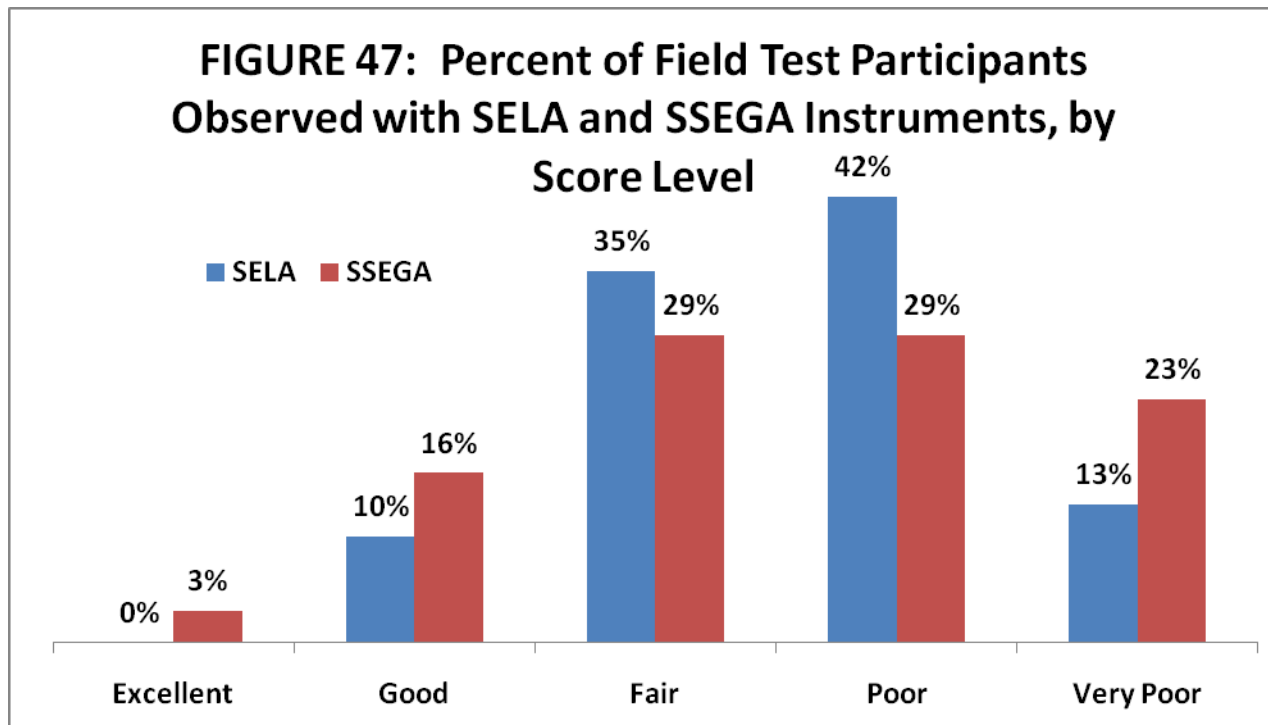
In each classroom, one observer administered the ECERS and another administered a consolidated assessment comprised of SELA and SEGA items; these assessments were conducted at the same time by the two trained raters. The classrooms included in the sample were all from the New York City metropolitan area, including the Brooklyn, Manhattan, and Queens boroughs of the City and in the suburban counties of Nassau, Suffolk, and Westchester.

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<sup>39</sup> More detailed information on resources for considering additional observational instruments are provided in Appendix M.

<sup>40</sup> See Appendix J for a full description of the SELA and SSEGA and a summary of items used in the field test evaluation.

The SELA and SSEGA scores were divided into quality levels as follows: 0-1.4 = Very Poor; 1.5-2.4 = Poor; 2.5-3.4 = Fair; 3.5-4.4 = Good; 5 = 4.5 and above = Excellent. The distribution of SELA and SSEGA scores for the 31 classrooms is shown in Figure 47 and Table 31, and reflects overall fair to poor support for children’s language, literacy, and social-emotional development.



**TABLE 31: Percent of Observed Classrooms by Level of SELA or SSEGA Score**

	SELA			SSEGA	
	TOTAL	ORAL LANGUAGE	PRE-READING SKILLS	TOTAL	SOCIAL-EMOTIONAL SKILLS
Excellent	0%	3%	3%	3%	3%
Good	10%	13%	7%	16%	16%
Adequate	35%	29%	16%	29%	29%
Fair	42%	39%	61%	29%	23%
Poor	13%	16%	13%	23%	29%

Statistically significant moderate to strong correlations were found between ECERS total scores and both SELA (Pearson’s  $r = .64$ ) and SSEGA (Pearson’s  $r = .68$ ) total scores. These correlations indicate that, overall, classrooms rated lower or higher on the ECERS also were similarly rated lower or higher on the SELA/SEGA assessment. However, as discussed below, an examination of SELA and SEGA scores across classrooms with ECERS scores ranging from inadequate to excellent suggests that ECERS scores do not fully reflect the quality of classroom supports for preschoolers’ language, literacy, and social-emotional growth.

As Table 32 shows, there is more consistency between the ECERS scores and SELA and SSEGA scores in the lowest level of global quality than in the higher levels. Classrooms with ECERS scores indicating minimal to inadequate global quality had average SELA and SSEGA scores that fell mostly in the very poor and poor levels. Classrooms with ECERS scores indicating adequate quality had a range of SELA and SSEGA scores from very poor to good, with average scores in the poor to fair range. Classrooms showing good to excellent global quality on the ECERS had average SELA and SSEGA scores mostly at the fair level. Among the ten classrooms with ECERS ratings in the good to excellent levels, 8 had SELA scores in the poor to fair levels and 7 had SSEGA scores in the poor to fair levels.

**TABLE 32: Mean and Range of SELA and SSEGA Scores by ERS Level**

ERS LEVEL	SELA			SSEGA		
	Mean	Highest-Lowest	Range	Mean	Highest-Lowest	Range
Excellent (6 & 7)	3.3	2.9-3.9	1.0	3.3	2.1-4.8	2.7
Good (5)	2.9	2.5-3.9	1.4	3.5	2.4-4.4	2.0
Adequate (4)	2.4	1.1-3.9	2.8	2.7	1.2-3.9	2.7
Minimal (3)	1.7	1.2-2.5	1.3	1.7	1.1-2.7	1.6
Inadequate (1)	1.7	1.5-1.8	0.3	1.3	1.0-1.7	0.7

Further, an examination of SELA and SSEGA subscale scores suggests particular weaknesses in classroom quality that may be obscured by global ECERS ratings. Classrooms with ECERS scores in the good range had a mean score for the SELA oral language scale in the fair range.

Classrooms with ECERS scores at the good and excellent levels had mean scores for the SELA pre-reading skills subscale in the fair and poor levels, respectively. Overall, the SELA subscale scores reflect only fair to weak supports for oral language and pre-reading skills in classrooms rated as good to excellent on the ERS. (See Table 33.)

**TABLE 33: Mean and Range of SELA Subscale Scores by ERS Level**

ERS LEVEL	SELA Supports for Oral Language			SELA Supports for Pre-Reading Skills		
	Mean	Highest-Lowest	Range	Mean	Highest-Lowest	Range
Excellent (6 & 7)	3.6	2.7-4.7	2.0	2.3	2.3-2.3	0
Good (5)	3.1	2.3-4.3	2.0	2.6	1.7-4.5	2.8
Adequate (4)	2.5	1.3-4.0	2.7	2.1	1.0-4.0	3.0
Minimal (3)	1.7	1.3-2.5	1.2	1.7	1.0-2.5	1.5
Inadequate (1 & 2)	1.5	1.3-1.7	0.4	1.5	1.0-1.7	0.7

In these classrooms, teachers are using some supports for children’s oral language, but are also missing many opportunities to promote language growth, such as:

- Using and explaining new vocabulary during read-alouds and interactions throughout the day (e.g., “let’s ‘stretch’ our arms high the way Peter stretches to reach the top of his tower”);
- Planning activities which provide experiences in rich, extended conversation (e.g., a small-group, hands-on activity with discussion about a concept related to the current curriculum theme); and
- Actively encouraging children’s use of new language (e.g., “Can you think of a time when you were ‘frustrated?’”).

In place of frequent use of these language supports, teachers tend to use a fair amount of management language (e.g., “let’s sit tall to listen to this book,” “time to clean up”). Pre-literacy development associated with phonemic awareness and exposure to print are not supported in classrooms where teachers spend little or no time on these skills. Examples of supports for these skills include helping children learn letters and become aware of sounds in words through games (e.g., the “memory” game played with pictures of objects starting with different letters and sounds) and calling attention to print (e.g., the teacher helps children find a labeled bin for round-shaped blocks, by saying, “let’s look for ‘r,’ the first letter of ‘round’”).

As was found with the SELA, classrooms with good to excellent global ECERS scores show a mean score for the SSEGA subscale measuring classroom supports for social-emotional skills in the fair range. (See Table 34.)

**TABLE 34: Mean and Range of SSEGA Subscale Scores by ERS Level**

ERS LEVEL	SSEGA Supports for Social-Emotional Skills		
	Mean	Highest-Lowest	Range
Excellent (6 & 7)	3.2	2.0-4.7	2.7
Good (5)	3.3	2.4-4.4	2.0
Adequate (4)	2.7	1.3-3.7	2.4
Minimal (3)	1.6	1.0-2.6	1.6
Inadequate (1 & 2)	1.2	1.0-1.4	0.4

In these classrooms, teachers are likely to show general warmth toward children, but are missing opportunities to intentionally promote children’s social-emotional competence through such methods as coaching children to use friendship or conflict resolution skills, helping children find ways to manage frustration, and teaching children emotion vocabulary.

Appendix J includes a table with comments by observers for classrooms with SELA and SSEGA scores at different levels. This appendix also provides more information about these observation tools.

#### **4. Alignment of Quality in Infant and Toddler Care Settings Based on Different Observation Instruments**

##### ***Summary Statements:***

- The Program Assessment Rating Scale (PARS) captures specific and comprehensive indicators of interaction quality in infant and toddler care settings in both center-based classrooms and family/group family child care homes. Overall, scores on PARS appear largely unrelated to overall ERS scores.

##### ***Implications:***

- Results from the field test indicate that the PARS assessment tool provided useful information about critical aspects of quality that was not captured by the ERS tools. Observations using the PARS should be considered for QUALITYstarsNY to complement the ERS in measuring the quality of the care environments for infants and toddlers.

- Detailed observer comments, which are used in the PARS scoring, should be used in developing quality improvement plans as they provide concrete examples of areas of strength and areas for improvement.<sup>41</sup>
- New York State is currently investing in training Infant Toddler specialists in the PITC program (the modality of care for which the PARS assessment tool was originally developed).

***Evidence:***

The Program Assessment Rating Scale (PARS) is a recently developed observational tool designed to assess the quality of center and home-based infant and toddler early care and education settings. It is part of the Program for Infant/Toddler Care (PITC), a comprehensive training system for infant and toddler teachers developed by WestEd.

The PARS is grounded in research that points to the interrelatedness of social-emotional, intellectual, language, and physical development and learning and shows that young children’s learning is best supported through responsive, relationship-based nurturance (Bornstein & Bornstein, 1995; Shonkoff & Phillips, 2000, Lally & Mangione, 2006). Based on this research, the PARS assesses the extent to which program policies and procedures, the care environment, and interactions with care teachers support infants and toddlers’ social-emotional development. More information on the PARS instrument is provided in Appendix K.

For the purposes of the QUALITYstarsNY field test, items from 2 subscales (Quality of Adult Interactions with Infants/Toddlers and Relationship-Based Care) were selected for inclusion in the program observation.<sup>42</sup> These subscales assess provider-child interactions in great detail, and thus complement the information gathered as part of the Environment Rating Scales. The Quality of Adult Interactions with Infants/Toddlers subscale consists of 7 items and 28 sub-items, with each sub-item scored as “met” or “not met.” This subscale assesses the responsiveness of individual caregiver interactions with the infants and toddlers in their care, and covers responsiveness and sensitivity to children, positive tone and attentiveness, responsive engagement and intervention, respect for infants’ initiative and choices, facilitation of cognitive development and learning, adult use of language and communication and adult support of children’s language development and communication. The Relationship-Based Care subscale assesses the extent to which caregiving practices and program procedures satisfy infants’ and toddlers’ individual needs by building predictable and supportive relationships with 1 or 2 caregivers. One item (4 sub-items), assessing the extent to which the caregiver follows children’s individual schedules, was included for use in the field test observations.

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<sup>41</sup> Additional suggestions for using the PARS in QUALITYstarsNY are provided in Appendix K.

<sup>42</sup> While there are items specific to family/group family child care homes and center settings in the full PARS instrument, the items selected for the field test were identical across settings.

The QUALITYstarsNY field test included PARS observations in 18 infant and toddler center-based classrooms and 9 family/group family child care homes where infants or toddlers were present. The sites in which PARS observations were made were in the central and western parts of the state including Albany, Broome, Chemung, Erie, Monroe, and Onondaga counties.

The observations for the PARS assessments are conducted at the individual caregiver level. In center-based programs, PARS scores were averaged across the observed caregivers for these analyses. Sub-items were averaged in order to create subscale scores, which range from 0 to 4. For the purposes of this analysis the one item from the Relationship-Based Care subscale was included with the items from the Quality of Adult Interactions with Infants/Toddlers when computing caregiver and site averages. PARS scores can range from 1 (inadequate) to 4 (excellent).<sup>43</sup>

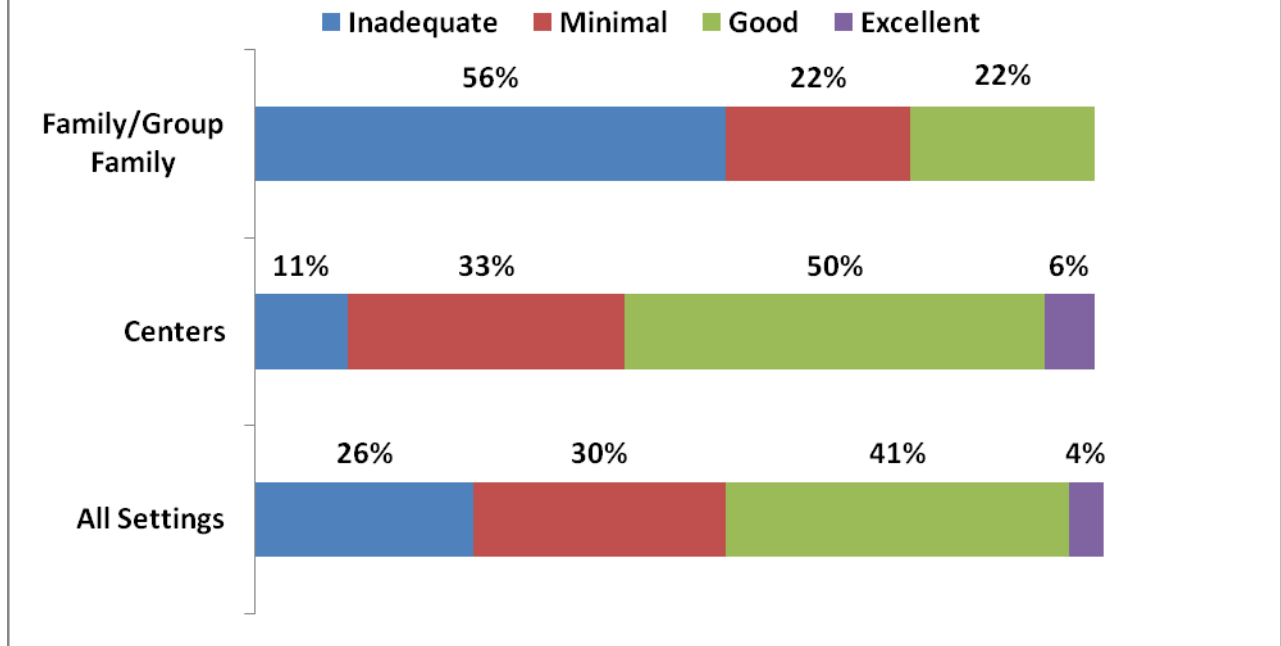
In order to score the PARS assessment tool, observers watch for very specific examples of how providers interact with and support individual children's care and development. Appendix K provides examples of individual PARS items and comments provided by observers to support ratings of "met" or "not met," as well as other information about the PARS.

Overall, the largest number of settings (41%) scored in the "good" range. Only one site was assessed at the "excellent" level, while about one-quarter (26%) were rated as inadequate. However, there were striking differences in the distribution of quality levels based on the PARS between center and family/group family child care home settings. More than half of the family/group family child care settings were "inadequate" as rated by the PARS and none received a rating of "excellent". Center-based classrooms were most often rated as "good" (50% of classrooms), with only 11% rated as inadequate. (See Figure 48 and Table 35.)

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<sup>43</sup> Scores ranging from 0 to 1.79 are classified as "inadequate," scores from 1.8 to 2.79 are classified as "minimal," scores from 2.8 to 3.99 as "good," and scores of 4 as "excellent." Care settings at the inadequate level meet 45 percent or less of the total number of items, settings at the minimal level meet between 45 and 70 percent of the items, settings at the good level meet between 70 and 99 percent of the items, and settings classified as excellent meet 100 percent of the items.

**FIGURE 48: Percent of Field Test Participants Observed, by PARS Score Level**



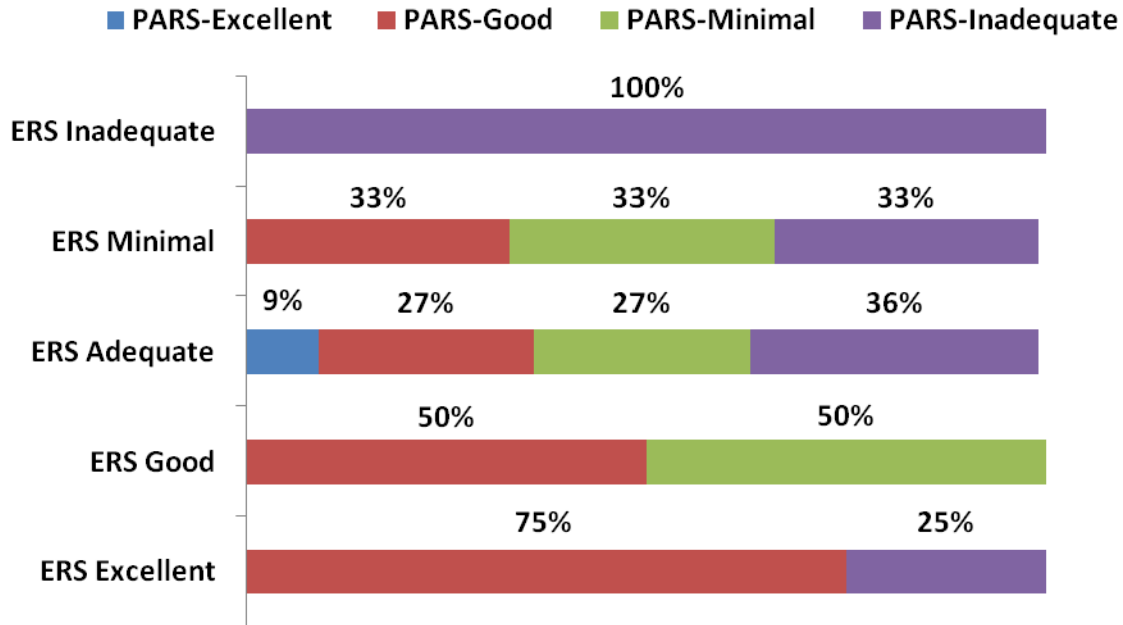
**TABLE 35: Percent of Field Test Participants by PARS Score Level**

	Inadequate	Minimal	Good	Excellent
All Settings	26%	30%	41%	4%
Centers	11%	33%	50%	6%
Family/Group Family Child Care Homes	56%	22%	22%	0%

Overall, scores on PARS appear largely unrelated to overall ERS scores. (See Figure 49 and Table 36.) In nearly half (44%) of the observations conducted, programs scored as adequate, good, or excellent on the ERS, but as inadequate or minimal on the PARS. This pattern is especially striking when comparing PARS scores to the Interaction subscale of the ERS observation tool, where more overlap in scores might be expected because of more similar content. In this case, 51% of programs that scored in the adequate to excellent range of the ERS scored in the inadequate or minimal range on the PARS.



**FIGURE 49: Percent of Field Test Participants Observed with PARS Instruments, by Score Level**



**TABLE 36: Mean and Range of PARS Scores by ERS Level**

ERS Level	PARS		
	Mean	Highest -Lowest	Range
Excellent (6 & 7)	3.0	1.7-3.7	2.0
Good (5)	2.7	2.0-3.4	1.4
Adequate (4)	2.3	0.7-4.0	3.3
Minimal (3)	2.1	1.0-3.1	2.1
Inadequate (1 & 2)	1.0	1.0-1.0	0

The PARS emphasis on *individual* children likely explains some of differences in quality ratings as assessed by the PARS and ERS tools. To be rated well on many of the individual PARS items, caregivers must be meeting the needs of each *individual* child in their care. If a caregiver meets some children’s needs well, but fails to address the needs of others on a consistent basis, items on the PARS are scored as “not met.” The ITERS, in contrast, tends to place an emphasis on individual children only at the “excellent” level of care (e.g., item 7.1 states “interaction is responsive to each child’s mood and needs”).

