Community-Based Child Care as an Intervention to Promote School Readiness

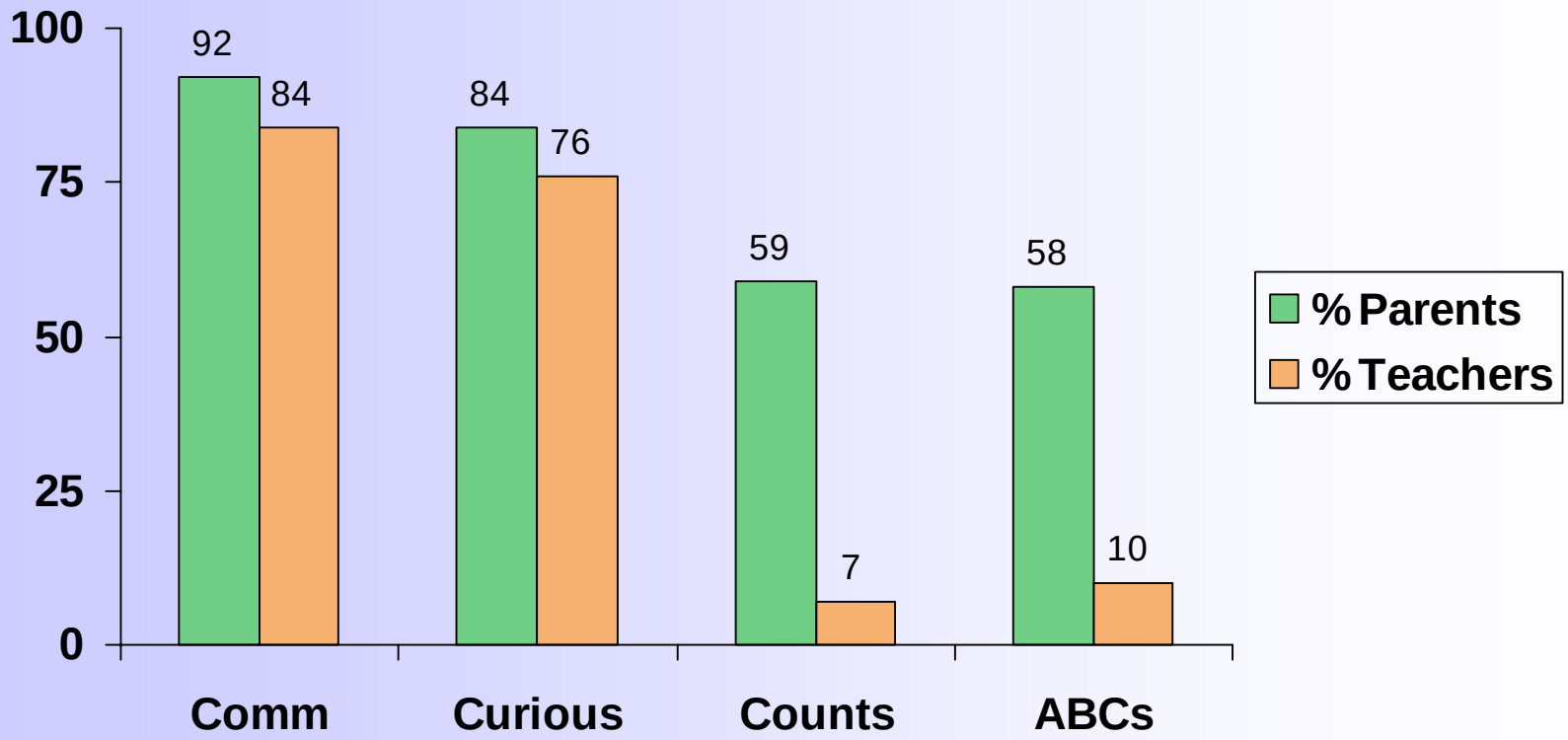
Donna Bryant

www.fpg.unc.edu/smartstart

US Teacher Beliefs (N = 1,448)

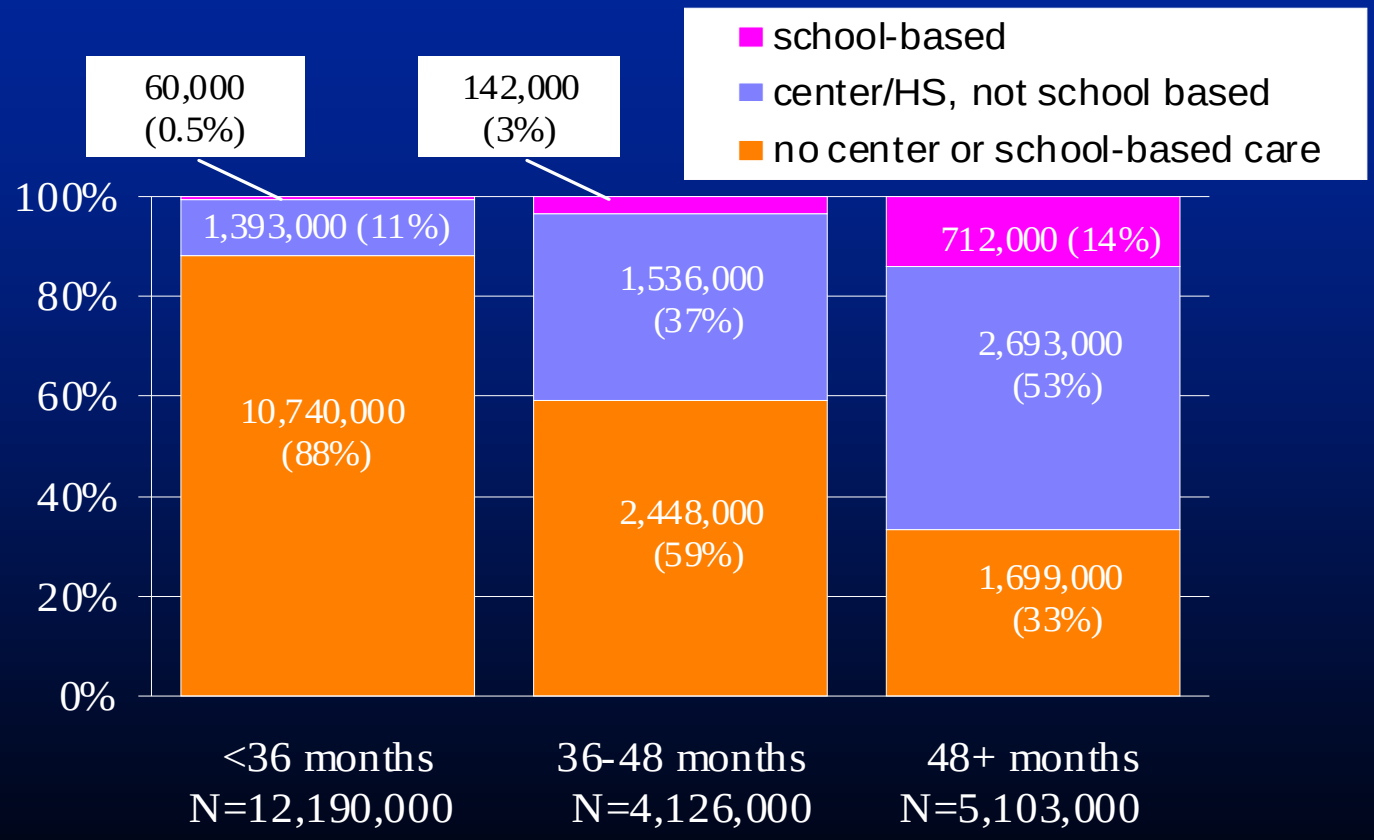
- Top 3 characteristics of a ready child:
  Physically healthy, rested, & well-nourished (78%)
  Can communicate needs, wants, & thoughts verbally in child's primary language (65%)
  Is enthusiastic & curious in approaching new activities (57%)