The PARS also breaks down interactions into individual components with specific requirements. For example, items on the PARS include the following:

- The infant/toddler care teacher regularly communicates with mobile and older infants to find out whether they would like to interact or engage in an activity.
- The infant/toddler care teacher frequently talks with children (birth to 36 months) at appropriate times and consistently gives the children opportunities and time to respond.

In contrast, the ITERS includes more general items such as “Staff talk to the children frequently throughout the day during both routines and play” (indicator 5.1 from the “Helping children understand language” item). Thus the PARS captures more subtle and specific indications of quality related to caregiver-child interactions. By deliberately separating out different aspects and types of communication, the PARS aims to provide a detailed picture of the types of communication (both verbal and non-verbal) between caregivers and children.

Three out of the four PARS observers also had experience using the ERS instruments. All three indicated that the PARS was a helpful complement to ERS ratings and seemed to capture aspects of quality different from those emphasized in the ERS. In some instances, they even indicated that the PARS allowed them to more accurately assess providers on some quality dimensions. Observers made the following kinds of comments during a focus group:

*“I had to give a higher score than I wanted to if followed FCCERS exactly for interaction items. The provider did ask questions, and made eye contact, but it was all while sitting on the couch knitting or talking from other room.”*

*“I found the ITERS interaction sub scale lacking. Especially after doing PARS, it’s really apparent how lacking interaction is on ITERS. I hate to circle high scores on ITERS, knowing that it’s really inadequate.”*

*“There is a disconnect between those two tools completely. Programs can be very rich in relationships, but don’t have a lot of “stuff” or a gorgeous playground. Or you can have teachers not interacting with kids, standing around talking with each other.”*

## **5. Alignment of Quality Based on Points, ERS Observations, and Observations of Nutrition and Physical Activity**

### ***Summary Statements:***

- The nutrition and physical activity scores for observed field test participants were about half of the maximum possible. While no set levels for quality have been established and the maximum scores in some categories could not be assigned when not apparent

to the observer,<sup>44</sup> these scores appear to indicate some weakness in these aspects of quality.

- The nutrition observation scores were not correlated with the ERS scores or with the points assigned based on the standards checklist.
- The physical activity observation scores were only with the points assigned based on the standards had low but positive correlations with the ERS scores and the points.

***Implications:***

- As measured in the field test, the nutritional quality of food served and opportunities for physical activity are independent of the other measures of quality. This suggests that adding nutrition and physical activity to the existing standards areas could both increase program and provider knowledge in these areas and improve the health of young children in early care and education settings.

***Evidence:***

At the same time that the ERS observations were being made, the observers used a checklist modified from the NAP SACC (Nutrition and Physical Activity Self-Assessment for Child Care) instrument. This form collected information on the types of foods offered to children and the opportunities for organized physical activity during the observation period. Nutrition observations were made in 45 (79%) of the family/group family child care homes, in 209 (79%) of the center classrooms, and in 20 (49%) of the public school classrooms in the field test. Physical activity observations were made in 42 (74%) of the family/group family homes, in 201(76%) of the center classrooms, and in 22 (54%) of the public school classrooms in the field test.

The nutrition observations were coded to represent healthy foods in the following categories:<sup>45</sup>

- Fruits/Vegetables (with serving raw fruits and vegetables, 100 percent fruit juice, vegetables cooked without fat and not fried, and dark green, yellow, or orange vegetables given the highest values, for a maximum possible score of 14)
- Beverages (with serving low fat milk and having water readily available given the highest values, for a maximum possible score of 7)
- High Sugar/High Fat Foods (with serving no high fat meats, fried meats, or sugary drinks given the highest values, for a maximum possible score of 6)

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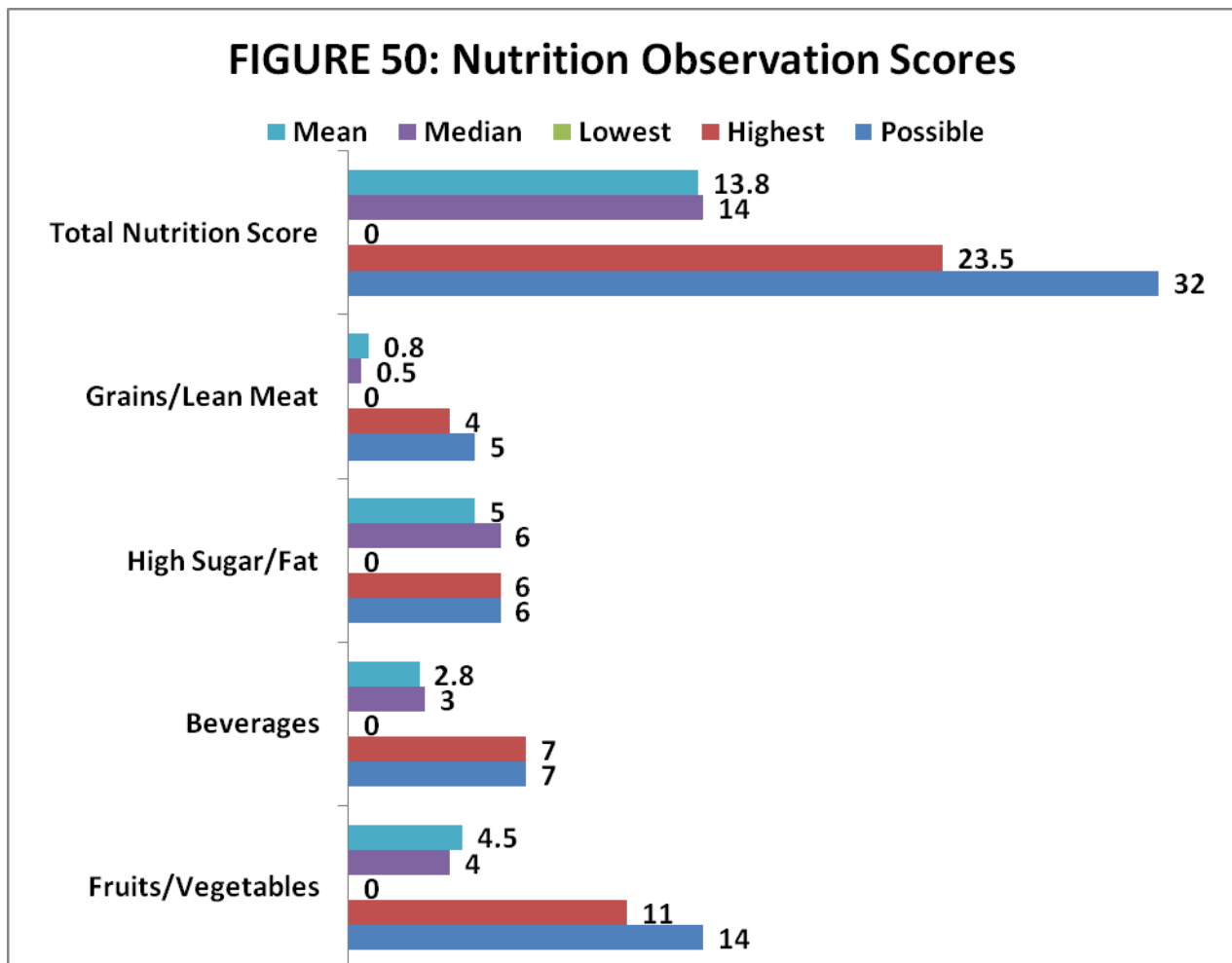
<sup>44</sup> For example, two points were assigned if milk was served; another one or two points were assigned depending on the fat content of the milk. In cases where the observer could not determine the fat content (for example, when the milk was served out of a pitcher rather than a carton), the initial two points were assigned but no points were assigned for the fat content.

<sup>45</sup> The observation instrument is included in Appendix A and coding instructions are shown in Appendix N.

- Grains/Lean Meats (with serving wheat bread, non-sugared cereals made with oats, and lean meats given the highest values, for a maximum possible score of 5)

These scores were then summed into a total nutrition score, with a maximum possible score of 32.

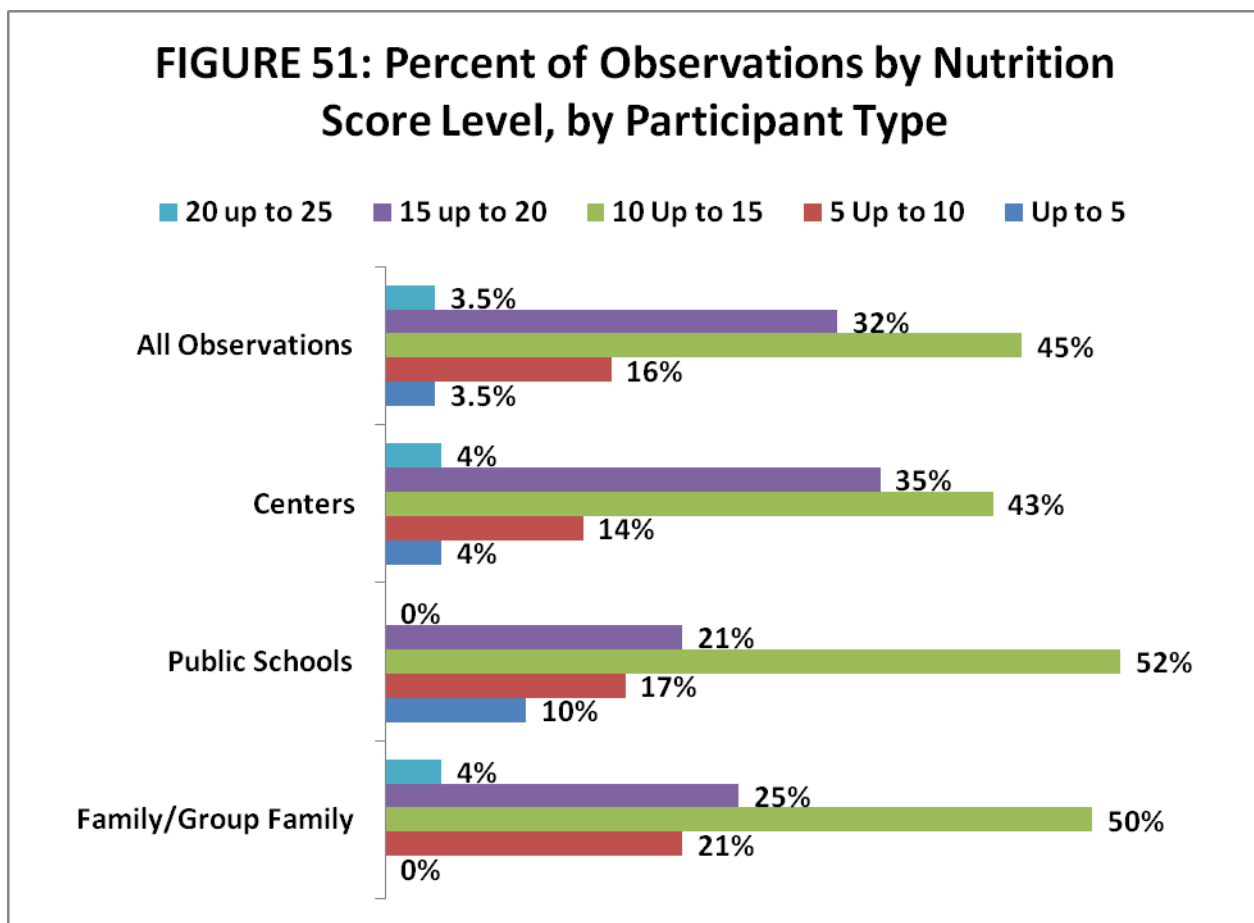
The average nutrition score among all observations (13.8) was less than half of the maximum possible, with Grains/Lean Meats, Fruits/Vegetables, and Beverages being particularly low, as shown in Figure 50 and Table 37.



**TABLE 37: Nutrition Observation Scores**

	Possible	Highest	Lowest	Median	Mean
Fruits/Vegetables	14	11	0	4	4.5
Beverages	7	7	0	3	2.8
High Sugar/Fat	6	6	0	6	5
Grains/Lean Meat	5	4	0	0.5	0.8
Total Nutrition Score	32	23.5	0	14	13.8

The total nutrition score was divided into levels, by 5 point increments, as shown in Figure 51 and Table 38. While there were no observations at the highest level (25 points or more), observations in public school classrooms and family/group family child care homes were somewhat lower than in center classrooms. The average (mean) score in center classrooms was 14.5, while the average in public school classrooms was 13.2 and in family/group family child care homes the average was 12.6.



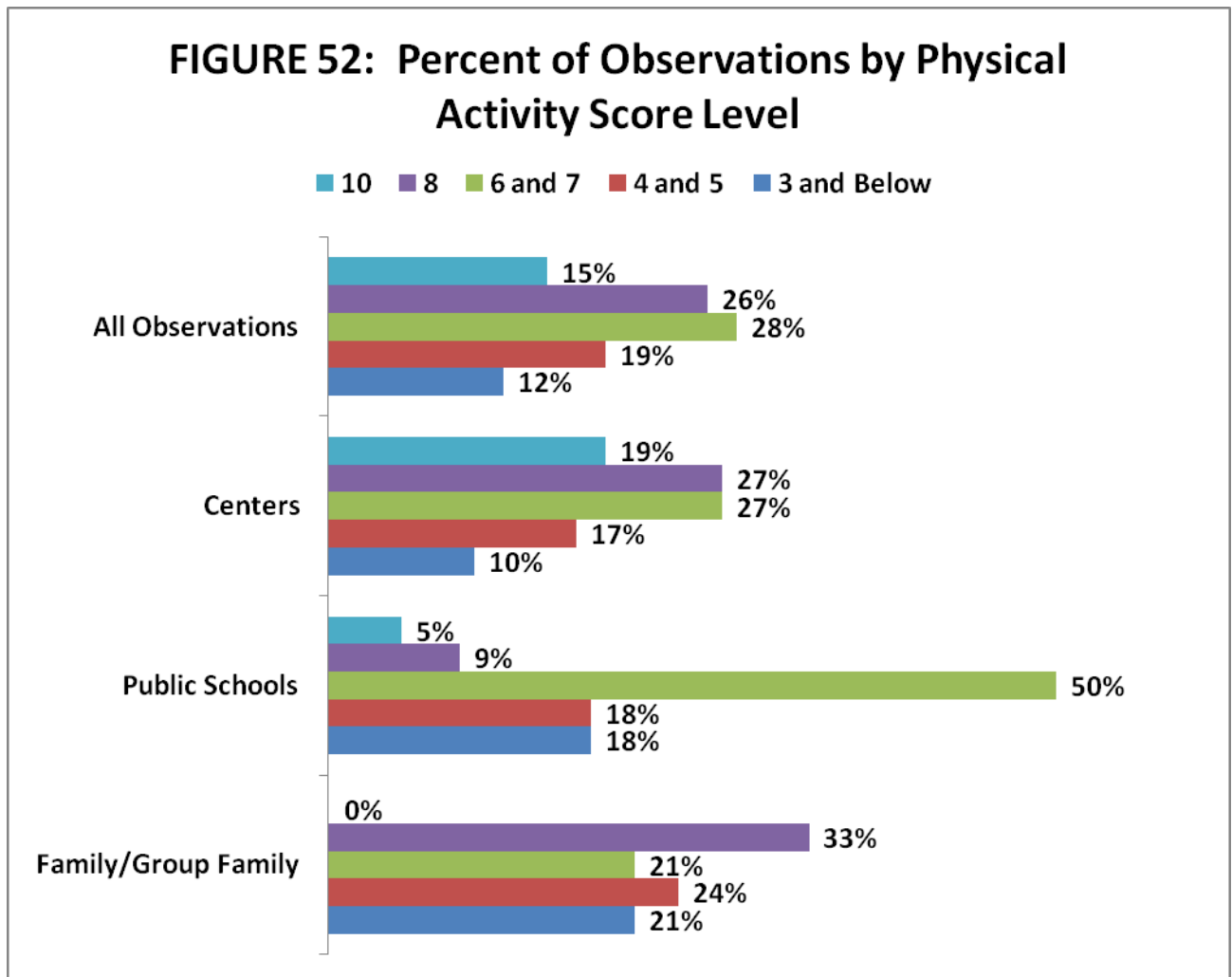
**TABLE 38: Percent of Observations by Nutrition Score Level**

	Up to 5	5 Up to 10	10 Up to 15	15 up to 20	20 up to 25
Family/Group Family Child Care Homes	0%	21%	50%	25%	4%
Public Schools	10%	17%	52%	21%	0%
Centers	4%	14%	43%	35%	4%
All Observations	3.5%	16%	45%	32%	3.5%

The maximum possible score on the physical activity observations was 10, based on whether space outside the classroom (or normal area where care was provided) was used for these activities, the availability of equipment specifically designed for gross motor play, and the

engagement of staff with the children in activities. The scores were divided into five levels, based on the overall distribution; scores through 3 were assigned to the first level, scores of 4 and 5 to the second level, 6 and 7 to the third level, 8 to the fourth level, and 10 to the fifth level.

In the case of physical activity as with nutrition, center classrooms tended to score the highest, followed by public school classrooms and family/group family child care homes. The average (mean) score for centers was 6.6, for public school classrooms it was 5.3, and for family/group family child care homes 5.4. (See Figure 52 and Table 39.)



**TABLE 39: Percent of Observations by Physical Activity Score Level**

	3 and Below	4 and 5	6 and 7	8	10
Family/Group Family Child Care Homes	21%	24%	21%	33%	0%
Public Schools	18%	18%	50%	9%	5%
Centers	10%	17%	27%	27%	19%
All Observations	12%	19%	28%	26%	15%

There was no relationship between global quality of the classroom or home environment as measured by the ERS and the classroom’s nutrition score. However, the physical activity scores and the ERS scores were correlated, although only modestly. The Pearson product moment correlation coefficient between these two scores was .28 (compared to a perfect one-for-one correlation of 1.0), statistically significant but not strong. When the relationship between physical activity score and ERS score was examined separately by type of site, only in center classrooms were these scores correlated at .36. There was no correlation between physical activity and ERS scores in public school classrooms or family/group family child care homes.

The nutrition and physical activity scores were averaged across observed classrooms in centers and public schools so that the relationship between these average scores and the number of points assigned based on the standards checklist could be analyzed. (Since there was only one observation in family/group family child care homes, the observation scores and the site scores were the same.) There was no correlation between nutrition score and number of points. The correlation between physical activity score and number of points, while statistically significant, was quite small at .17.

### **C. PARTICIPANT UNDERSTANDING OF QUALITYstarsNY STANDARDS**

#### ***Summary Statements:***

- Many test participants reported knowing more about the quality of early care and education settings after the field test.
- This finding was particularly true for participants who had not previously been involved in a quality assessment and improvement effort.
- Even many participants who holding national accreditation reported now knowing more about quality.
- Field test participants reported difficulty with the standards, particularly those in the areas of curriculum and financial policies and practices.
- Many more participants had difficulty determining how to complete the checklist and supply documentation related to the standards than understanding the standards themselves.
- There were a few subcategories of the standards that gave family providers more difficulty than they did for centers and public schools, particularly when these

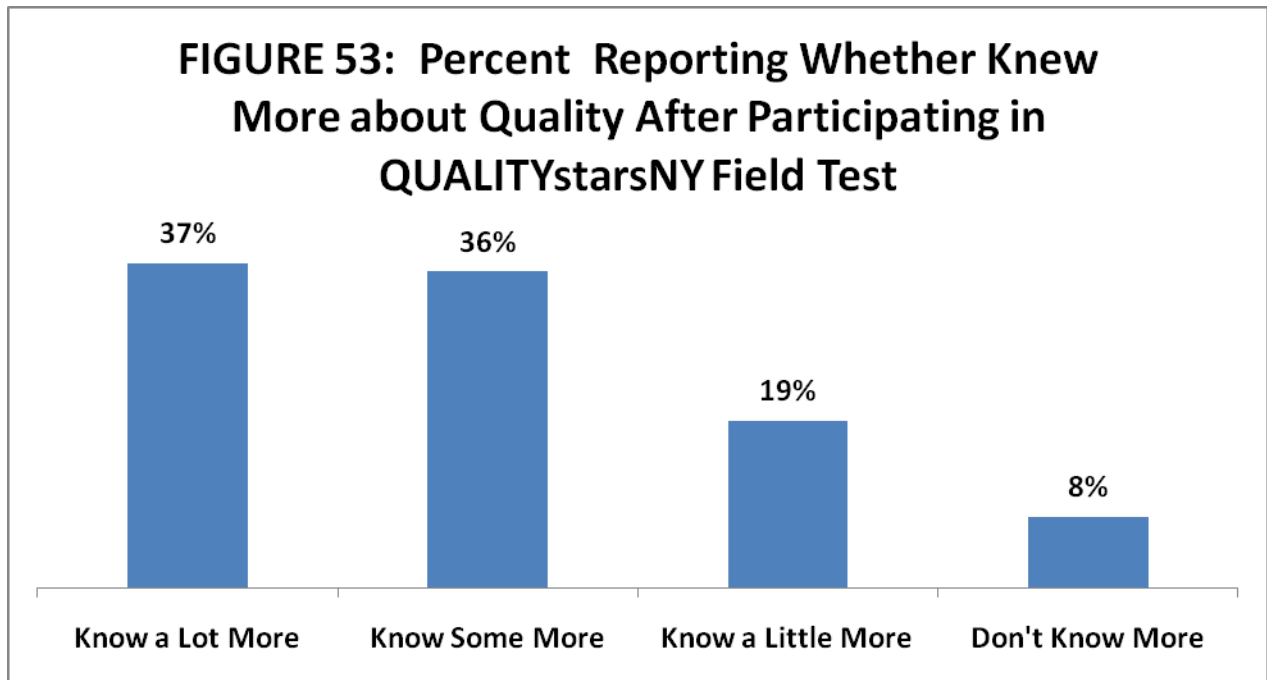
providers relied on verbal communication with families and believed that documentation was not needed for management procedures where they were the “manager” as well as the provider.

**Implications:**

- As intended, QUALITYstarsNY is an effective way to inform programs and providers – as well as parents and other stakeholders – about the critical dimensions of quality.
- More attention to explaining the rationale for the standards and how written documentation is related to quality of practice may help avoid rote compliance with the standards without actually affecting practice, a potential risk of heavy reliance on submitted documentation without on-site review.
- More detailed guidance on possible evidence of the standards, including the expected elements in acceptable documents, would likely reduce the burden on participants as well as lead to improved practice.

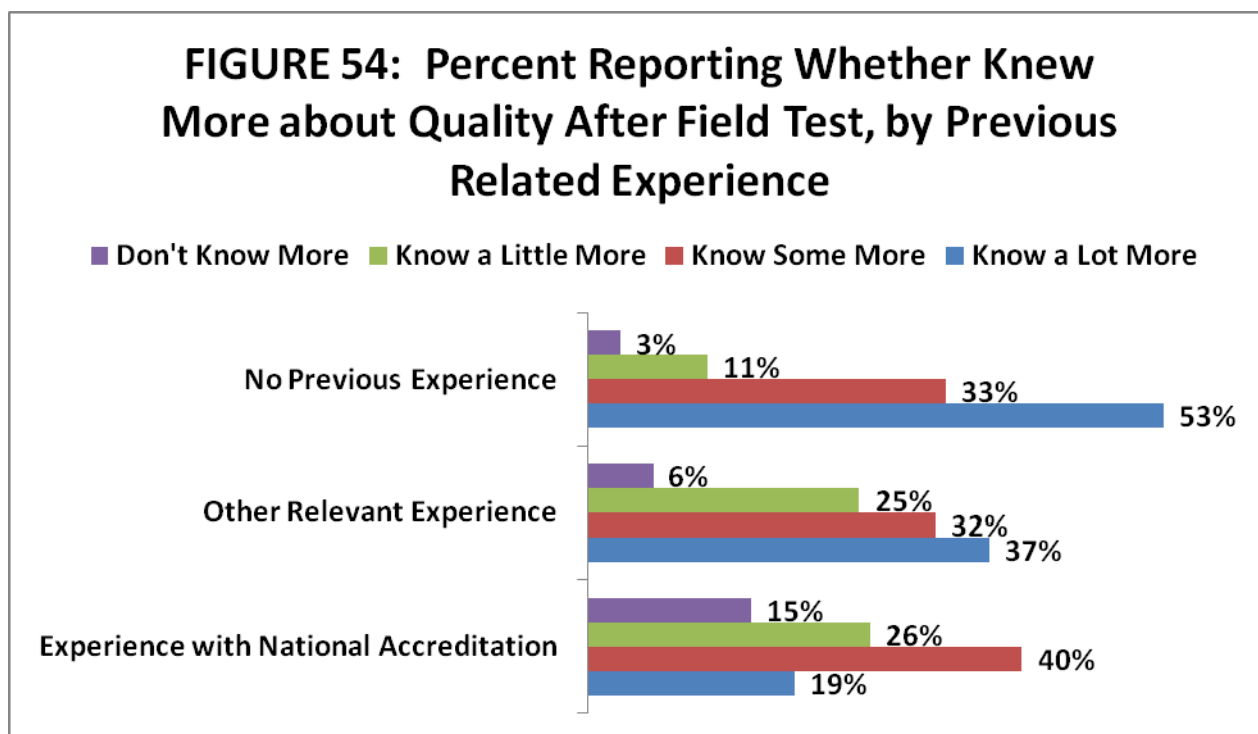
**Evidence:**

Almost three-quarters of the field test participants noted that going through the QUALITYstarsNY process had increased their knowledge of what makes a quality early care and education setting. More than one-third reported “I feel I know a lot more now” to the question “After going through the QUALITYstarsNY process, do you feel you know more about what makes a quality early care and education setting.” (See Figure 53.)





Field test participants who had previously been through a similar quality assessment and improvement process such as accreditation were better informed about what makes a quality early care and education setting. Fewer center participants reported holding NAEYC or NAFCC accreditation indicated that going through QUALITYstarsNY substantially increased their knowledge; 19% of those reporting national accreditation indicated that they knew a lot more about quality after the field test, compared with 37% of those with other similar experiences and 37% with no comparable prior experience. However, among the 60 percent of responding participants who had had no prior experience with quality assessment and improvement, more than half (53%) learned a great deal and another third (33%) learned some. (See Figure 54 and Table 40.)



**TABLE 40: Percent Reporting Whether Knew More about Quality After Field Test**

	Know a Lot More	Know Some More	Know a Little More	Don't Know More
Experience with National Accreditation	19%	40%	26%	15%
Other Relevant Experience	37%	32%	25%	6%
No Previous Experience	53%	33%	11%	3%

The survey submitted with the checklist and documentation included the opportunity for participants to indicate whether they had difficulty in understanding the standards in particular areas and whether they had difficulty deciding how to answer the items about the standards. (See Table 41.)

Generally, the standards themselves appeared to be understood by most field test participants. However, about one-fifth reported having difficulty understanding the standards related to curriculum planning and implementation and to financial accountability and sustainability. As noted below, these were also the subcategories of the standards for which participants had difficulty determining how to respond on the checklist.

Field test participants had much more difficulty determining how to respond to the standards as presented on the checklist – generally, the number reporting difficulty understanding the standards themselves was at least half the number having difficulty determining how to respond on the checklist.

**TABLE 41: Percent of Participants Reporting Difficulty with Standards Subcategories**

<b>Standards Subcategories</b>	<b>Difficulty Understanding</b>	<b>Difficulty Answering</b>	<b>Both</b>
Child Observation & Assessment	7%	32%	7%
Curriculum Planning & Implementation	20%	47%	17%
Communication with Families	9%	28%	7%
Family Involvement & Support	5%	34%	5%
Transitions	13%	29%	10%
Staff Retention	15%	30%	13%
Administrative Self-Assessment	13%	26%	12%
Financial Accountability & Sustainability	22%	47%	20%
Policies & Procedures	11%	32%	11%
Compensation & Benefits	12%	19%	9%
Planning	16%	30%	13%

Certain subcategories of the standards presented greater difficulty for many of the field test participants. One-third to one-half of participants reported difficulty in knowing how to respond for the following subcategories:

- Learning Environment: Child Observation & Assessment  
Curriculum Planning & Implementation
- Family Engagement: Family Involvement & Support
- Management & Leadership: Financial Accountability & Sustainability  
Policies & Procedures

Participants, regardless of whether they were family/group family child care providers, public schools, or centers, generally reported the same levels of difficulty with the standards. The exceptions, in which family/group family providers reported more difficulty than centers or schools were in the subcategories of child observation and assessment, family communication, family involvement and support, and staff retention.

The survey also provided opportunities for field test participants comment on whether the standards covered all important elements of quality. While only a few of the participants (generally between 10 and 15 in each subcategory) provided responses, typical comments are provided in Appendix L. Several major themes are apparent in these comments:

- Family/group family child care providers did not feel that the standards and the documentation requirements – particularly related to family engagement and management procedures – took into account the unique characteristics of their setting. They believed that the standards did not provide them opportunity for demonstrating their close relationships and informal communication with families. Family providers also believed that written policies and procedures were not necessary in settings in which they were the only or primary caregiver.
- Some participants of all types reported that the standards did not seem to dovetail with state requirements, either those of OCFS or SED. In some cases, participants believed that the standards were inconsistent with those requirements or did not reflect what was already required.
- Similarly, field test participants in all settings believed that some information was confidential and were reluctant to provide to an external body, although willing to provide for an on-site review.
- Some participants were also unsure or made suggestions about alternative practices or documents that they felt were equivalent to those described in the standards.

#### **D. USING THE QUALITY MEASURES TO INFORM QUALITY IMPROVEMENT**

As in all QRIS, QUALITYstarsNY is intended not only to measure quality and assign ratings to help families make informed choices about care settings for their children. One of its principal goals is to assist early care and education settings improve in the quality of care they provide to children. Therefore, the field test offered the opportunity to develop materials, tools, and processes for quality improvement based on the standards and the individual areas of strength and weakness identified for each participating center, public school, and family/group family child care provider. More details on the field test quality improvement materials, tools, and processes can be found in the Project Coordinator’s report. This section of the evaluation report describes the areas for improvement most often identified in the field test and how participants, in concert with quality improvement planning consultants, used information from the standards rating process to set priorities for quality improvement activities.

##### **1. Standards Categories in Which Improvements Were Most Often Needed**

###### ***Summary Statements:***

- Based on the field test point assignments and weighting, the category of the QUALITYstarsNY standards that fell short the most was Qualifications and Experience. This was true for all settings – centers, public schools, and family/group family child care homes. Administrator qualifications and experience was

particularly weak in centers, while teaching qualifications and experience was particularly weak in family/group family homes.

- Family/group family child care home settings were assigned only a fraction of the possible points in most areas of Management and Leadership and very few in the curriculum subcategory of the Learning Environment category, while strong in the subcategory of family involvement and support under Family Engagement.
- The weakest area – other than Qualifications and Experience – for centers was policies and procedures under Management and Leadership and for public school was communication under Family Engagement.

***Implications:***

- Increasing the quality of many early care and education settings to the level specified in the Qualifications and Experience category of QUALITYstarsNY will require considerable resources and time to achieve. Teaching staff and family/group family child care home providers will need both credentials and specific education and training in early childhood development, while center administrators and family providers will need to develop business management and administrator skills.
- Family/group family child care home providers, in particular, need across-the-board support in developing and/or documenting their management procedures and their approach to supporting children’s development and learning.

***Evidence:***

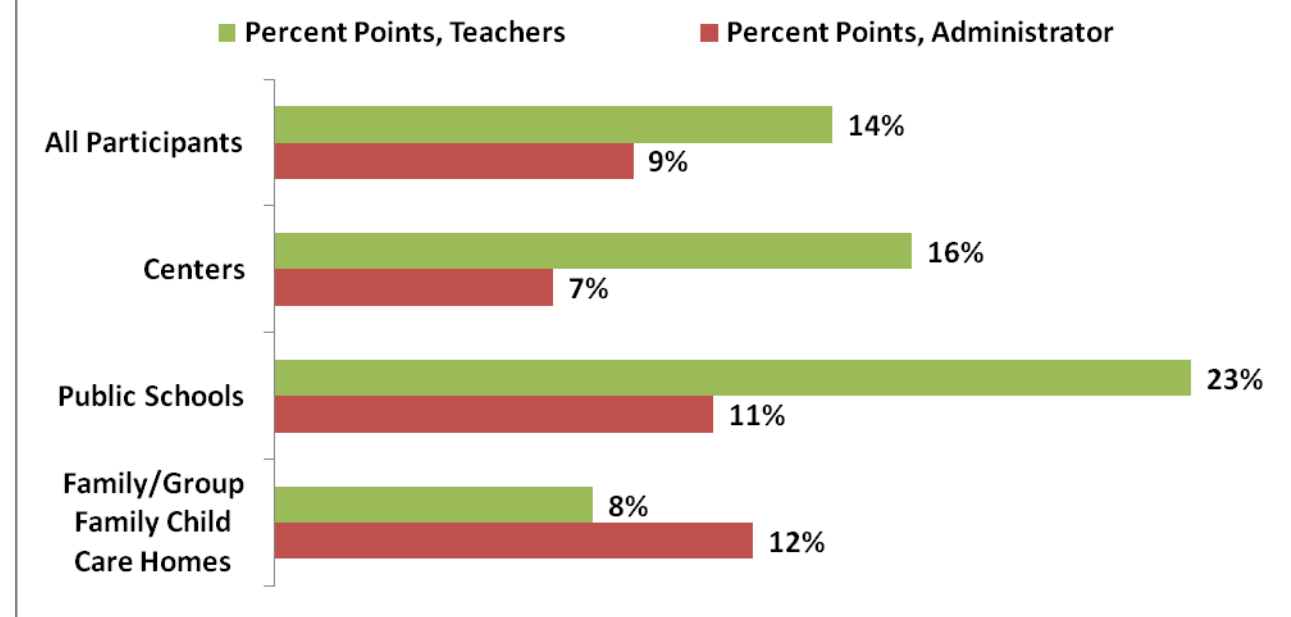
Information provided in Section A.1 above indicates that the standards category in which field test participants were assigned the lowest percentage of possible points was Qualifications and Experience. Points assigned were based on degrees and certificates earned, amount of formal education and training in early childhood development and early education, and years of experience in the field of early care and education. Administrators also needed education, training, and experience specifically in management and supervision.

On average, field test participants were assigned 15% of the maximum possible for Qualification and Experience – 14% for centers, 18% for public schools, and 13% for family/group family child care home settings. As can be seen in Table 42 and Figure 55, it was administrator credentials and experience that contributed most to the difference between points assigned and the maximum in centers and public schools. For family/group family child care home settings, it was teaching credentials and experience (for either the sole provider or for the lead provider and assistants) that was assigned the lower percentage of possible points.

**TABLE 42: Average Percent of Possible Qualifications & Experience Points Assigned**

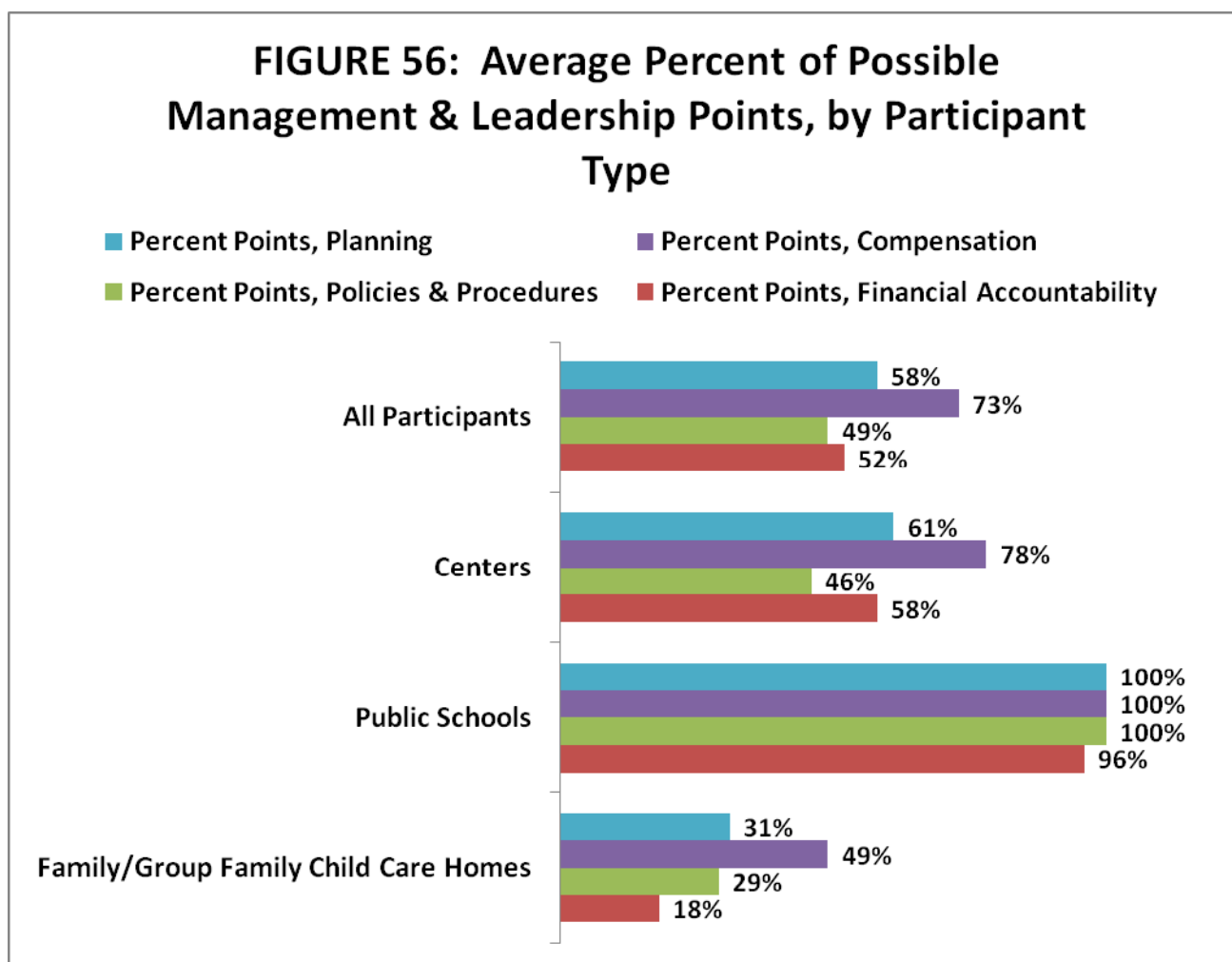
	Percent Points, Administrator	Percent Points, Teachers
Family/Group Family Child Care Homes	12%	8%
Public Schools	11%	23%
Centers	7%	16%
All Participants	9%	14%

**FIGURE 55: Average Percent of Possible Qualifications & Experience Points, by Participant Type**



Management and Leadership was the standards category for which field test participants were, on average, assigned the next lowest percent of possible points – 52% for all participants, 56% for centers, 86% for public schools, and 26% for family/group family child care home settings. It should be noted that public schools were automatically assigned 21 of the possible 25 points in this standards category, in recognition of their regulatory requirements for financial and other policies and procedures. Looking in detail at the subcategories within Management and Leadership for centers, the weakest area was in policies and procedures for which less than half of the possible points were assigned on average. (See Figure 56 and Table 43.) For family/group family child care home settings, participating providers on average were assigned less than one-third the possible points in financial accountability, policies and procedures, and planning. Perhaps surprisingly, the percentage of points assigned for staff compensation in both center and family/group family child care home settings were, on average, the highest of

all the Management and Leadership subcategories. However, for family/group family child home settings the average was still less than half of the possible points in the compensation subcategory.