Parent & Teacher Beliefs of Essential Characteristics



National Center for Education Statistics, 1993

Early Childhood Settings by Child Age

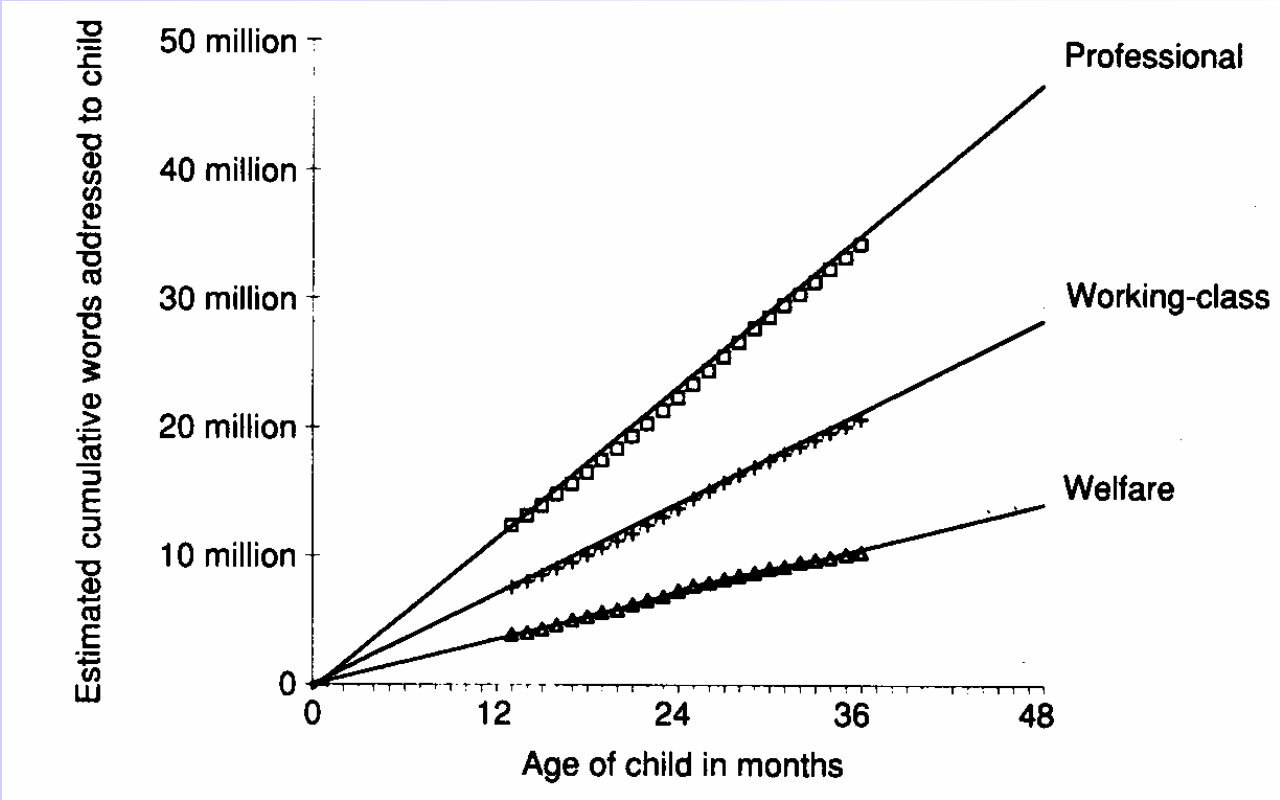


Source: National Household Education Survey of 1995
(National Center for Educational Statistics, US Department of Education)

4-year-olds in the U.S.

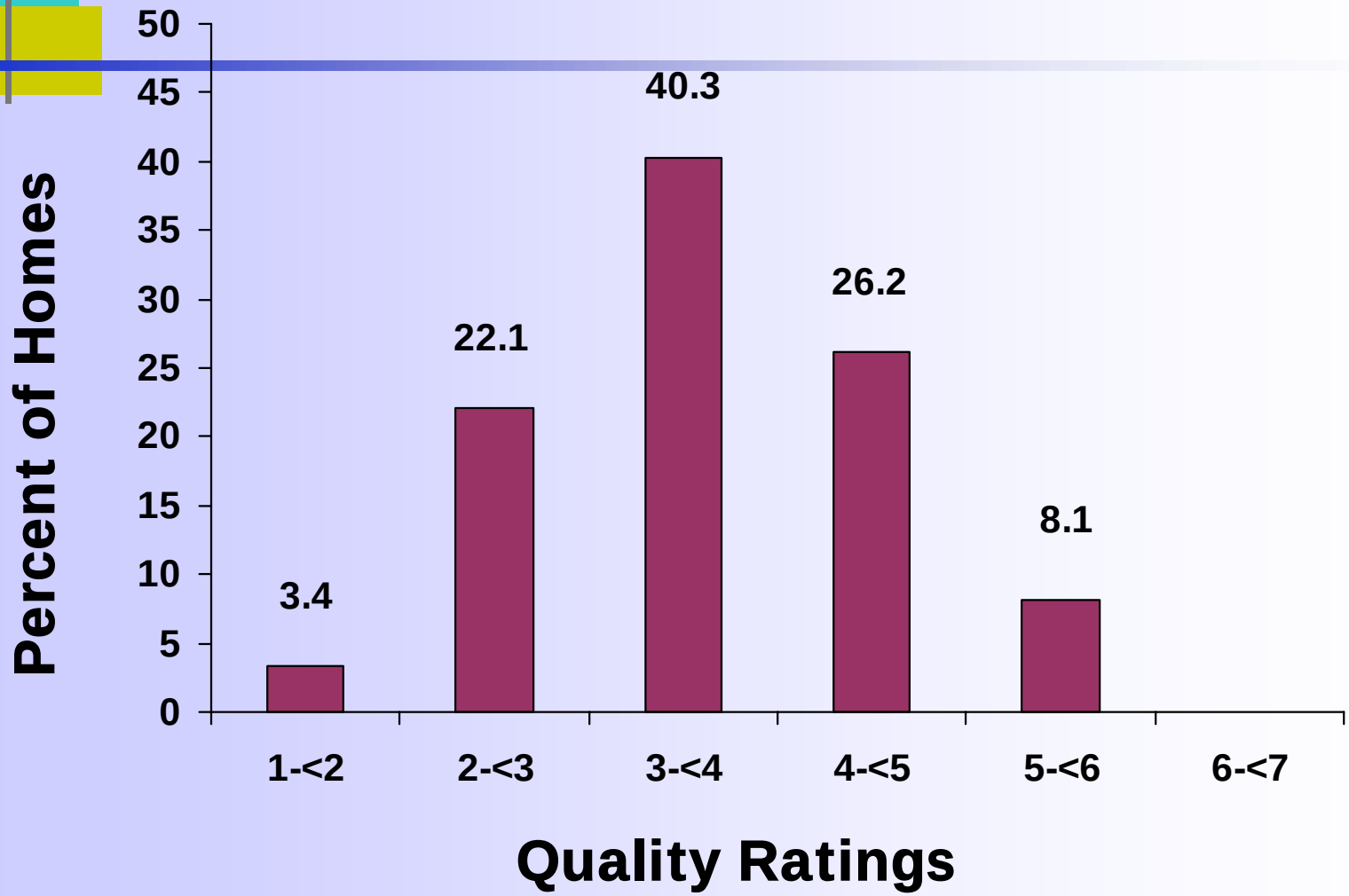
- 81% are in some type of non-parental care in the year before Kindergarten (ECLS-K)
- “Non-parental care” defined as:
  Head Start or a school-based program
  Licensed center or family day care
  Kith and kin care

Language Experiences by Social Class



(Hart and Risley, 1995)

NC Family Child Care Home Quality
(N=150)