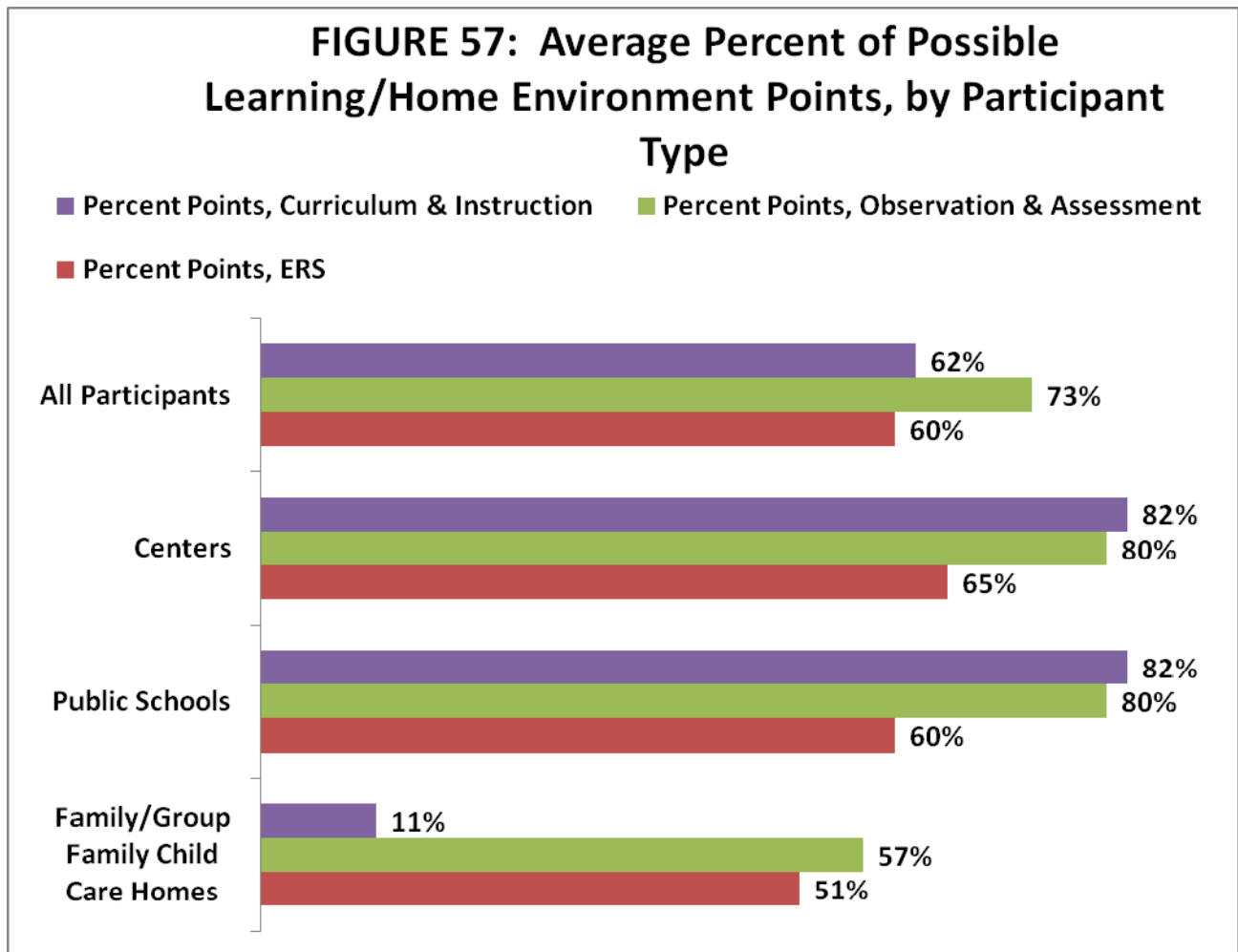


**TABLE 43: Average Percent of Possible Management & Leadership Points Assigned**

	Percent Points, Self-Assessment	Percent Points, Financial Accountability	Percent Points, Policies & Procedures	Percent Points, Compensation	Percent Points, Planning
Family/Group Family Child Care Homes	27%	18%	29%	49%	31%
Public Schools	39%	96%	100%	100%	100%
Centers	89%	58%	46%	78%	61%
All Participants	65%	52%	49%	73%	58%

Overall, field test participants were assigned an average of 61% each of the possible points in the Learning/Home Environment and Family Engagement standards categories. For the

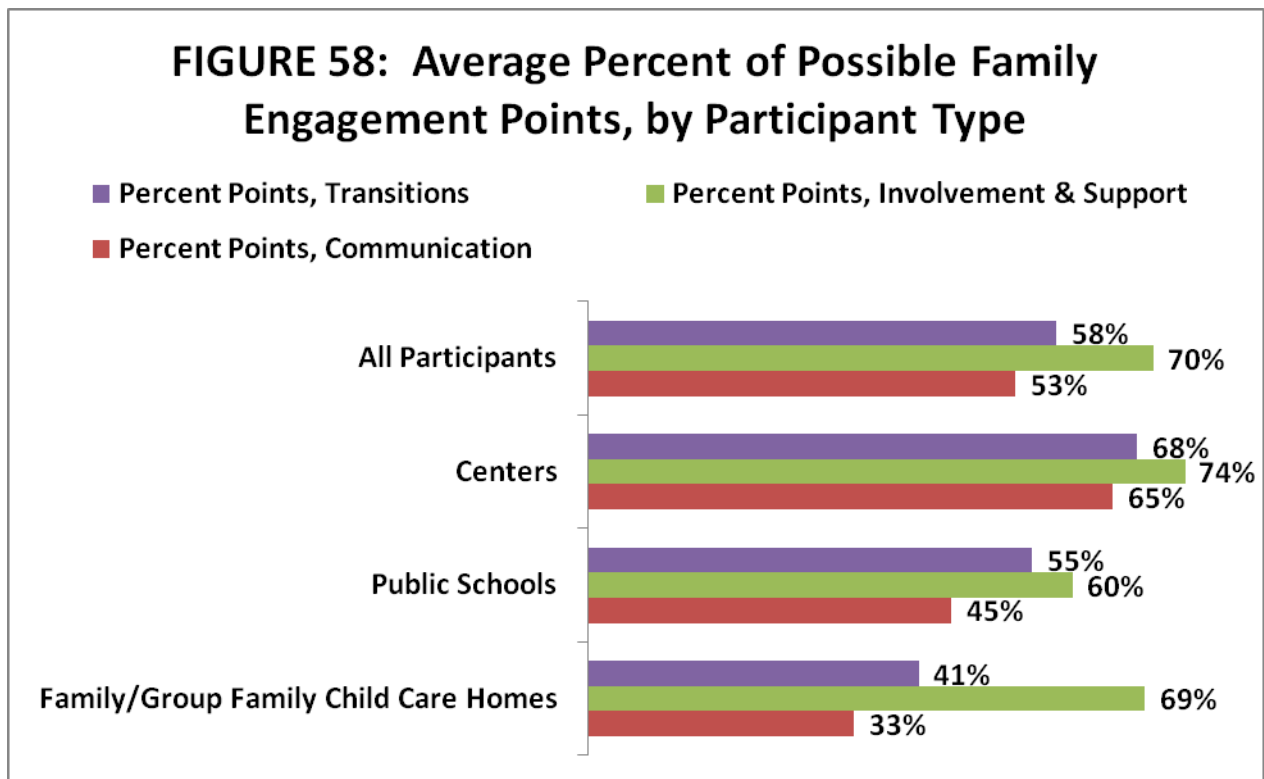
Learning/Home Environment standards category, the average percent of points assigned to centers was 69%, to public schools 67%, and to family/group family child care home settings 40%. The average percent of possible points in the curriculum and child observation subcategories for both centers and public schools was relatively high – in the 80 percent range. (See Figure 57 and Table 44.) This subcategory, on the other hand, was particularly weak for family/group family child care home settings, with an average of 11 percent of the possible points assigned to field test participants. On the other hand, all three settings were assigned the percentage of points for the classroom or home environment as measured by the ERS that were closer to each other – between 51% for family/group family child care home settings and 65% for centers, with public school classrooms at 60%.



**TABLE 44: Average Percent of Possible Learning/Home Environment Points Assigned**

	Percent Points, ERS	Percent Points, Observation & Assessment	Percent Points, Curriculum & Instruction
Family/Group Family Child Care Homes	51%	57%	11%
Public Schools	60%	80%	82%
Centers	65%	80%	82%
All Participants	60%	73%	62%

The average percent of points assigned in the Family Engagement standards category overall was 61% -- 69% for centers, 54% for public schools, and 49% for family/group family child care home settings. Family/group family home settings and centers were particularly strong in the family involvement and support subcategory, while family/group family home settings and public schools were relatively weak in the communication subcategory. (See Figure 58 and Table 45.)





**TABLE 45: Average Percent of Possible Family Engagement Points Assigned**

	Percent Points, Communication	Percent Points, Involvement & Support	Percent Points, Transitions
Family/Group Family Child Care Homes	33%	69%	41%
Public Schools	45%	60%	55%
Centers	65%	74%	68%
All Participants	53%	70%	58%

To summarize:

- **For all settings, credentials, training, and experience were low compared to the standards**, with a range of possible points assigned from 7% for administrative staff in centers to 23% for teaching staff in public schools.
- **In centers, policies and procedures under the Management and Leadership category was relatively weak**, with an average of 46% of points assigned.
- **In public schools, family communication was the one subcategory** with average percent of possible points less than 50% (at 45% of points assigned).
- **In family/group family child care home settings, there were several areas in which the number of points assigned was less than half of those possible** – curriculum (average of 11%), financial accountability (18%), policies and procedures (29%), planning (31%), family communication (33%), support for transitions (41%), and compensation (49%).

Many of these relate to activities that family/group family child care home providers believe they can carry out without written documentation – such as family communication, planning, and financial and non-financial policies and procedures.

However, the area in which family/group family child care home providers were the least well prepared was in curriculum. Since New York State’s application for a family day care license requires description of daily activities that foster cognitive, social, emotional, language, physical, and other areas of development, it is likely that many family/group family child care home providers interpreted “curriculum” as meaning something more formal such as a published curriculum. Quality improvement work in this area could begin by building from the family/group family child care home providers’ own applications.

## 2. Areas of Quality and Standards Categories Chosen by Participants for Improvement

### *Summary Statements:*

- When asked to select the area for investment that would yield the greatest improvement in quality for them, the majority of family/group family child care home providers surveyed chose equipment, materials, and supplies, while centers were more evenly divided between those items and training and professional development.
- In working with the quality improvement planning consultants, field test participants of all types gave highest priority to working on improvements in curriculum, teacher-child or provider-child interactions, and gaining greater knowledge and skills in teaching and learning. These areas were most often selected as goals for the professional development plans funded by QUALITYScholarsNY funds. When implemented, these plans are intended to increase quality in the Learning Environment standards category.

### *Implications:*

- Given that funds were only available for professional development during the field test, participants of all types – centers, public schools, and family/group family child care homes – were focused on improvement activities that could be supported by QUALITYScholarsNY. For many family/group family child care home providers, having resources to add to the richness and variety of the materials and equipment for children to use would be a high priority and could be a powerful recruitment incentive.
- As is well known, professional development workshops and training have the greatest chance to improve practice if part of an ongoing plan and with coaching and other support. While efforts were made to help administrators and family providers develop longer term plans, the short time horizon for use of the available funding and the very limited opportunities to meet with the consultants made this more difficult to accomplish. Between one-quarter to one-third of field test participants had such elements in their professional development plans. Support beyond what the QI consultants provided during the field test is likely, at least in some cases, to be required for QUALITYstarsNY participants to develop and implement plans that effectively change practice.

### *Evidence:*

In the survey sent to a sample of programs and providers in the field test communities, respondents were asked, ““If you had the funds, what **one thing** would you spend money on that would make the **biggest improvement** in quality?” with the following response categories provided:

- Training, professional development, or education for myself or staff
- Equipment, materials, supplies for children’s use
- Renovations of the space or facility
- Something else .

Overall, the largest number (44%) of responding centers and family/group family child care home providers would invest in purchasing equipment, materials, and materials.<sup>46</sup> This was particularly true for family/group family child care home providers. Another substantial number overall (31%) would invest in training, professional development, or education, with centers being more likely to choose this option than family providers. About one-fifth of all groups of survey respondents would use funds to improve their physical space or facility. (See Table 46 and Figure 59.)

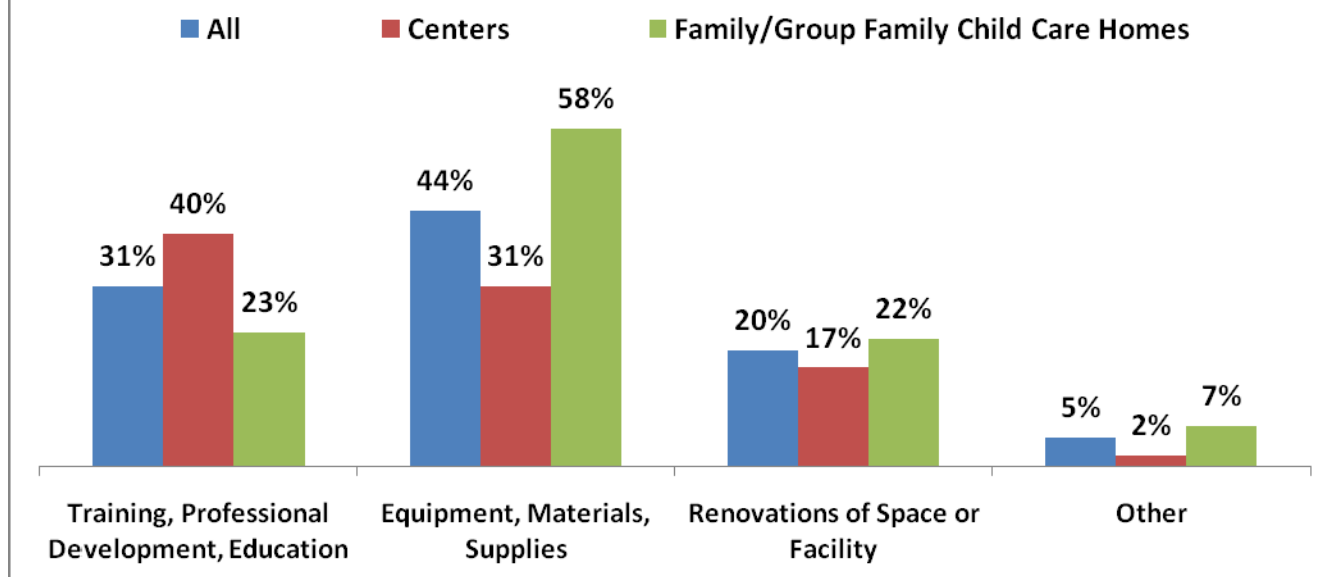
**TABLE 46: Percent of Survey Respondents by Investment Choice**

	All	Centers	Family/Group Family Child Care Homes
Training, Professional Development, Education	31%	40%	23%
Equipment, Materials, Supplies	44%	31%	58%
Renovations of Space or Facility	20%	17%	22%
Other	5%	2%	7%

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<sup>46</sup> The number of responding public schools was too small for subgroup analysis.

**FIGURE 59: Percent of Survey Respondents by Investment Choice, by Type**



Before developing specific quality improvement plans during the field test, participating center or school administrators and family/group family child care home providers, working with the QI consultants, identified their priorities. Overall, while the specific numbers varied, there was considerable consistency across all types of participants. (See Table 47 and Figure 60.)

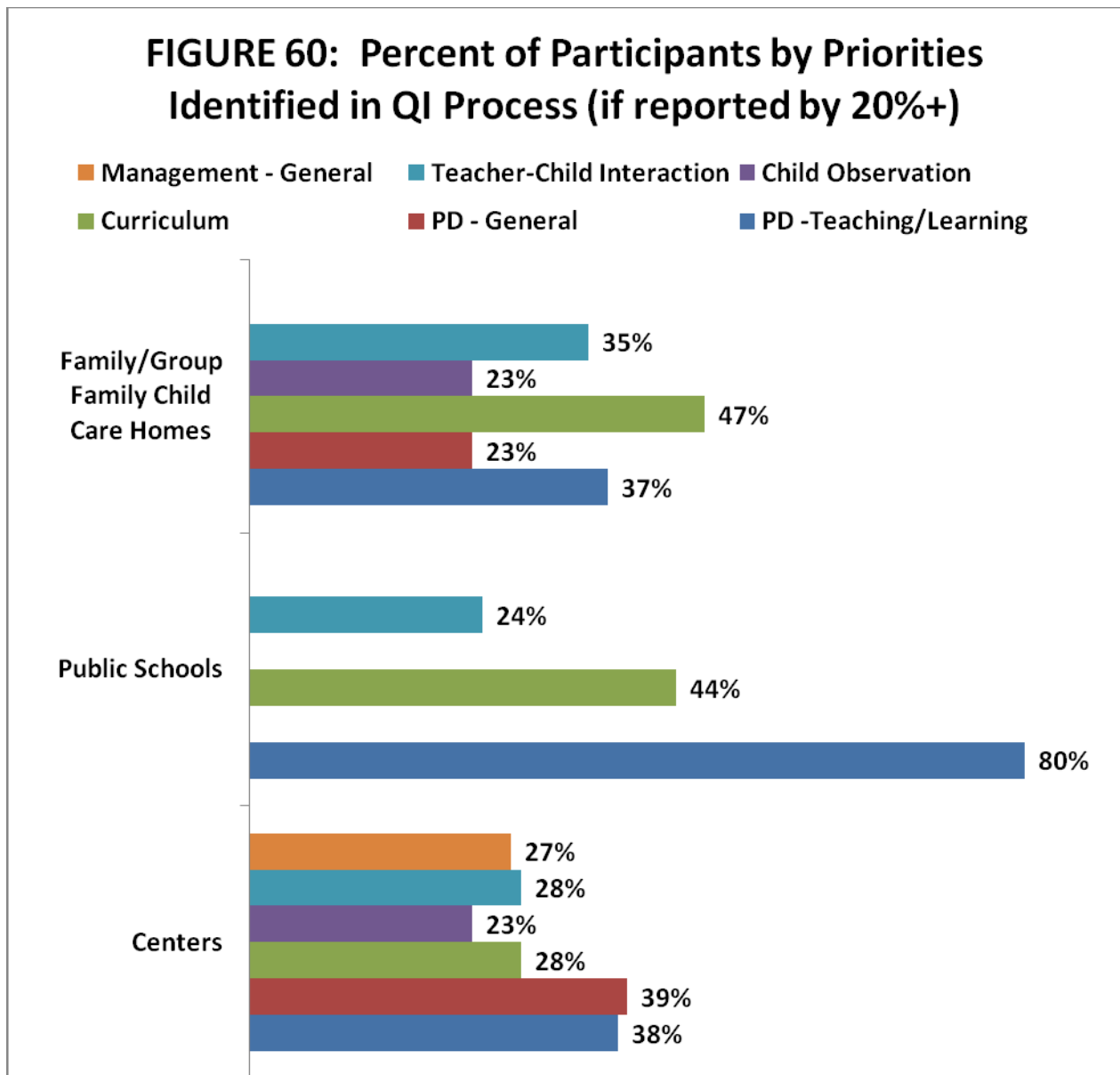
Substantial numbers of participants – whether centers, public schools, or family/group family child care homes – identified quality improvement priorities in the following areas:

- Curriculum
- Teacher- child or provider-child interaction
- Knowledge and skill building in teaching and learning

**TABLE 47: Percent of Participants by Priorities Identified in Quality Improvement Planning Process, If Reported by At Least 20 Percent**

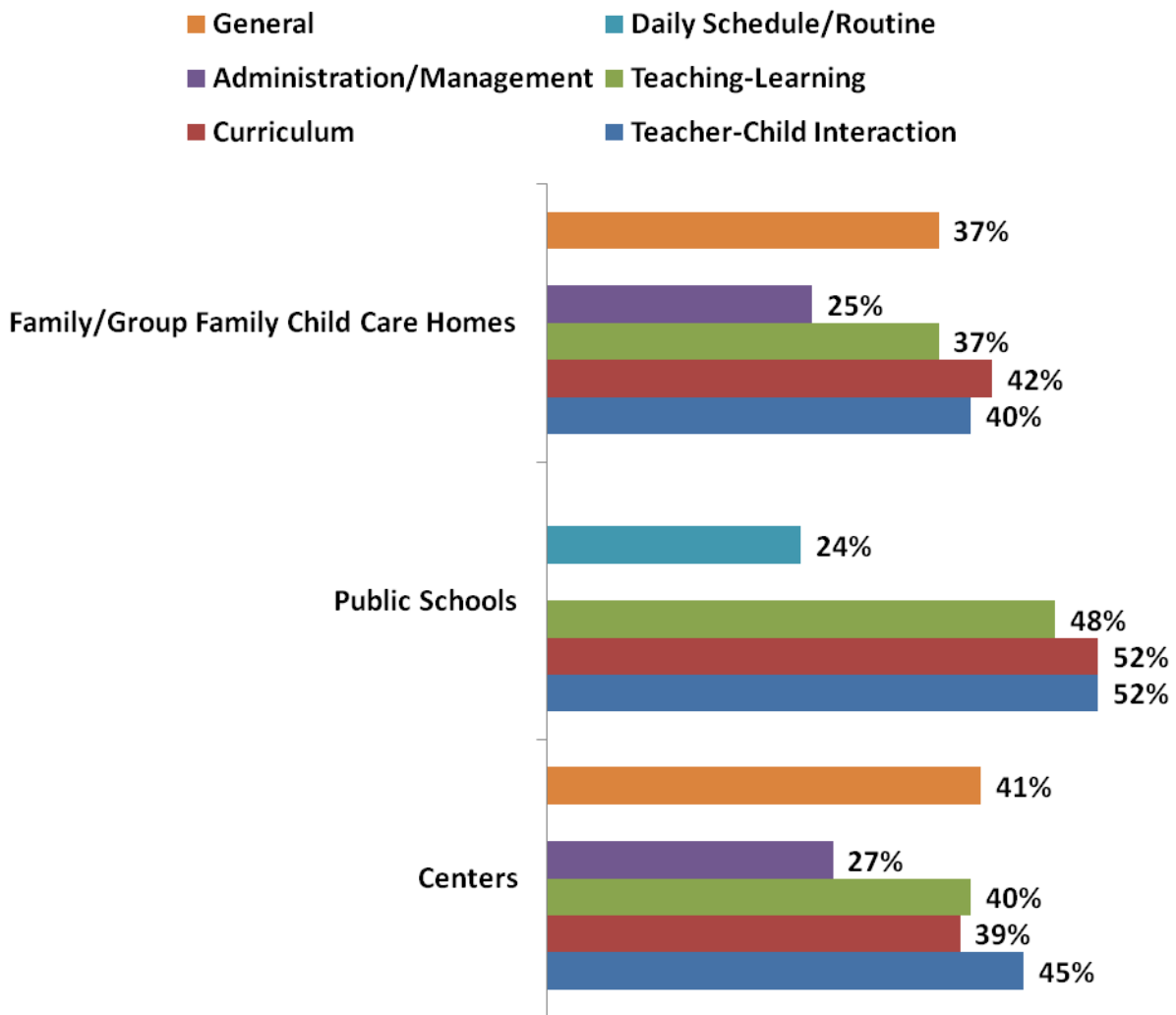
	PD - Teaching/Learning	PD - General	Curriculum	Child Observation	Teacher-Child Interaction	Management - General
Centers	38%	39%	28%	23%	28%	27%
Public Schools	80%	NA	44%	NA	24%	NA
Family/Group Family Child Care Homes	37%	23%	47%	23%	35%	NA

**FIGURE 60: Percent of Participants by Priorities Identified in QI Process (if reported by 20%+)**



In the field test, while the Quality Improvement Planning consultants worked with centers, public schools, and family/group family child care home providers to identify a comprehensive set of improvement goals, funds were only available for professional development. Across all types of participants, three of the priority areas were often stated as goals in their professional development plans – curriculum, teacher or caregiver interactions with children, and knowledge and skills related to teaching and learning. Substantial numbers of center administrators and family child care home providers also included improving management practices or administrative skills as goals in their professional development plans. (See Figure 61 and Table 48.)

**FIGURE 61: Percent of Participants by PD Plan Goals (if reported by 20%+)**

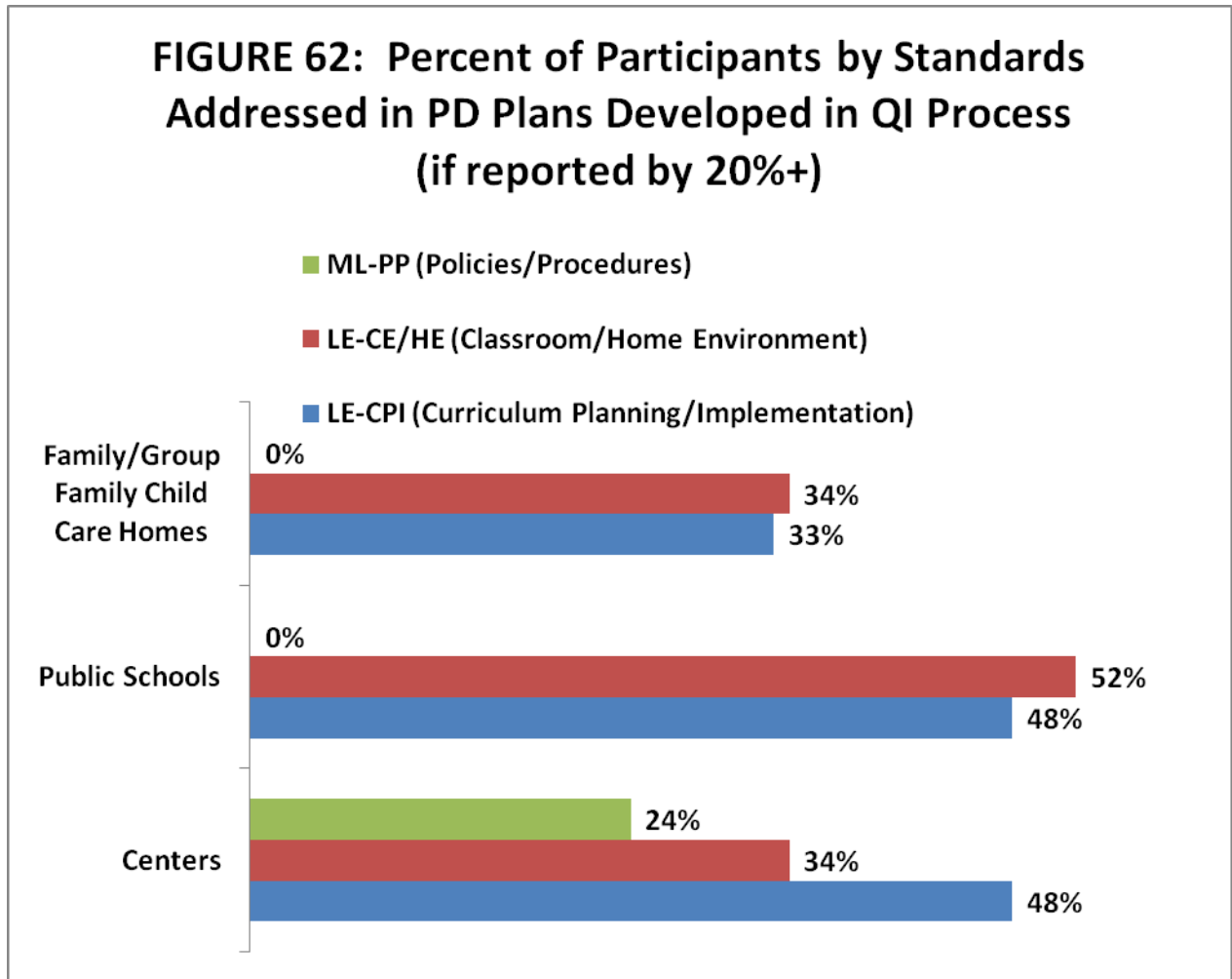


**TABLE 48: Percent of Participants by Professional Development Plan Goals, If Reported by At Least 20 Percent**

	Teacher-Child Interaction	Curriculum	Teaching-Learning	Administration/Management	Daily Schedule/Routine	General
Centers	45%	39%	40%	27%	NA	41%
Public Schools	52%	52%	48%	NA	24%	NA
Family/Group	40%	42%	37%	25%	NA	37%

Family Child Care Homes						
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As expected, participants’ professional development plans primarily addressed the Learning Environment standards in the areas of learning/home environment and curriculum. Centers’ plans also addressed the development of policies and procedures (under the Management and Leadership standard), especially as these related to staff supervision and overall program improvement. (See Figure 62 and Table 49.)



**TABLE 49: Percent of Participants by Standards Addressed in Professional Development Plans, If Reported by At Least 20 Percent**

	LE-CPI (Curriculum Planning/ Implementation)	LE-CE/HE (Classroom/Home Environment)	ML-PP (Policies/Procedures)
Centers	48%	34%	24%
Public Schools	48%	52%	NA

Family/Group Family Child Care Homes	33%	34%	NA
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Field test participants were also encouraged to incorporate action items other than professional development into their quality improvement plans, although there were no additional resources available to support implementation of these action items. Not all participants developed non-professional development plans, but among those that did (88 or 56% of the sites with coded quality improvement documents) there was considerable diversity in the standards that these plans addressed. Action items related to two substandards were mentioned by substantial numbers of participants – for family/group family child care homes, it was the home learning environment (in 27% of their plans) and for public schools, family involvement and support (in 21% of their plans).



## **MOVING TOWARD STATE-WIDE IMPLEMENTATION – CLIMATE IN THE FIELD, RECOMMENDATIONS FROM PARTICIPANTS, AND AVAILABLE RESOURCES**

Field test participants – the lead agencies as well as centers, public schools, and family/group family child care homes – shared their reflections on the experience and their recommendations for moving forward. This chapter summarizes their opinions about the climate in the field with regard to support for QUALITYstarsNY and their recommendations for improving specific aspects of the system. It also describes what participant and community resources were available for implementing quality improvement for QUALITYstarsNY participants.

### **A. CLIMATE IN THE FIELD**

#### **1. Awareness of QUALITYstarsNY**

##### ***Summary Statements:***

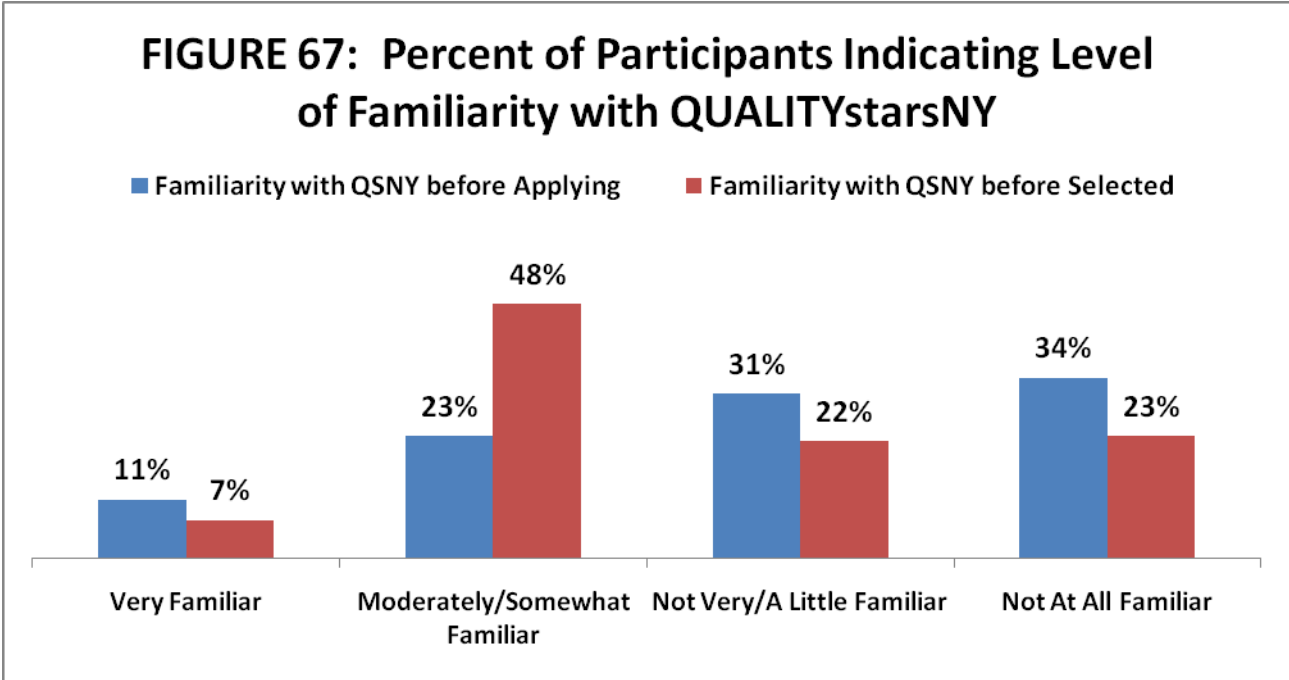
- Many field test participants said they were unfamiliar with QUALITYstarsNY even after having some introduction before applying.
- Among a sample of programs and providers in the field test communities, more than two in five had never heard of QUALITYstarsNY.

##### ***Implications:***

- More education and communication on QUALITYstarsNY will be needed to make it more familiar and possibly more attractive to potential participants.

##### ***Evidence:***

At two points, participants in the field test were asked about their prior familiarity with QUALITYstarsNY – when they submitted their checklist and documentation and at the forums held by lead agencies after participants had completed the field test process. While the individuals responding to this question at these two points are not identical, the responses show comparable patterns. (See Figure 67 and Table 50.) Only about one-tenth believed they were very familiar with QUALITYstarsNY before applying or being selected, even after community information sessions were offered and materials on QUALITYstarsNY had been distributed, while between one-quarter and one-third of responding participants felt they were not at all familiar with QUALITYstarsNY after these experiences. These patterns were true for all types of participants – centers, public schools, and family/group family child care home providers.



**TABLE 50: Percent of Participants Indicating Level of Familiarity with QUALITYstarsNY**

	Familiarity with QSNY before Applying	Familiarity with QSNY before Selected
Very Familiar	11%	7%
Moderately/Somewhat Familiar	23%	48%
Not Very/A Little Familiar	31%	22%
Not At All Familiar	34%	23%

A sample from the lists of licensed centers, registered nursery schools, public schools, Head Start sites, and special education programs compiled in each field test community was mailed a survey in fall 2010. This survey yielded 266 responses, approximately 20 percent of the sample. Among these respondents, 44% reported having never heard of QUALITYstarsNY, despite the outreach and community awareness efforts of the lead agencies and other organizations and individuals involved in its development.

**2. Estimated Participation in State-wide Implementation**

**Summary Statements:**

- Approximately half of programs and providers with some involvement in the field test would definitely participate in QUALITYstarsNY when it is implemented statewide.
- Considerably fewer of those who had never heard of QUALITYstarsNY before being surveyed would definitely participate.

- Overall, between 60% and 70% of those surveyed – regardless of type of setting or involvement with the field test – believed that at least half of similar programs and providers would participate in the statewide system.

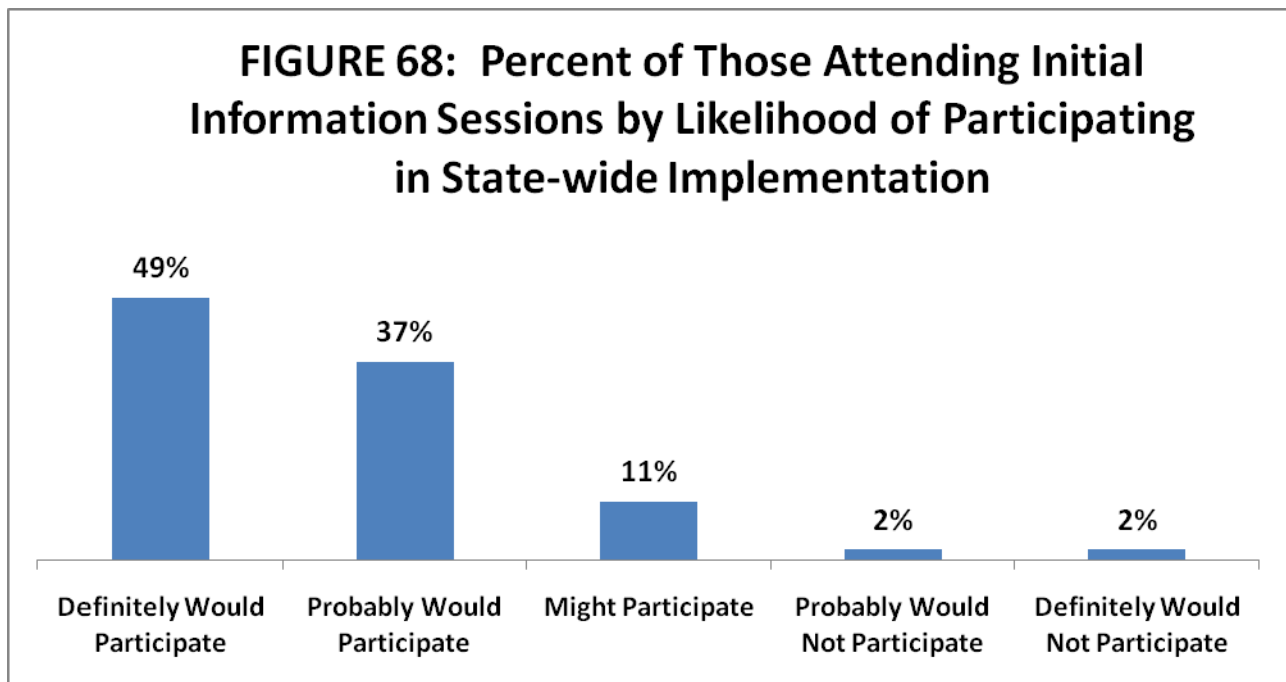
**Implications:**

- While almost all programs and providers indicate at least some interest in their own participation in QUALITYstarsNY when it is implemented statewide, many believe that substantial numbers of their peers would not. This type of response pattern often indicates that respondents are actually less certain of their own interest.
- Building a broader base of awareness, interest, and involvement among programs and providers is likely needed to encourage participation.

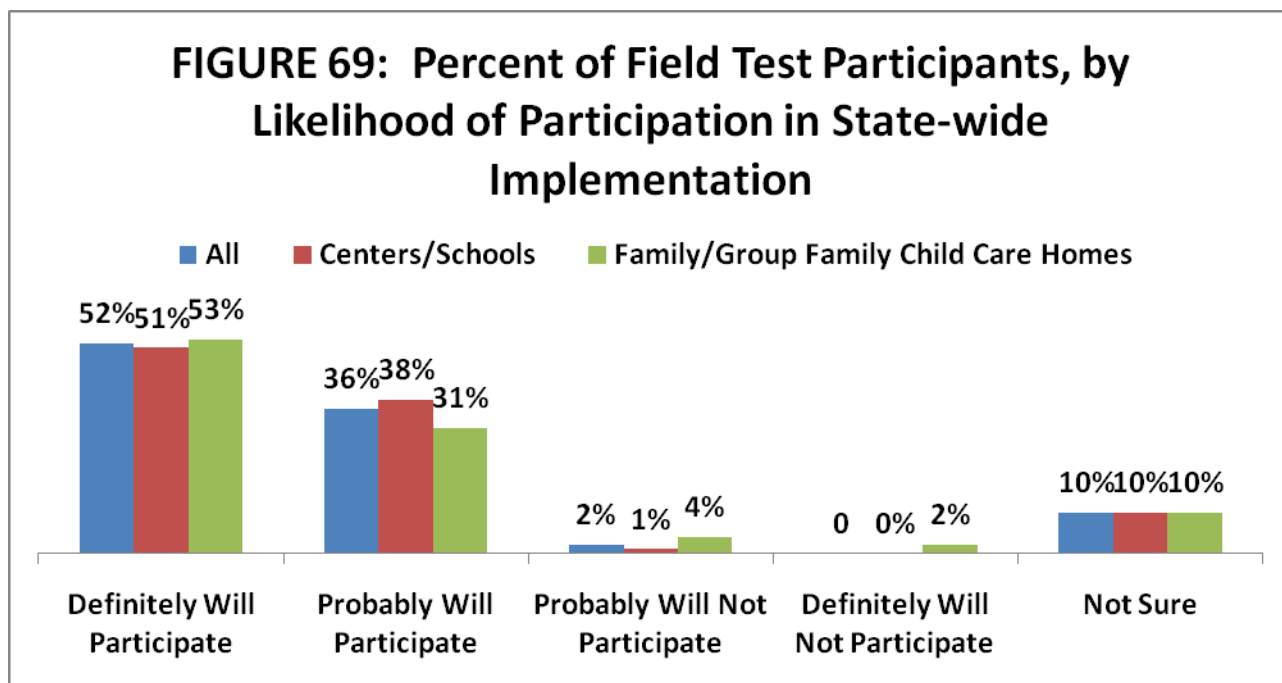
**Evidence:**

Participants in the field test and a sample of programs and providers in the field test communities were asked about the probability that they and others like themselves would participate in QUALITYstarsNY once it was implemented statewide.

Almost half (49%) of those attending the initial information sessions on QUALITYstarsNY in each field test site indicated that they would definitely participate when it was implemented statewide. (See Figure 68.)



Among field test participants, about half -- regardless of whether center or school programs or family/group family child care providers -- reported that they would definitely participate in the statewide system. (See Figure 69 and Table 51.)

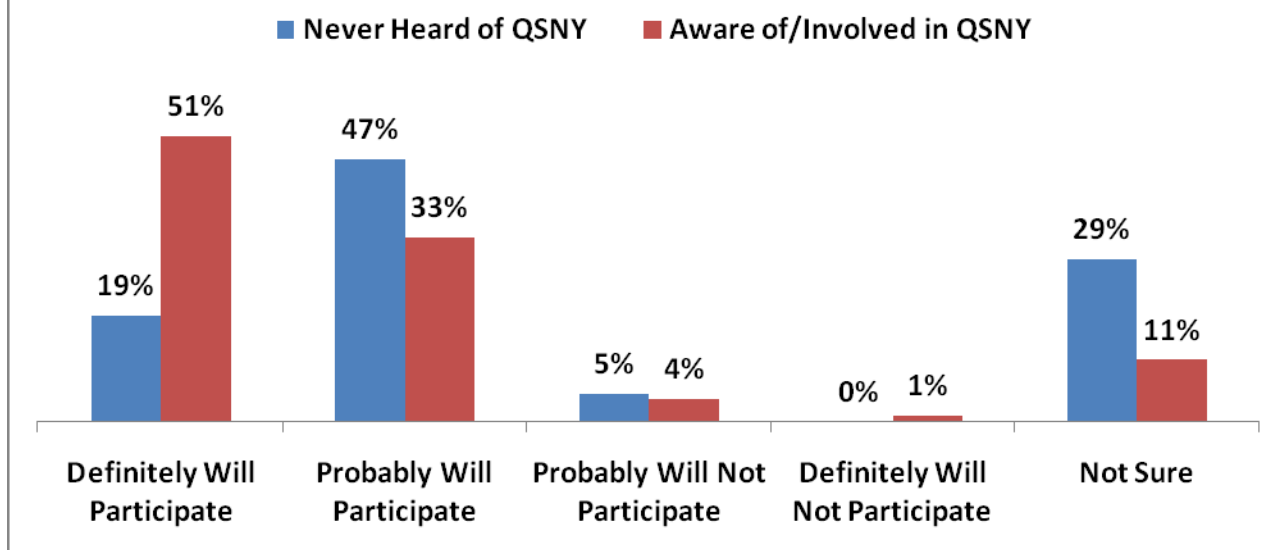


**TABLE 51: Percent of Participants by Likelihood of Participation in State-wide Implementation**

	All	Centers/Schools	Family/Group Family Child Care Homes
Definitely Will Participate	52%	51%	53%
Probably Will Participate	36%	38%	31%
Probably Will Not Participate	2%	1%	4%
Definitely Will Not Participate	<1%	0%	2%
Not Sure	10%	10%	10%

As noted earlier, among the programs and providers responding to the sample survey in the field test communities, 44% had never heard of QUALITYstarsNY. As expected, these survey respondents were less likely than field test participants to report that they would definitely participate in statewide implementation. (See Figure 70 and Table 52.) However, their estimates of the percent of programs or providers like themselves who would participate are actually somewhat more optimistic than the field test participants.

**FIGURE 70: Percent of Surveyed Programs and Providers Indicating Likelihood of Participation in State-wide Implementation, by Previous Familiarity with QUALITYstarsNY**



**TABLE 52: Percent of Surveyed Programs and Providers Indicating Likelihood of Participation in State-wide Implementation, by Previous Familiarity with QUALITYstarsNY**

	Never Heard of QSNY	Aware of/Involved in QSNY
Definitely Will Participate	19%	51%
Probably Will Participate	47%	33%
Probably Will Not Participate	5%	4%
Definitely Will Not Participate	0%	1%
Not Sure	29%	11%

The surveys submitted by field test participants with their checklists and of the sample of programs and providers in the field test communities both asked respondents to estimate the percent of programs and providers like themselves that would participate in QUALITYstarsNY when implemented statewide.

Among field test participants, between 60% and 70% believed that half or more of other programs and providers would participate in the statewide system, depending on type. About 60% of respondents to the sample survey came up with the same estimated participation rate among their peers. (See Table 53.)