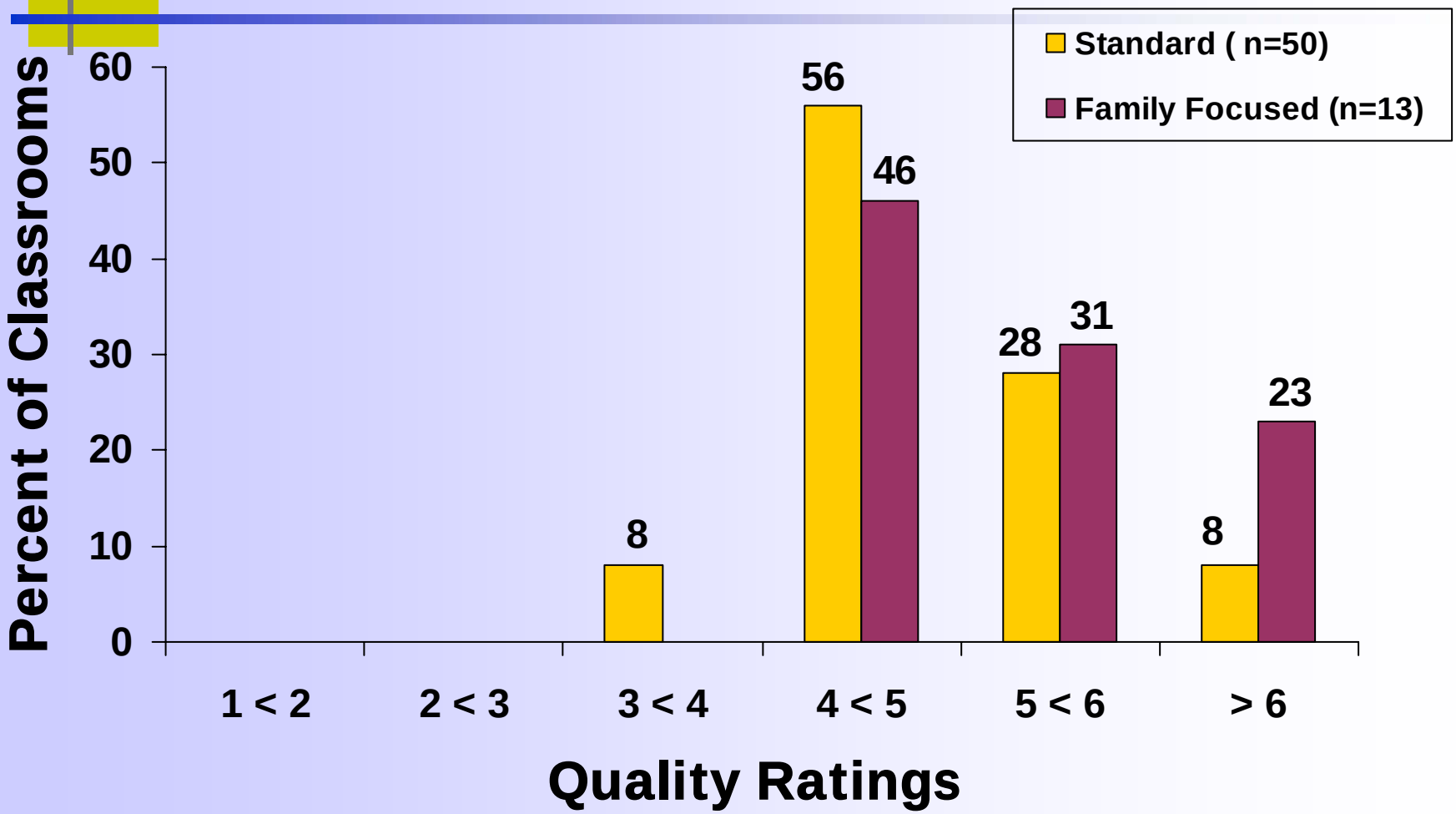


Head Start Classroom Quality Study

N = 61

Centre of Excellence for Early Childhood Development

NC Public Preschool Quality Study, 1993