**TABLE 53: Percent of Programs and Providers Giving Estimated Participation in the Field**

	Field Test Centers/ Schools	Field Test-Family/ Group Family Providers	Sample Survey- Never Heard of QSNY	Sample Survey-Aware/ Involved in QSNY
90% or More Would Participate	9%	8%	9%	16%
Between 75% and 90% Would Participate	22%	19%	28%	7%
Between 50% and 74% Would Participate	38%	31%	25%	36%
Between 25% and 49% Would Participate	12%	25%	6%	32%
Less than 25% Would Participate	3%	10%	31%	9%
Not Sure	16%	7%	1%	0%

### 3. Anticipated Benefits of QUALITYstarsNY

**Summary Statements:**

- Depending on when, how, and from whom information was gathered, programs and providers reported different types of benefits.
- Field test participants, upon completing their checklists, were most likely to see participation in QUALITYstarsNY as a way to demonstrate their commitment to quality and to get information about where they could improve.
- Respondents to the sample survey of programs and providers were especially likely to see benefits from the support provided to QUALITYstarsNY participants for quality improvements.
- At the end of the field test, about three-quarters of participants from centers and just over half of those from public schools and family/group family child care homes believed that statewide implementation of QUALITYstarsNY was very important to New York State.
- Benefits to the state as a whole from QUALITYstarsNY included improving the quality of early care and education environments and children’s experiences in those environments, assisting parents in making informed choices about their children’s care, and building commitment and confidence among policymakers and citizens about the value of quality.
- These themes were echoed in the group discussions among participants and interviews with lead agency representatives at the end of the field test.

***Implications:***

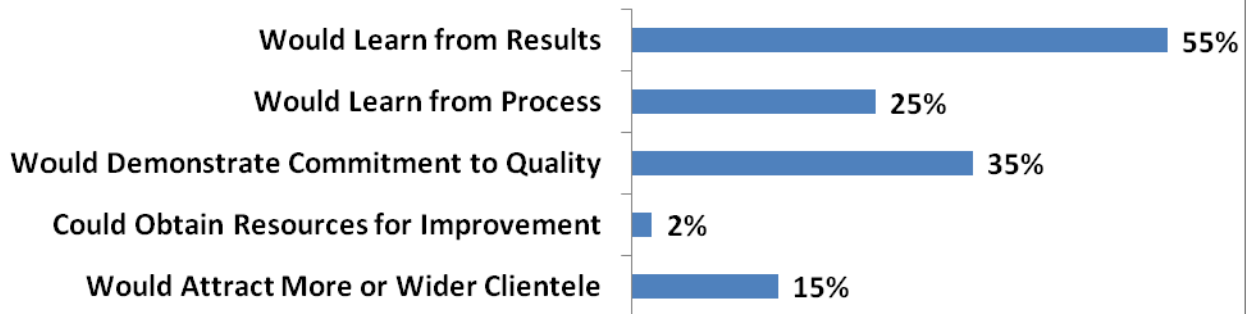
- All audiences are likely to respond positively to messages that emphasize the value of QUALITYstarsNY to New York State’s young children and their families.
- Messages about QUALITYstarsNY should be tailored to the interests of the intended audiences and to the specific communication goals – for example, program recruitment, parent utilization, or support from legislators.
- To encourage participation in QUALITYstarsNY, messages to programs and providers can point to how information and resources can be used to improve the quality in their own setting.
- Responding programs and providers believe that policymakers and citizens will respond to messages that point out the value of investing in high quality care and learning for young children and to QUALITYstarsNY as a way to hold accountable organizations and individuals receiving public funds to provide those services.

***Evidence:***

Input on the benefits that were expected to result from full implementation of QUALITYstarsNY was obtained from both field test participants and the sample of programs and providers in the field test communities.

Initially, field test participants were asked about factors that would increase the likelihood that they and others like them would take part in statewide implementation of QUALITYstarsNY. Nearly two-thirds (62%) of the 164 surveys returned with the standards checklists had responses to this open-ended question, which were coded into six categories, as shown in Figure 71.

**FIGURE 71: Percent of Participants Indicating Likely Benefits from State-wide Implementation, Based on Survey Returned with Standards Checklist**

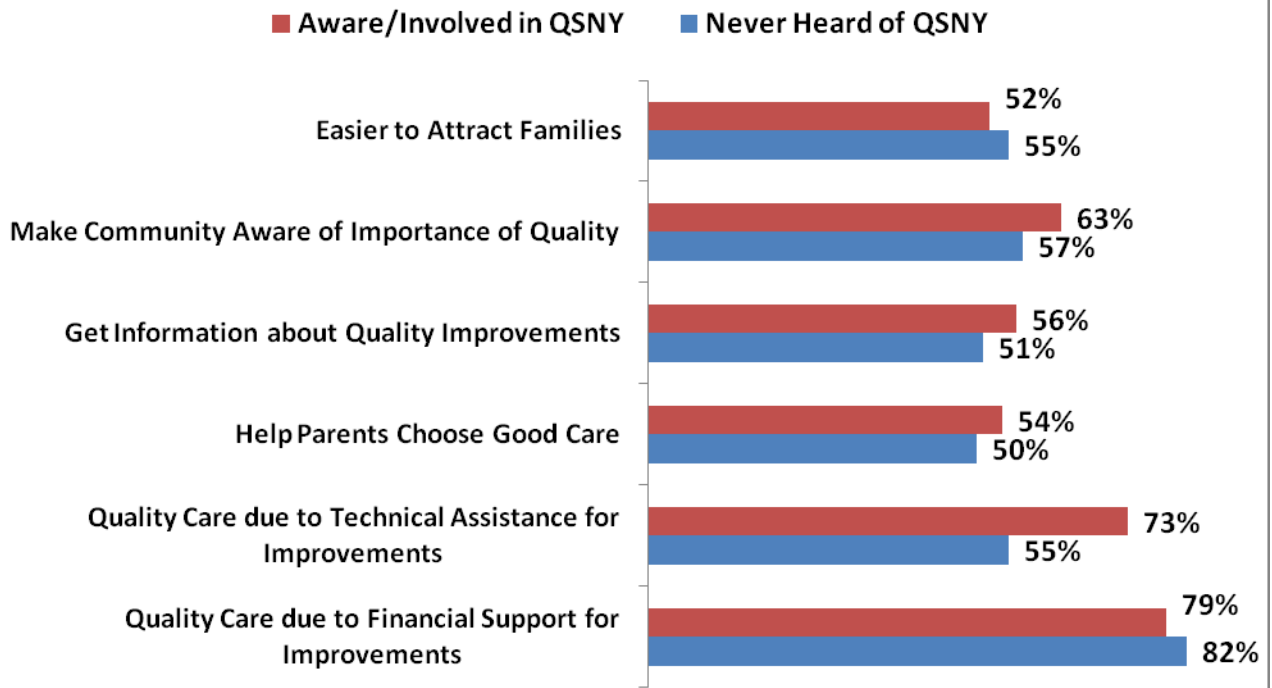


These responses were used to develop a list of potential benefits included as statements on the survey mailed to the sample of programs and providers. These potential benefits were focused primarily on those pertaining to the children and families served and to participating programs and providers.

The most important expected benefit, based on the responses from the sample of programs and providers in the field test communities, was the improved quality of care for children because of financial supports for improvements. (See Figure 72 and Table 54.) About 80% of those that had never heard of QUALITYstarsNY (82%) and of those that had been involved in some way in the field test (79%) expected that this benefit would result from statewide implementation. The responses of these two groups were also similar for most of the other possible benefits, with the exception of quality improvement associated with receiving technical assistance. Almost three-quarters (73%) of responding programs and providers that had some awareness or involvement in the field test reported this benefit, compared with just over half (55%) of those that had never heard of QUALITYstarsNY.



**FIGURE 72: Percent of Surveyed Programs and Providers Indicating Benefits from State-wide Implementation, by Previous Familiarity with QUALITYstarsNY**

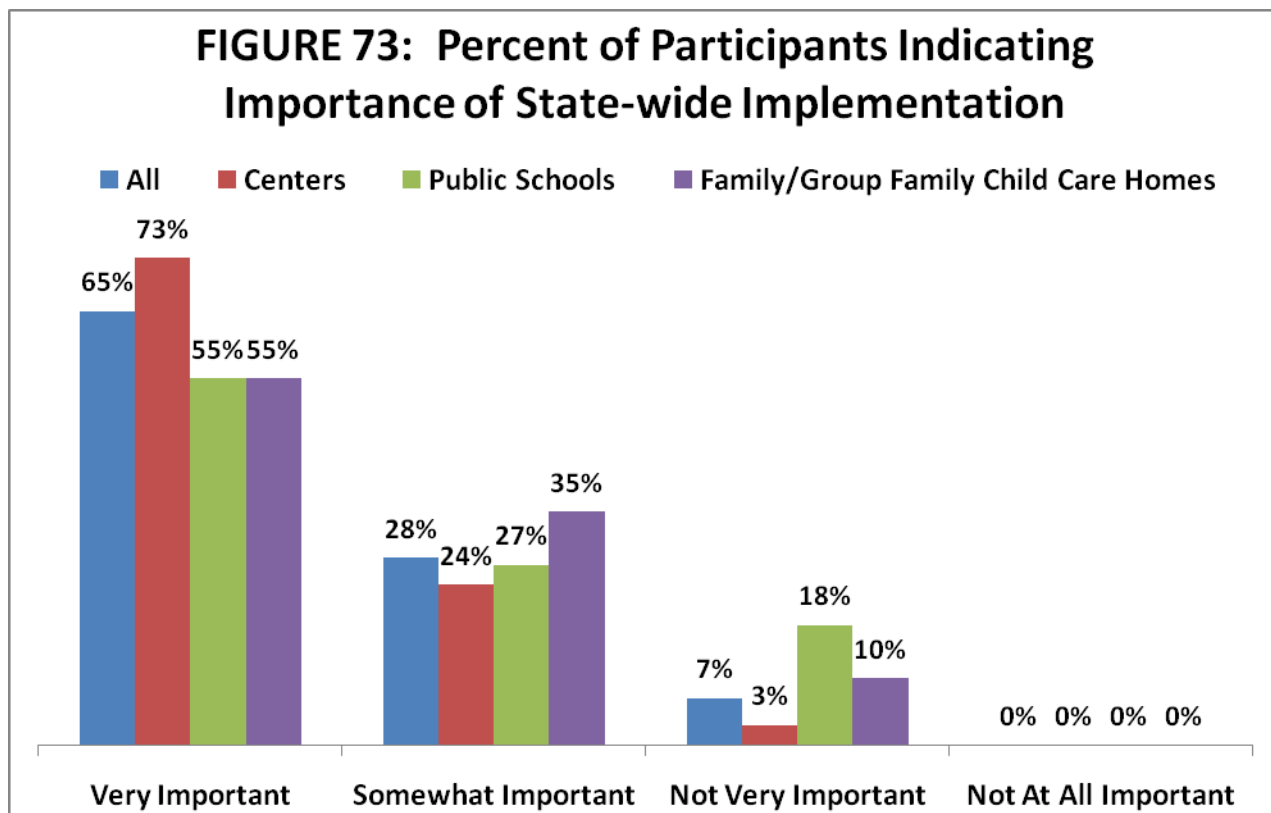


**TABLE 54: Percent of Surveyed Respondents Indicating Benefits from State-wide Implementation, by Previous Familiarity with QUALITYstarsNY**

	Never Heard of QSNY	Aware/Involved in QSNY
Quality Care due to Financial Support for Improvements	82%	79%
Quality Care due to Technical Assistance for Improvements	55%	73%
Help Parents Choose Good Care	50%	54%
Get Information about Quality Improvements	51%	56%
Make Community Aware of Importance of Quality	57%	63%
Easier to Attract Families	55%	52%

Participants who attended the forums organized by lead agencies in the fall of 2010 were asked to indicate how important they believed it is for QUALITYstarsNY to be implemented statewide and what benefits they believed would result for New York State as a whole.

Almost three-quarters (72%) of centers responding to the survey believed that statewide implementation of QUALITYstarsNY was very important, compared with just over half of public school and family/group family child care home respondents (55% each). (See Figure 73 and Table 55.)

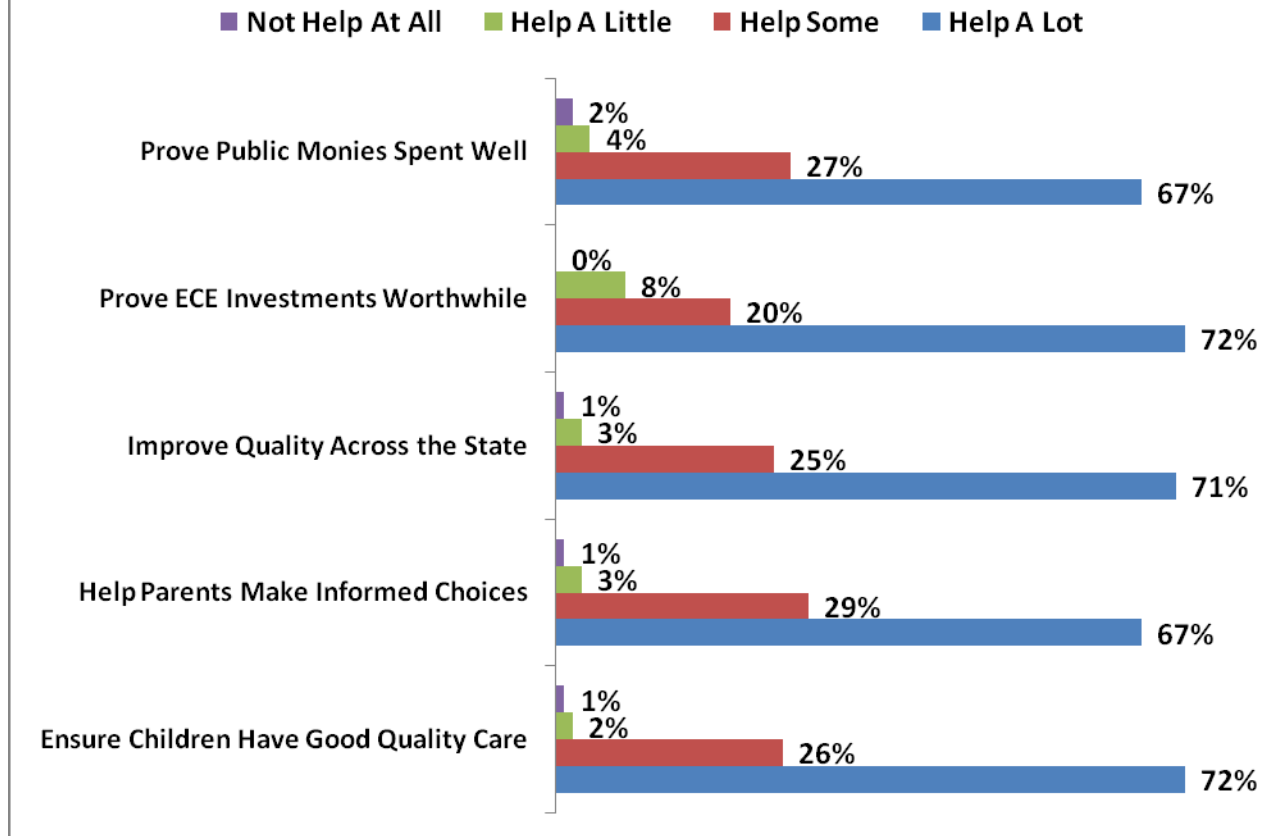


**TABLE 55: Percent of Participants Indicating Importance of State-wide Implementation**

	All	Centers	Public Schools	Family/Group Family Child Care Homes
Very Important	65%	73%	55%	55%
Somewhat Important	28%	24%	27%	35%
Not Very Important	7%	3%	18%	10%
Not At All Important	0%	0%	0%	0%

Participants at the lead agency forums also indicated how state-wide implementation of QUALITYstarsNY would benefit New York State. Between two-thirds and three-quarters of these participants believed that having a state-wide system would help children and their families, would improve the quality of early care and education state-wide, and would provide reassurance to voters and policymakers that public funding of early childhood services was worthwhile. (See Figure 74 and Table 56.)

**FIGURE 74: Percent of Participants Indicating Value of State-wide Implementation**



**TABLE 56: Percent of Participants Indicating Value of State-wide Implementation**

	Help A Lot	Help Some	Help A Little	Not Help At All
Ensure Children Have Good Quality Care	72%	26%	2%	1%
Help Parents Make Informed Choices	67%	29%	3%	1%
Improve Quality Across the State	71%	25%	3%	1%
Prove ECE Investments Worthwhile	72%	20%	8%	0%
Prove Public Monies Spent Well	67%	27%	4%	2%

#### 4. Potential Concerns about QUALITYstarsNY

##### ***Summary Statements:***

- The time and effort to participate in QUALITYstarsNY, particularly in documentation and paperwork, was the single most frequently mentioned concern among both field test participants and other programs and providers in the field test communities.
- Given the time spent by field test participants in completing the checklist and assembling the required documentation (described in a later section), this concern appears founded.

##### ***Implications:***

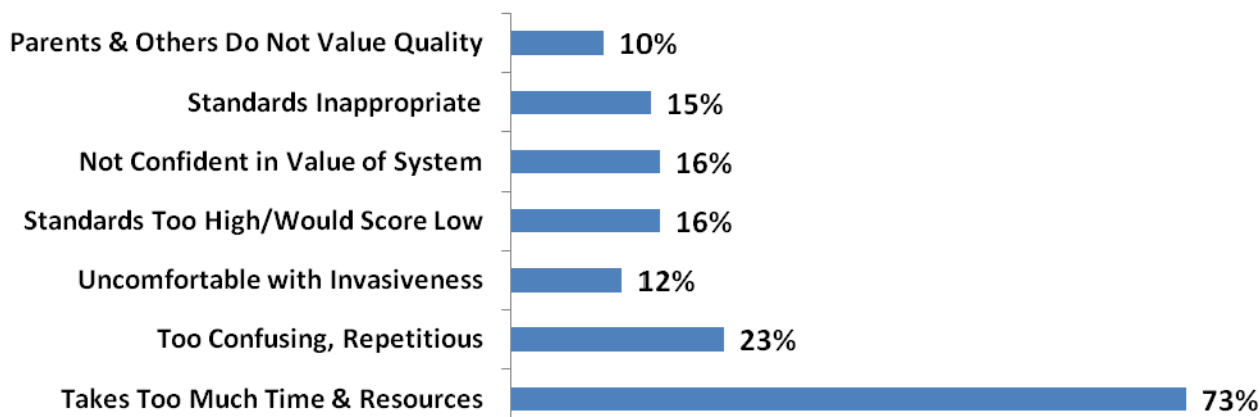
- Streamlining the process and simplifying documentation requirements would likely contribute to greater participation in QUALITYstarsNY.

##### ***Evidence:***

Both field test participants and the sample of programs and providers in the field test communities were asked about possible concerns they or others might have about QUALITYstarsNY.

The survey completed by field test participants and submitted with their checklists included open-ended questions about factors that might lead them or others like them not to participate in QUALITYstarsNY when implemented statewide. Most (85%) of the 164 surveys returned with the checklist included responses to these questions, which were coded into the categories shown in Figure 75.

**FIGURE 75: Percent of Field Test Participants Indicating Concerns Likely to Affect Participation in State-wide Implementation**

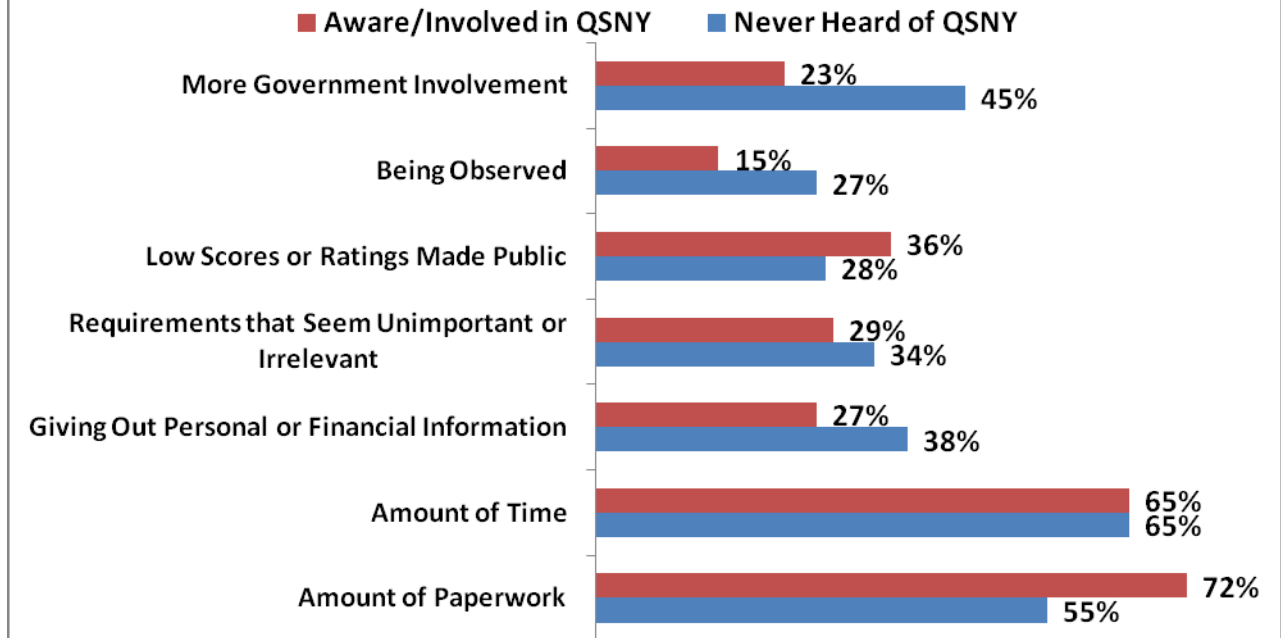


A list of possible concerns was included in the sample survey of programs and providers in the field test communities, based on the responses from field test participants. The amount of paperwork involved and the time required to participate were the two concerns most frequently mentioned by both programs and providers that had never heard of QUALITYstarsNY and those that were aware of or involved in some way in the field test. Those aware of or involved in the field test, though, were more concerned about the paperwork based on their recent experience (75% of these respondents compared with 55% of those that had never heard of QUALITYstarsNY). About two-thirds (65% each) of both groups were concerned about the time involved in participating. (See Table 56 and Figure 76.)