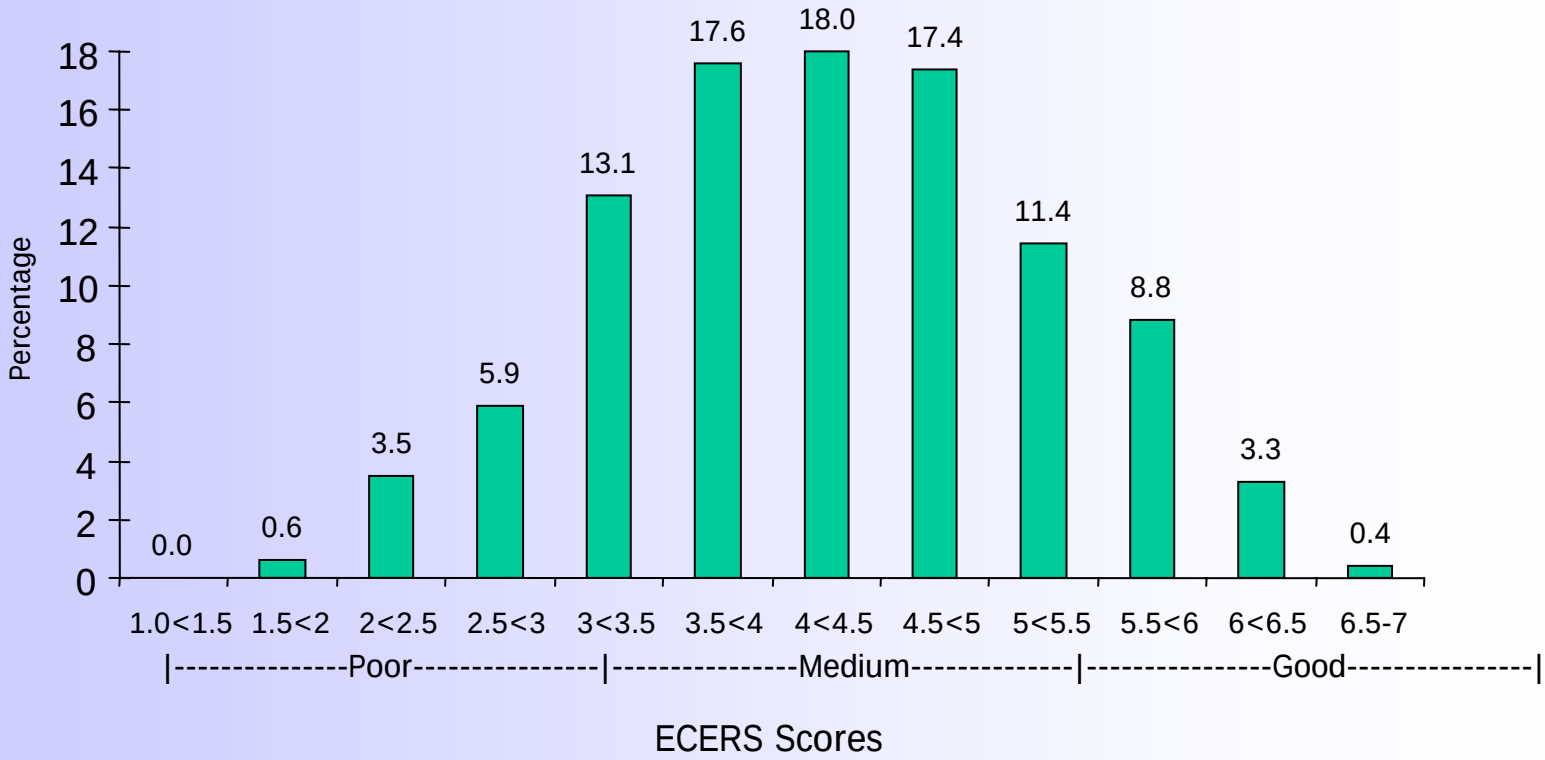


NCEDL Pre-K Quality Study

N = 240

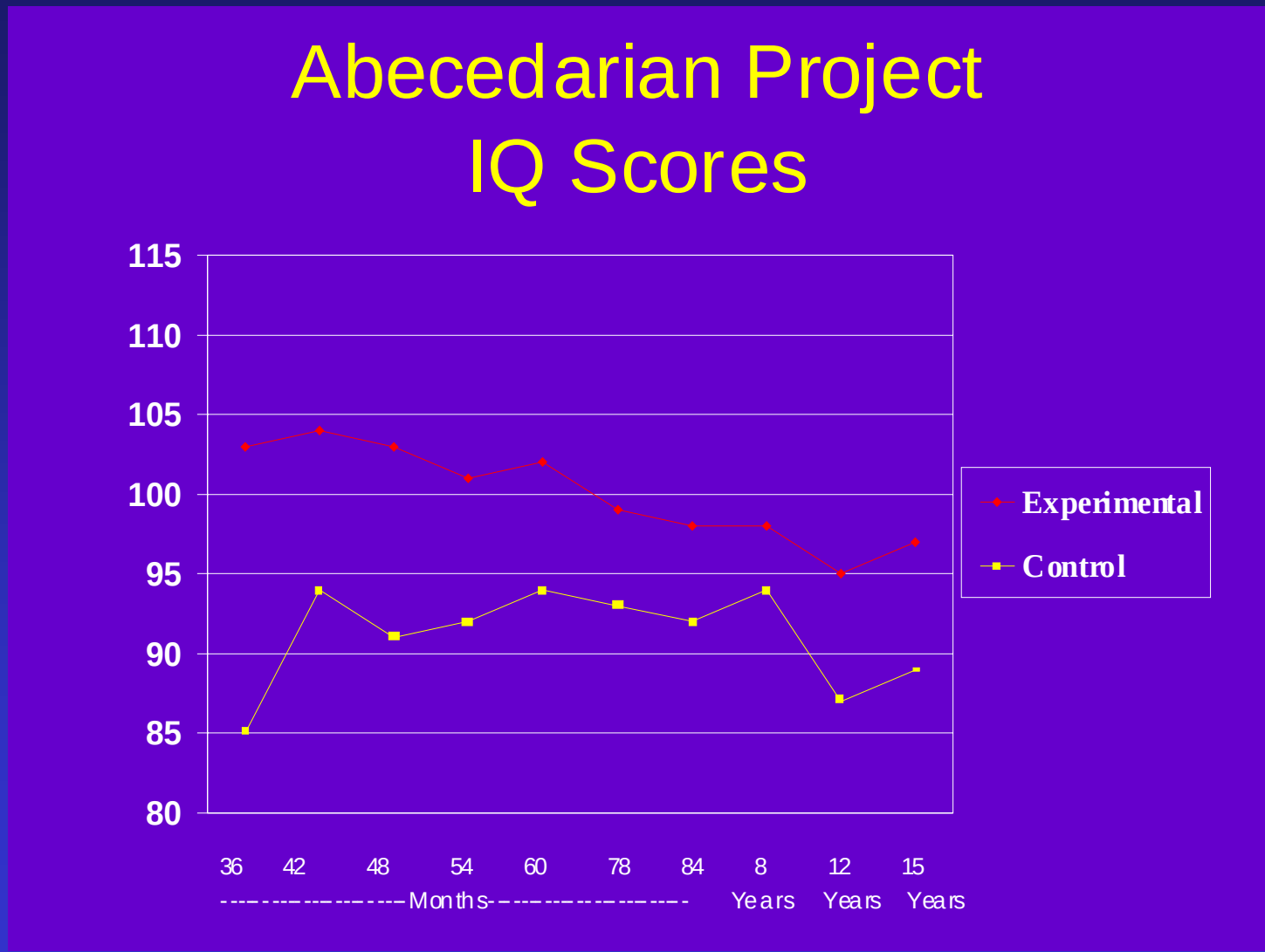
Process Quality in CQO Study Preschool Classrooms