**TABLE 57: Percent of Surveyed Programs and Providers Indicating Concerns about Participation, By Previous Familiarity with QUALITYstarsNY**

	Never Heard of QSNY	Aware/Involved in QSNY
Amount of Paperwork	55%	72%
Amount of Time	65%	65%
Giving Out Personal or Financial Information	38%	27%
Requirements that Seem Unimportant or Irrelevant	34%	29%
Low Scores or Ratings Made Public	28%	36%
Being Observed	27%	15%
More Government Involvement	45%	23%

**FIGURE 76: Percent of Surveyed Programs and Providers Indicating Concerns about Participation, by Previous Familiarity with QUALITYstarsNY**



**B. PARTICIPANT RECOMMENDATIONS FOR STATE-WIDE IMPLEMENTATION**

Participating centers, public schools, and family/group family child care home providers were given several opportunities to make suggestions and recommendations to inform full implementation of QUALITYstarsNY; these included the survey submitted with the participants’ checklist and documentation, the survey completed at forums for participants held by the lead agencies in the fall of 2010 after the completion of the field test, and the group discussions among participants at the forums. The lead agencies in each field test community were interviewed by the evaluation team in fall 2010 after these forums had been held and asked to provide their own recommendations as well as those raised by participants at those events. The section below summarizes the major recommendations from across these sources, organized by specific components of QUALITYstarsNY: application to participate, the standards, documentation requirements, learning environment observations, and quality improvement planning consultation.

**1. Application to Participate in QUALITYstarsNY**

**Summary Statements:**

- The application to participate in the field test and the application process were generally seen as appropriate and easy.

- The major concerns had to do communication.

***Implications:***

- Clearer information about the requirements for participating in QUALITYstarsNY is now available and needs to be shared during outreach and recruitment.

***Evidence:***

The application to participate in the field test served two purposes. It provided contact information on the centers, public schools, and family/group family child care home providers for follow-up communications regarding the field test. The application also provided information on the characteristics of each applying site including type of setting, calendar and hours of operation, size in terms of numbers of children and numbers of staff, ages of children served, programs offered such as Head Start or UPK, and accreditation status. For centers and school sites, the application also included a separate classroom information form that provided details to assist in selecting classrooms for observation; however, in a number of cases the submitted applications did not include the classroom form. Applicants could complete and mail a paper copy of the application or complete it on-line.<sup>47</sup>

Overall, participants considered the application easy to complete and that it asked for relevant information. The few recommendations regarding the application focused on making sure applications could be made on-line as well as via hard copy, that applicants had complete information about the requirements and the time and effort needed to participate, and were notified about the status of their application in a timely way.

## **2. Standards**

***Summary Statements:***

- While participants believed that setting quality standards for all early care and education was appropriate, there were concerns about the applicability of the standards as written to specific settings.
- The relative importance of the standards categories was also a matter of debate, with suggestions for more weight on learning environment and family engagement.
- There were some concerns about the standards being inequitable in specific situations.

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<sup>47</sup> The application was available for completion on-line via a questionnaire on the Survey Monkey service.

**Implications:**

- Simplifying the presentation and organization of the standards as well as providing specific rationale for the relevance of individual elements of the standards would be helpful in recruiting participants and explaining the system to all stakeholders.
- Consideration should be given to the relative weight of the standards categories overall and to their applicability in different settings.

**Evidence:**

Comments made at the forums held in the fall of 2010 illustrate differing perspectives among participants about the QUALITYstarsNY standards:

*“These standards are reflective of where we want to be.”*

*“There was a concern that the standards are too high  
...would be very costly to achieve.”*

A previous section of this report included an analysis of participants’ reported difficulties in understanding and responding to the standards. Participants used opportunities in surveys and forums to suggest ways in which the standards could be modified. These included:

- Providing clear rationale for each of the standards, particularly in the area of management and leadership where the link between these standards and the quality of the early care and learning experience for children and families was not clear.
  - One concern was that star ratings may do more to foster competition among programs and providers than inform parents if parents don’t understand in detail what is behind the ratings.
- Many participants remarked that the descriptions or definitions of the standards were often confusing and did not use terminology with which they were familiar. Public school participants in particular felt that the standards were written with community-based child care centers in mind and did not sufficiently reflect education requirements and practices.
- Making sure that the standards themselves as well as the documentation requirements and allocation of points are appropriate for each type of setting – centers, public schools, and family/group family child care homes.
  - Discussions at many of the forums focused on whether these should be the same across all settings.
    - “Home based programs are different from center based programs. They do not operate like “little” day care centers. Family Day Care



- has the word “family” in it...a family environment...one of the many reasons some parents select this form of care. This needs to be taken into account when looking at the standards.” [Examples included the use of verbal rather than written communication with parents.]
- “There was strong agreement [at the forum discussion] that the standards need to better differentiate and reflect the many differences between schools, centers, and family/group family child care homes – this theme came up over and over in the discussion.”
  - Some specific standards might not always apply, regardless of the setting – for example, policies and procedures for serving non-English speaking families and special needs children when none are currently enrolled. Participants were concerned about losing points when these situations had not yet arisen without being able to demonstrate their willingness and capacity to accommodate the needs of these families and children. One suggestion was to include a “not applicable at this time” category.
  - While participants believed it to be important that groups (those in the field and other stakeholders) embrace the same definitions of quality and want to raise the bar for everyone, some believed that giving the same weight to each standards category to each type of setting might not be appropriate.
- There were many suggestions about the relative weighting across the standards categories.
    - Generally, participants believed that there should be more emphasis overall on learning environment, including curriculum, and family engagement.
    - In addition to giving the Qualifications and Experience category less weight, they urged other changes in this category. These included giving more credit for experience, for ECE-specific training for staff without EC degrees, and for training in ECE management other than Director’s Credential
  - Considerable concern was expressed about the comparability and/or overlap with other standards and requirements, including NAEYC and NAFCC accreditation, OCFS licensing, SED requirements, Head Start performance standards, and so on.
    - Participants want to be able to use the same or similar documentation for multiple purposes as well as have comparable standards.
    - Some participants believed that national accreditation – whether through NAEYC or NAFCC – should be awarded the same value in the standards.
  - Participants – particularly public schools and centers that were part of a large multi-site agency or of a national chain – believed the standards were unfair if

they did not have control over or access to documentation about management practices. This was especially true with regard to fiscal policies and practices.

- There were other more specific comments and suggestions about the standards and the rating system.
  - Some wanted to give families and staff the opportunity to provide input into the rating process.
  - Using the PAS (which requires on-site interviews and observation) instead of the management and leadership section was suggested several times.
  - There was concern that the combination of point and block system was unfair. Participants could not gain points when they met some but not all of criteria under a specific standard.
  - In addition, it was suggested that at least some points be awarded when the standard was partially met, particularly with regard to financial management.
  - Participants would have liked to be able to demonstrate “going beyond” the criteria set in the standards or for offering special opportunities. This might include access to art or music rooms within schools or connections with family support services available through the center’s host agency.
  - Certain areas of practice – specifically, health, safety, and nutrition – were not adequately addressed in the standards.

### **3. Documentation Requirements**

Compiling and photocopying documents as evidence for meeting the standards took many hours on average and this level of effort was considerably more than had been anticipated by the field test participants when they applied.

#### ***Summary Statements:***

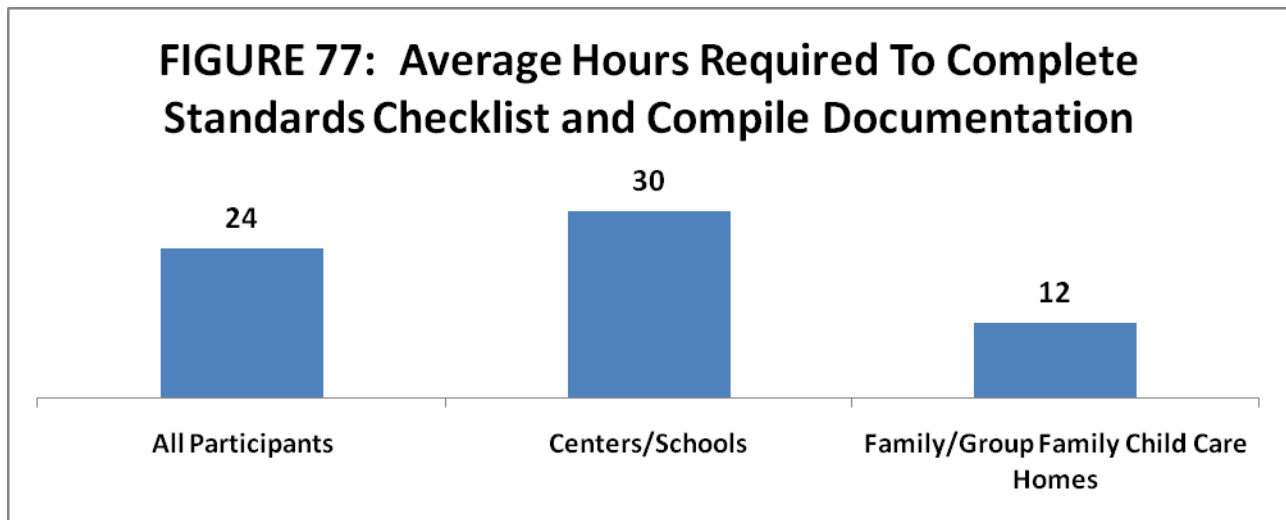
- Field test participants spent a considerable number of hours completing the standards checklist and assembling the necessary documentation, generally more than they had anticipated.
- Participants found the documentation requirements redundant, both within the system and with the requirements of licensing, accrediting, and funding agencies.
- What would meet the documentation requirements was often unclear to participants.
- Greater clarity about what documents are acceptable was often mentioned.
- Participants believed that the time frame for submitting documentation should be longer than possible during the field test and allow for a feedback process.

**Implications:**

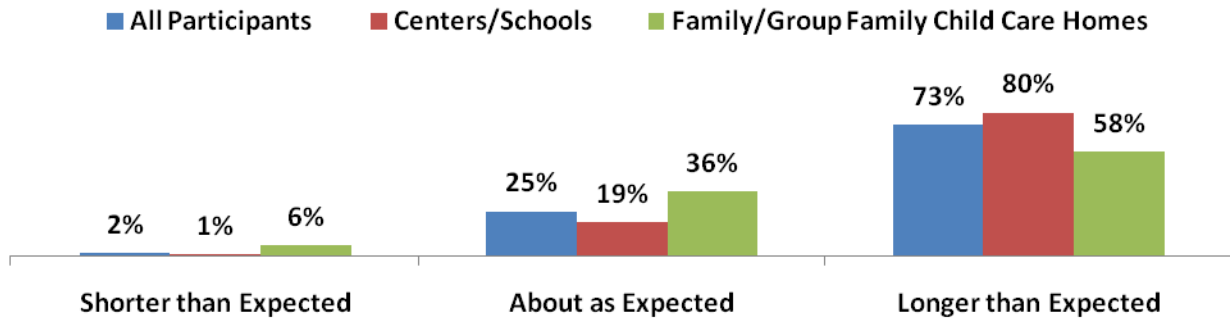
- Finding ways to reduce the paperwork burden of QUALITYstarsNY for participants will not only encourage participation but reduce some of the administrative costs.
- At the same time, more on-site review of documents, a common suggestion from participants, has substantial cost implications.
- Providing more guidance about what makes a particular document acceptable would not only ease participants' concerns but also support quality improvement. However, there are dangers in providing examples or templates that might be used for documentation but not actually put into practice.
- Setting up an iterative process of document submission and feedback would also support quality improvement, but require additional administrative resources.

**Evidence:**

One of the key areas in which participants felt they were not prepared was the time and effort required to complete the checklist and assemble the documentation. In the survey sent in with these materials, participants' estimates of the time required ranged widely, from 1 to 104 hours, averaging 24 hours. (See Figure 77.) While these estimates varied by type of participant – center, public school, or family/group family child care home, many participants of all types reported that the time required was longer than they had expected. (See Figure 78 and Table 58.)



**FIGURE 78: Percent of Participants Indicating Whether Time Required Was Consistent with Their Expectations**



**TABLE 58: Percent of Participants Indicating Whether Time Required Was Consistent with Their Expectations**

	All Participants	Centers/Schools	Family/Group Family Child Care Homes
Shorter than Expected	2%	1%	6%
About as Expected	25%	19%	36%
Longer than Expected	73%	80%	58%

The time it took to assemble and copy documents to demonstrate that the standards were met was the primary factor in the total effort required. Comments on the documentation requirements were gathered on the survey sent in with the checklist, from discussions with participants at the lead agency forums at the end of the field test, and from interviews with the lead agency representatives. The following remarks illustrate the range of opinion about the documentation requirements and process:

*“Documentation collection was a horrendous process in such a short period of time.”*

*“What is being asked for is reasonable, but should be in a portfolio type format or only submit certain items and have other documents on site for review.”*

*“It was a tedious process, but it gave me more insight into what was needed to improve.”*

More specific themes in participant comments included:

- Apparent redundancy in documentation requests across the standards
- Duplication of effort that could be avoided if QUALITYstarsNY had access to licensing and other documentation

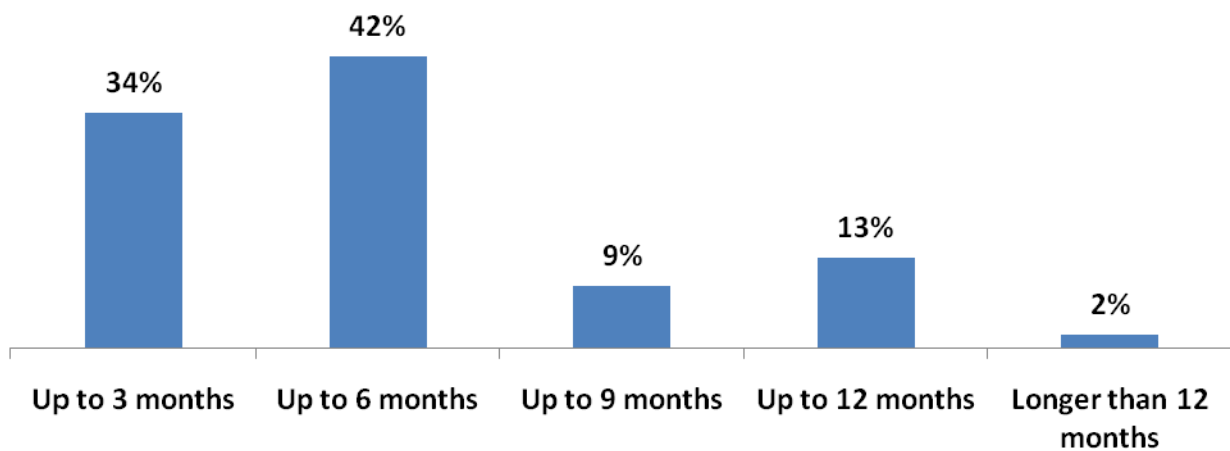
- Lack of clarity about what documents would be acceptable
- Amount of documentation for large centers and public schools, particularly around staff qualifications
- Burden placed on participants for photocopying and mailing documents
- Concerns about sending in confidential information related to personnel and financial matters

Participants' recommendations for modifying the documentation requirements focused on ways to reduce the volume of paperwork that had to be submitted with the checklist; making sure that documents for licensing, accreditation, other programs such as Head Start or UPK, and QUALITYstarsNY could serve multiple purposes; and identifying a small core set of key documents. Specific suggestions included:

- Other methods for submitting and/or reviewing documents, including:
  - Submitting documents on-line
  - Having documents reviewed on-site
  - Providing tables of contents instead of entire manuals
  - Providing blank forms instead of completed ones from which identifying information needs to be removed
- An iterative process of document submission, review, and feedback
  - Including submitting documents over a period of time rather than at a single point
- On-site review of actual practice in comparison to submitted documentation
  - Another suggested approach to verification was to conduct surveys of parents and/or staff
- Provide examples or templates for documents and/or provide more assistance
- Modify documentation requirements for large programs with many staff

The field test was constrained by its schedule in the amount of time available for field test participants to complete the checklist and assemble the documentation. The checklists were distributed to the initially selected participants in late March 2010 and the original date for submission was June. While this deadline was extended, both for the initial participants and for replacement sites selected in mid-summer, two-thirds of the participants believed that more time should be allowed for this process, as shown in Figure 79.

**FIGURE 79: Participant Recommendations for Number of Months Allowed to Complete Checklist & Submit Documentation**



In addition, many participants recommended that the process of completing the checklist and submitting documentation be a cumulative and iterative one. That is, they suggested that sections of the checklist and accompanying documentation be submitted at intervals, with feedback and opportunities to respond and resubmit. Having the submission be on-line would facilitate this, in the view of a number of participants.

#### **4. Learning Environment Observation**

##### ***Summary Statements:***

- Participants believed that the scores would have been more accurate if the observers had reviewed their observations with administrators or teachers. Longer, particularly multi-day, observation periods were also suggested.
- Center directors and public school administrators expressed disappointment that the observation scores from their teachers' classrooms were not available during the quality improvement planning consultation.

##### ***Implications:***

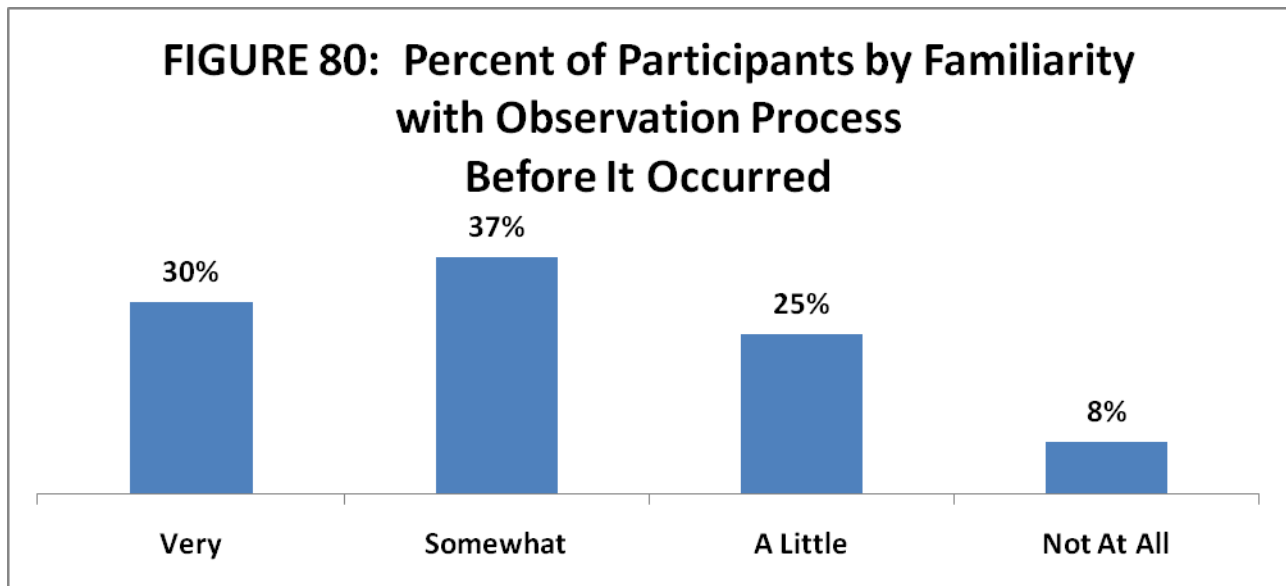
- Full implementation will not have the constraints of the field test on sharing ERS observation results with directors and administrators. However, that will make engagement and education of program staff even more critical to gain buy-in and encourage participation.

- Making sure that participating programs and providers feel comfortable with the observation tools and procedures and with interpretation of scores will be critical to the perceived value of this component of QUALITYstarsNY.