(N=511)




Children's Language Skills over Time by Quality of Child Care Classroom Practices
PPVT-R Scores
106
104
102
100
98
96
94
92
4
5
6
7
8
Age in Years
Child Care Quality[1]
High
Low
[1]Note: High=75th percentile of quality scores; Low=25th percentile of quality scores.

Through age 15, we have shown that high-quality preschool has lasting effects on *IQ*



Smart Start - An Initiative to Improve Quality

- North Carolina's early childhood initiative for children birth through 5 and their families
- Goal is to help all children enter school healthy and ready to succeed
- Public-private partnership
- Comprehensive, community-based
- Providing high-quality child care, health care and family services
- Local determination (with guiding principles)
- Variety of efforts that vary by county and by year

How does Smart Start work?

- Funding from Legislature to NC Partnership for Children
- $24 million in 1993 to $220 million in 2001 to $190 million in 2002
- From NCPC to 82 local partnerships
- Partnerships fund contract providers or
- Deliver some services via the partnership

How are Smart Start funds used?

- 70% for child care: about half for subsidies, half for quality improvement activities
- 15% for family services: parenting education, home visiting programs
- 10% for health services: screenings
- 5% for administration

Evaluation is driven by the theories of change underlying Smart Start

Smart Start Services	Short Term Change	Long Term Change
Quality child care efforts	Better child care	More "ready" children at age 5
Family programs	Better functioning families	More "ready" children at age 5
Health programs	More children taking advantage of greater number of health services	Children more healthy at school entry
Planning and collaboration support	More and different people involved in making decisions	Coord. service systems that strengthens families and children

Questions About Child Care Quality

- Has the quality of NC child care improved over time?
- Does center participation in SS-funded activities predict quality?
- Do preschoolers attending higher quality child care programs have better skills than children attending lower quality programs?

Number of Centers Visited in Each Year

Study Year	Round 1	Rounds 3 & 4
1994	184	0
1996	188	0
1997	0	112
1999	135	85
2002	68	42

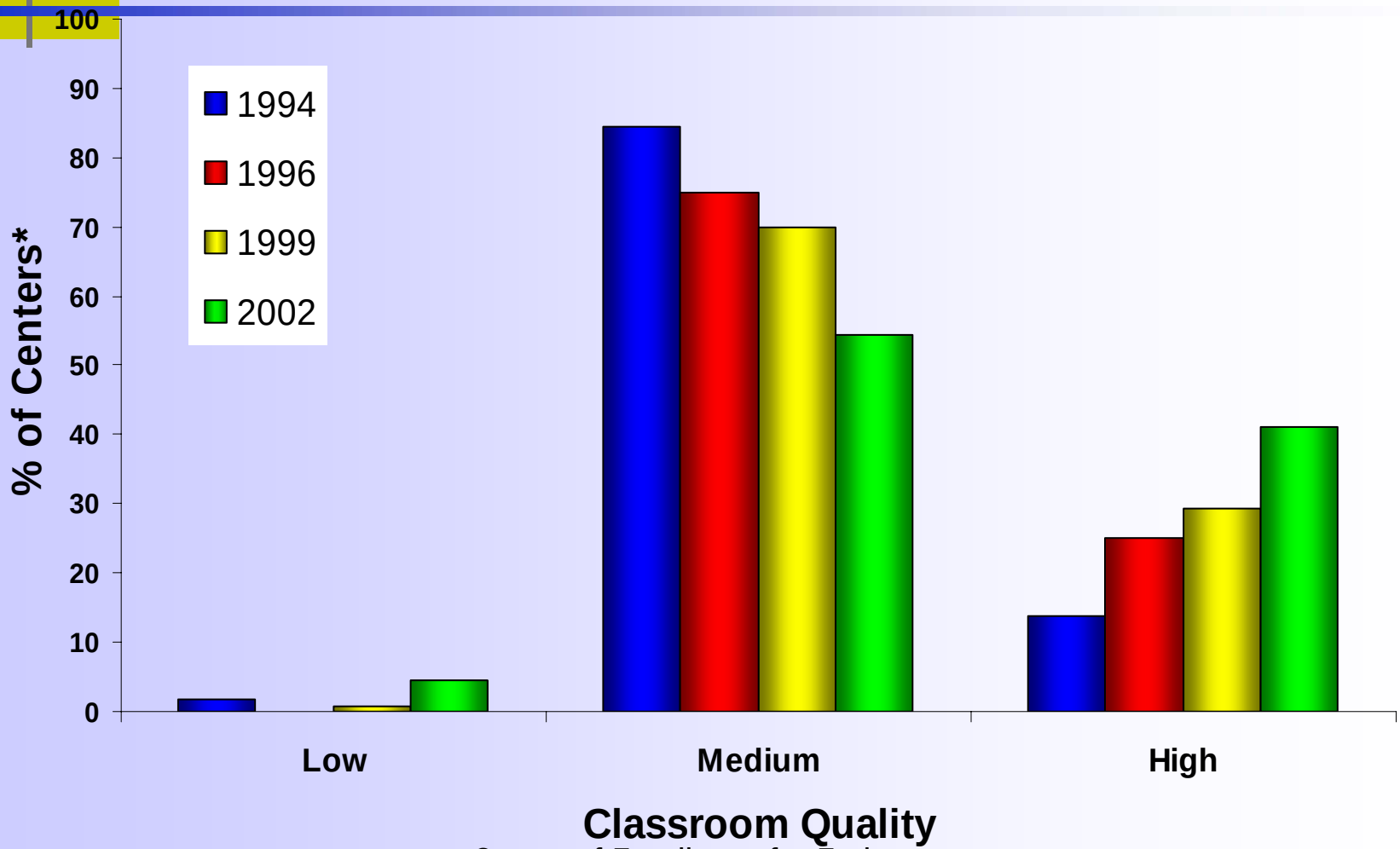
Measures

- ECERS (old) for classroom quality
- SS activities (from director interview)
- Peabody Picture Vocabulary Test - III
- Applied Problems from Woodcock-Johnson
- Story and Print Concepts
- 4 number, letter, and counting tasks
- Social Skills Rating System (by teacher)