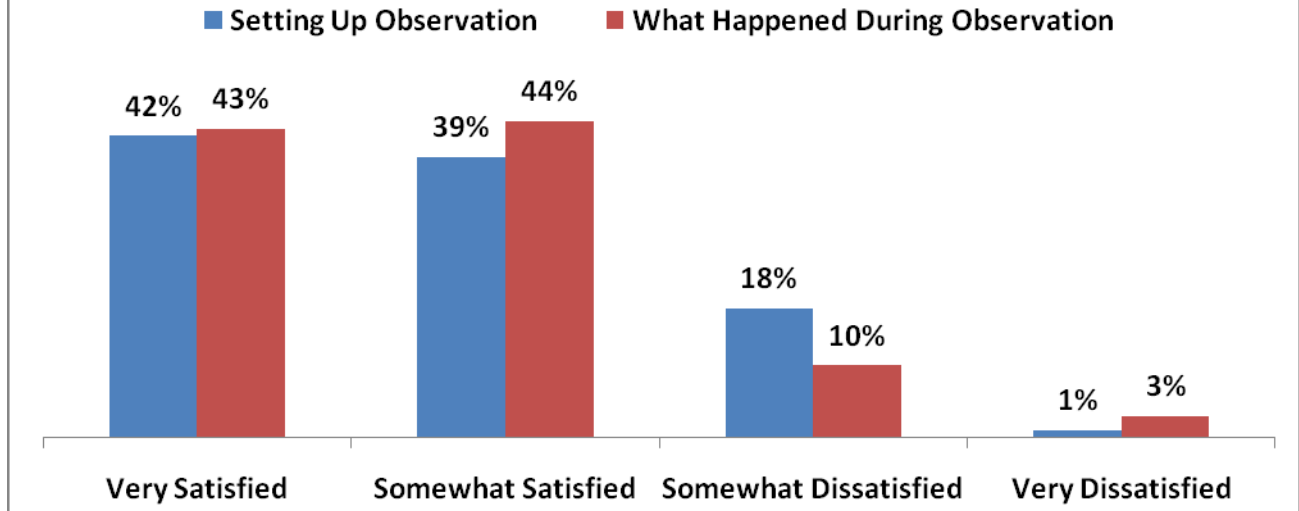
**Evidence:**

As with other components of QUALITYstarsNY, the learning environment observations during the field test differed from the expected process during full implementation; these differences are described in the previous section of this report.

Almost all (94%) participants were aware that there would be observations of the learning environment as part of the QSNY field test. (See Figure 80.) Of the participants for whom an observation had been made, about two in five (42%) were very satisfied with how the observations were set up and approximately the same proportion (43%) were very satisfied with what happened during the observation. Overall, about one-fifth (19%) were dissatisfied with the observation scheduling and 13% were dissatisfied with the observation itself. (See Figure 81 and Table 59.)



**FIGURE 81: Percent of Participants by Level of Satisfaction with Observation Process**



**TABLE 59: Percent of Participants by Level of Satisfaction with Observation Process**

	Setting Up Observation	What Happened During Observation
Very Satisfied	42%	43%
Somewhat Satisfied	39%	44%
Somewhat Dissatisfied	18%	10%
Very Dissatisfied	1%	3%

The biggest disappointment around the observations was that the center directors and school administrators with whom the quality improvement planning consultants met were not given the specific scores. As noted in the next section, many participants felt that this limited the value of the consultation.<sup>48</sup> Beyond the scores themselves, participants wanted a narrative description along with details on areas where improvements could be made.

One of the most commonly made recommendations regarding the observations was that the observer review observations, particularly those about activities and materials, with the teacher, administrator, or family/group family child care home provider. Some participants

<sup>48</sup> This restriction, imposed because of confidentiality requirements associated with the evaluation, would not necessarily be in place during state-wide implementation. However, teacher unions did express concerns about this aspect of performance being discussed with administrators without the teacher being present.



reported that specific types of learning opportunities were available to children even though they were not observed during the observation period.<sup>49</sup>

Some suggestions about the observations were related to the constraints of ERS administration, which is intended to provide an overall assessment based on a snapshot observation. For example, there was a concern that the observation might not take place on a typical day with the suggestion that observations be conducted over the course of several days. In addition, participants wanted to have more classrooms observed to better estimate the average quality of the program.

Other recommendations about the observation process included:

- Using a combination of self-assessment and independent assessment, with a follow-up meeting with the observer to review and discuss observations
- Offering opportunities for staff and providers to become more familiar with the observation tool and process before the observation takes place<sup>50</sup>
- Setting up a process for appealing observation scores
- Considering other observation tools such as the CLASS (as noted earlier, the PAS was also suggested for the management and leadership category)
- Adapting the observation tools to take account of particular situations – for example,
  - Classrooms within a building that have access to materials and opportunities in specialized areas (music room, art room)
  - Settings serving children with special needs

## 5. Quality Improvement Planning Consultation

### ***Summary Statements:***

- Participants valued the quality improvement planning consultation they received as part of the field test, even with its time and resource constraints.
- Better preparation by both the participants and the consultants was suggested as a means of improving the process.

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<sup>49</sup> The observers were instructed not to discuss the observation ratings with the classroom teacher, administrator, or family/group family child care home provider. In accordance with standard practice, observers were told to engage the teacher or provider in conversation to find out more about routines and materials that might not be readily apparent during the observation period.

<sup>50</sup> Some lead agencies did offer orientation to the ERS instruments to participants and others offered training on the ERS through their regular offerings.

**Implications:**

- Quality improvement support, to be effective, will need to involve more opportunities for training and technical assistance, particularly in engaging programs and providers in an ongoing process. This has obvious resource implications.

**Evidence:**

The quality improvement planning consultation that took place during the field test differed substantially from what is usual practice in quality rating and improvement systems in other states and from what was likely envisioned for QUALITYstarsNY. Specifically, the field test consultation was:

- Provided in one or two visits rather than in an ongoing way
- Focused on setting immediate priorities for quality improvement rather than consulting on progress in implementing planned improvements as would be done during follow-up visits
- Was able to provide limited resources only for staff or provider professional development – there were no funds available for purchase of equipment or materials or for facility improvements
- Had to arrange for these professional development funds to be expended by the end of 2010 due to stipulations in the use of the EIP funds
- Was unable to share specific ERS scores or observer notes with administrators in centers and schools because of confidentiality provisions associated with the field test evaluation

Even so, the quality improvement planning process was generally regarded as a very positive component of the field test, even within the time and resource constraints.

*“The field test sites loved the QI process and were thrilled to have Scholar dollars to pay for innovative, advanced, and not-often-offered training!”*

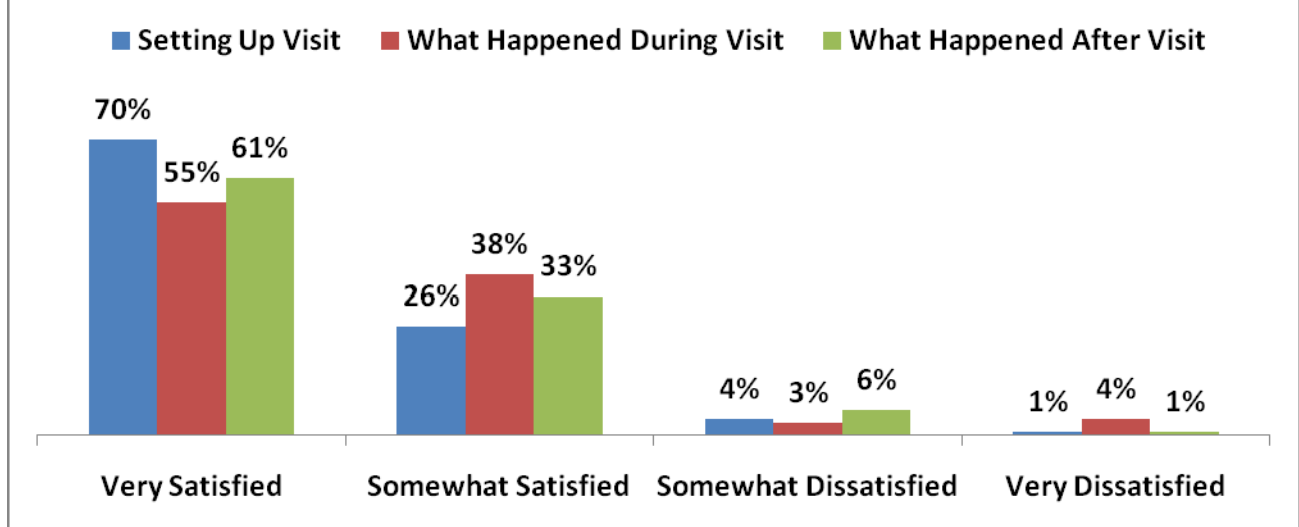
*“The consultant brought resources and articles that were helpful in the areas where the scores were low.”*

Almost all (90%) of the participants knew that they would receive consultation on quality improvement planning. Of the participants who had received a consultation visit prior to completing the survey, many (70%) were very satisfied with how the visit was set up; somewhat fewer were very satisfied with what happened during the consultation visit (55%) or after the visit (61%). However, almost no one reported being dissatisfied with any aspect of the consultation process; most were at least somewhat satisfied. (See Table 60 and Figure 82.)

**TABLE 60: Percent of Participants by Level of Satisfaction with Quality Improvement Planning Process**

	Setting Up Visit	What Happened During Visit	What Happened After Visit
Very Satisfied	70%	55%	61%
Somewhat Satisfied	26%	38%	33%
Somewhat Dissatisfied	4%	3%	6%
Very Dissatisfied	1%	4%	1%

**FIGURE 82: Percent of Participants By Level of Satisfaction with the Quality Improvement Planning Process**



As noted earlier, center and public school participants were disappointed that the specific classroom observation scores were not shared during the consultation.

- Participants commented that it appeared to be difficult for the consultants to give detailed feedback and recommend specific improvements without sharing the ERS scores.
- Having the ERS observer and the QIP consultant be the same person was one suggestion, although limitations and concerns about this were also noted.
- Participants would have liked to get their scores before consultation to allow time for reflection and pre-planning in order to make the best use of their time with the consultant.

The most common recommendation was to offer more quality improvement support:

*“We need to create more forums for sharing models for documentation and quality. Participants would like to have access to mentoring, conferences, provider meetings, and the opportunity to visit other programs.”*

*“Obviously, it needs to be an ongoing process... there should be a whole package...create a plan, start developing action steps to fulfill the plan, with the consultant continuing to work with the program.”*

Specific recommendations for the quality improvement consultation process included:

- Making sure that the consultants are familiar with local resources and aware of current improvement activities of the programs and providers
- Having a team of consultants available with different skills and areas of expertise to address different areas for improvement (for example, administrative practices, classroom environment, family resources)
- Providing information about areas of strength and of concern ahead of the consultation
- Giving participants more time to consider options for using the quality improvement resources before selection had to be made
- Getting more input from programs and providers into the “menu” of supports offered

## **6. Rewards and Incentives for Participation**

### ***Summary Statements:***

- Having resources and support for quality improvement was the most frequently mentioned incentive or reward for participation suggested by both field test participants and other programs and providers.

### ***Implications:***

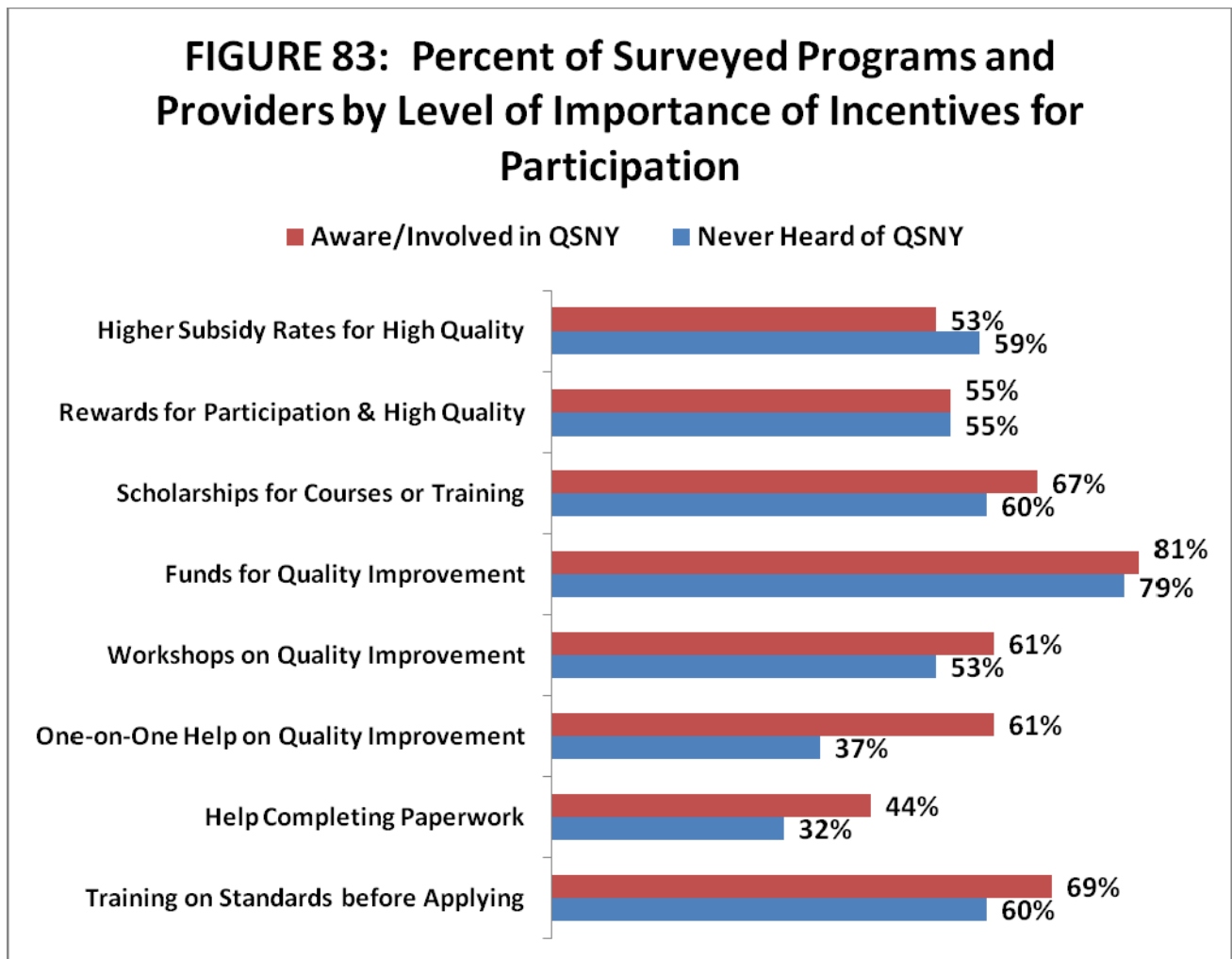
- Providing monetary incentives and rewards have obvious resources implications. However, so do other supports and incentives valued by participants, including the need to build or strengthen the infrastructure for training, assistance, and consultation across the state.

### ***Evidence:***

Typically, quality rating and improvement systems build in rewards and incentives, both to encourage participation in what is almost always a voluntary system and to support quality

improvement efforts. A sample of programs and providers in the field test communities was asked about what specific types of supports and incentives they believed would be important for QUALITYstarsNY.

Both those who were aware of or involved in the field test in some way and those who had never heard of QUALITYstarsNY gave very similar responses. (See Figure 83 and Table 61.) About four out of five responding programs and providers rated having funds to make quality improvement as important and about two-thirds reported that having scholarship funds to pay for courses or professional development training were important. Two-thirds of those aware of or involved in the field test also believed that providing training on the standards before applying to be part of QUALITYstarsNY would be important in statewide implementation.



**TABLE 61: Percent of Surveyed Programs and Providers  
by Level of Importance of Incentives for Participation**

	Never Heard of QSNY	Aware/Involved in QSNY
Training on Standards before Applying	60%	69%
Help Completing Paperwork	32%	44%
One-on-One Help on Quality Improvement	37%	61%
Workshops on Quality Improvement	53%	61%
Funds for Quality Improvement	79%	81%
Scholarships for Courses or Training	60%	67%
Rewards for Participation & High Quality	55%	55%
Higher Subsidy Rates for High Quality	59%	53%

**C. RESOURCES AVAILABLE FOR QUALITY IMPROVEMENT**

**1. What local resources were available in the field test communities for quality improvement?**

***Summary Statements:***

- Professional development and training opportunities were generally reported to be readily available in their communities by the field test lead agencies. However, they expressed the need to align these opportunities more closely with the QUALITYstarsNY standards.
- Resources to provide more intensive, ongoing, and individualized support and to purchase appropriate materials and equipment were scarce.

***Implications:***

- The infrastructure for providing professional development and training exists in many communities across New York State. Strategies to use this infrastructure to deliver higher level knowledge- and skill-building training and technical assistance could be encouraged and supported through existing contracts with state agencies.
- As noted earlier, many programs and providers would use additional resources to purchase materials and equipment to support children’s learning. Small grants, perhaps coupled with arrangements for discounts or group rates, for participation in QUALITYstarsNY would be an effective incentive.
- Bringing about substantial and sustained change in practice – whether in the learning environment or in management practices – often requires ongoing support to programs and providers. Given the cost, developing efficient ways to deliver this support through technology, peer groups, or other methods should be considered.

### ***Evidence:***

Lead agency representatives, when interviewed by the evaluation team, noted that their organizations had the capacity to, and did, provide training and technical assistance to programs and providers in their communities. Several mentioned the need and their intention to offer more training in line with the standards especially related to developmentally appropriate practices.

Other commonly mentioned resources included local community colleges and universities as sources for continuing education and coursework. Field test communities in large cities mentioned that there were rich opportunities for program staff and family/group family child care providers to access for their own professional development as well as for learning experiences for their children.

However, the lead agency representatives also identified critical gaps in resources available to programs and providers in their communities. Access to affordable and appropriate learning materials was generally limited, particularly for family/group family child care home providers. Toys and equipment purchased at local retail stores were generally not of high quality or durable. Several agencies mentioned that previous arrangements for lending equipment and materials were no longer in place because of funding cuts. Small grant programs were suggested as a means of assisting programs and providers purchase such items.

Mentoring, coaching, and on-site training were all recognized by the lead agency staff as effective ways to improve practice and learning environments. Loss of funding support had eliminated these activities in several field test communities. Some lead agencies also indicated that more training and technical assistance will be needed in areas of practice that go beyond the basic subjects required by regulatory agencies.

## **2. What participant or community resources were used in the field test quality improvements plans?**

### ***Summary Statements:***

- Most participating programs and providers were not able to draw on their own internal resources to carry out the field test professional development plans.
- Public schools and family/group family child care home providers made more use of community resources in their plans than did centers.

### ***Implications:***

- To some degree, the limited use of internal resources by public schools and centers in the field test might have been due to timing, as these resources may have already been allocated, particularly in the short term. Working with these programs to

develop long-term plans may help them target their resources to meet QUALITYstarsNY standards.

- Increasing community options for professional development and training in line with QUALITYstarsNY standards may also increase use of local resources. Family/group family child care home providers especially seem attuned to these opportunities and with very limited internal resources would benefit from having more available to them.

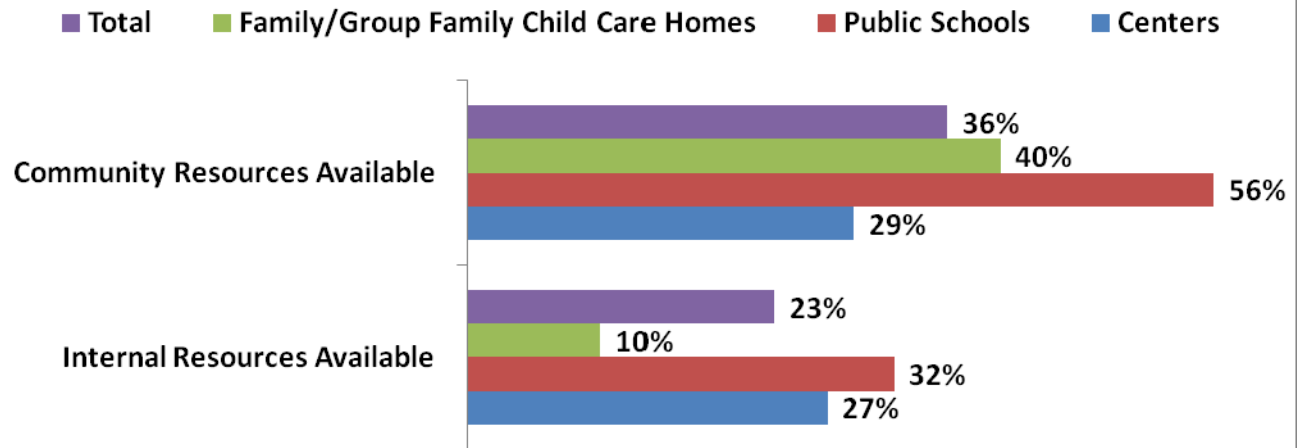
***Evidence:***

The quality improvement planning consultants worked with center and school administrators and family/group family child care home providers to identify available resources that could be used, in addition to the QUALITYScholarsNY funds, to support their professional development plans. Such resources could include funds set aside from the program or provider budget for training. They could also include training and courses available in the community.

As might be expected, public schools were able to identify available internal and community resources for professional development and training more often than centers and family/group family child care home providers. Almost one-third of public schools could allocate internal resources and more than one-half identified community resources. Center administrators working with the quality improvement planning consultants included internal and community resources equally often in their professional development plans with a little over one-quarter mentioned each. Family/group family child care home providers seldom were able to draw on their own resources, but were often confident in being able to make use of community resources, more so than centers. (See Figure 84 and Table 62.)



**FIGURE 84: Percent of Participants Indicating Availability of Resources for Professional Development Plans**



**TABLE 62: Percent of Participants Indicating Availability of Resources for Professional Development Plan**

	Centers	Public Schools	Family/Group Family Child Care Homes	Total
Internal Resources Available	27%	32%	10%	23%
Community Resources Available	29%	56%	40%	36%

**END**

**SEE ATTACHMENTS FOR THE APPENDICES**