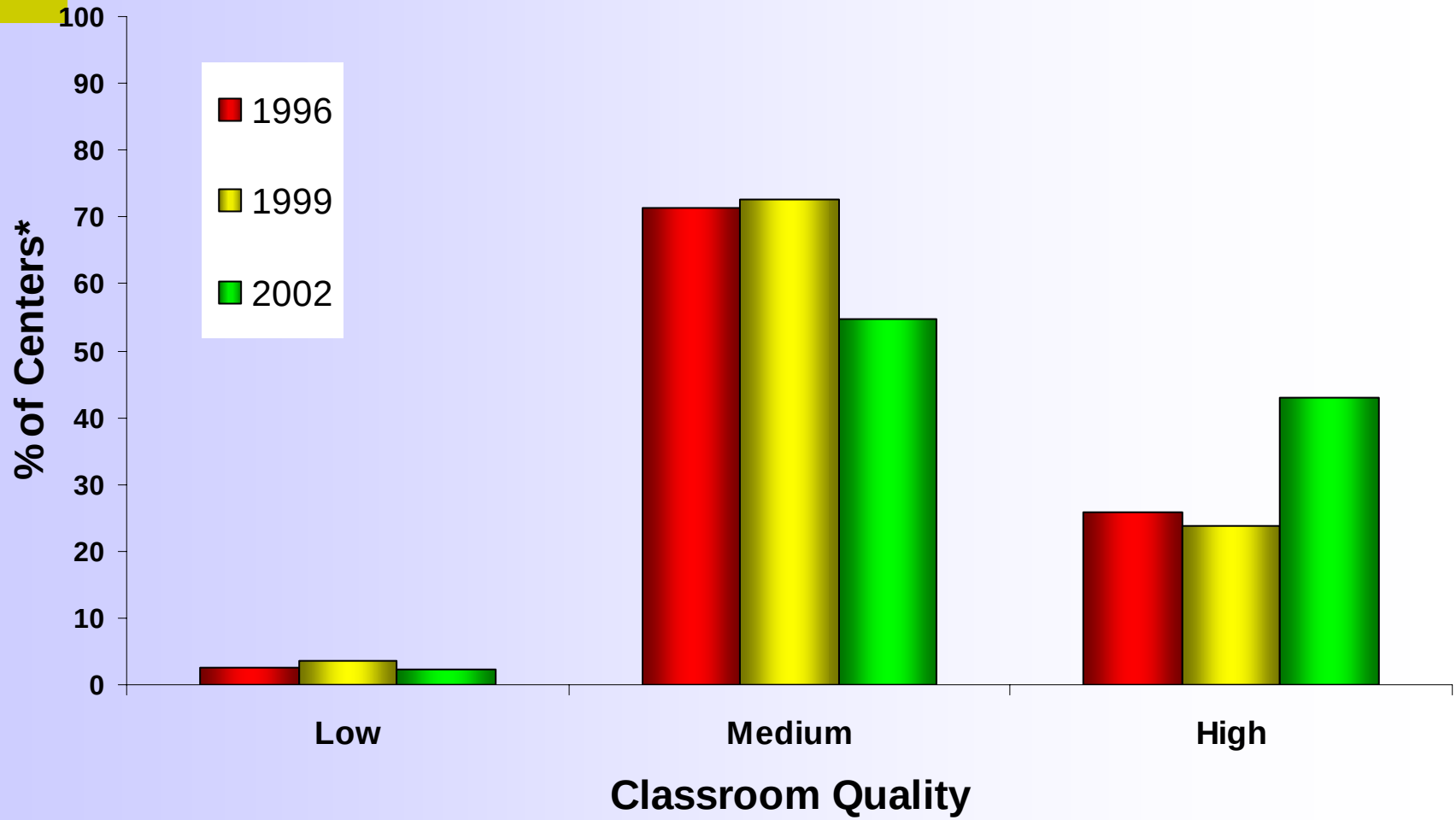
Mean ECERS Scores by Study Year

	Round 1				Rounds 3 & 4		
Study Year	*N*	Mean	*SD*		*N*	Mean	*SD*
1994	180	4.25	0.64				
1996	188	4.52	0.69				
1997					112	4.37	0.81
1999	133	4.59	0.74		84	4.36	0.74
2002	68	4.73	0.93		42	4.76	0.96

Quality of NC Preschool Child Care
Round 1 Counties



Quality of NC Preschool Child Care
Round 3 & 4 Counties



Mean Number of Smart Start Activities by Study Year

	Round 1						Rounds 3 & 4				
Study Year	*N*	*Mean*	*SD*	*Min*	*Max*		*N*	*Mean*	*SD*	*Min*	*Max*
1994	184	3.91	2.76	0	11						
1996	188	4.93	2.87	0	12						
1997							110	1.03	1.69	0	7
1999	135	5.94	2.89	0	12		84	4.42	2.69	0	12
2002	68	4.69	2.08	0	10		42	4.38	2.39	0	9

SS Participation & Quality

- No relationship between participation in SS-funded TA and classroom quality in a county's first year of Smart Start
- Significant positive relationship at each later assessment (2, 5, and 8 years)
- The relationship grew stronger over time.

Child Outcome Measures

Variable	*Mean*	*SD*
Language and Literacy		
PPVT Receptive Language	94.9	14.85
No. colors named or found	9.7	1.01
No. letters named	13.5	9.93
Book awareness	0.4	0.50
Book knowledge	2.7	1.41
Story comprehension	0.7	0.44

More Child Outcome Measures

Variable	*Mean*	*SD*
Numeracy		
WJ Applied math	93.9	15.48
Highest number counted	22.2	21.16
Highest number with one-to-one correspondence	18.8	12.51
Social and Emotional		
SSRS Social skills	101.7	13.46
SSRS Problem behaviors	103.3	14.64

Significant Predictors of Children's Outcomes

	Predictor			
Child Outcome	**Classroom Quality**	**Boy**	**Ethnicity / Race**	**Poverty**
Receptive language	↑ ***		↓***	↓ ***
Letters				↓ **
Book awareness	↑ ***	↓ **	↓*	↓ **
Book knowledge	↑ **	↓ **	↓**	
Story comprehension				↓ ***
Applied math problems	↑ ***	↓ *	↓***	↓ ***
Counting one-to-one	↑ ***	↓ **		
Social skills		↑ ***	↑**	↓ ***
Problem behaviors		↓ *		↑**

*= $p < .05$, **= $p < .01$, ***= $p < .001$

Conclusions

- Center-based child care quality is improving
- Improvement is related to participation in SS-funded activities
- Many different activities are being implemented
- Children's school readiness is related to their centers' participation in SS-funded activities

Remaining Questions

- What types of quality improvement activities are most effective?
- How much technical assistance is necessary?
- Are different types better in different situations?

Study Design

- Interviewed 37 key people in 12 partnerships:
  - executive directors, board members, TA providers, others
- Selected partnerships based on increase in quality from 1993 to 2001
  - “High quality” in 1993 = AA and in 2001 = 4 or 5 stars
- Average increase in 82 partnerships = 6%
  - Range in selected partnerships = 20-56% with one 5%

Strategies to Promote Quality

- Strong Leadership
- Strategic Planning
- Education and Professional Development
- Financial Rewards
- On-site, Customized Technical Assistance
- Collaborations with Community Partners

The Role of Leadership

- Everyone focused relentlessly on quality
- Used local child care leaders
- Friendly competition
- Clear definitions of quality
- Different strategies for different times and purposes
- Weighed the focus on homes and centers

Effective Strategic Planning

- Built systems of linked activities
- Focused on the multiple issues involved in quality improvement
- Based decisions on research
- Established clear goals
- Monitored progress towards goals
- Stopped funding programs that weren't changing

Education and Professional Development of the Work Force

- Emphasized the importance of the work
- Gave public rewards and recognition
- Supported TEACH® and WAGE$ programs
- Worked with colleges and community colleges to make courses available
- Developed incremental plans (small steps)
- Helped providers set achievable goals

Financial Rewards

- Bonuses to providers for increased education
- Increased subsidy payments to 4- and 5-star centers

On-site, Customized Technical Assistance

- Began their focus on quality in the application process
- Focused on those who needed help most, but were available to all
- Used children's progress as a motivator for quality
- Started with a needs assessment
- Customized assistance based on the needs assessment

On-site, Customized Technical Assistance (cont.)

- A signed, written contract was critical
- Monitored the contracts carefully
- Establishing personal relationships between TA staff and child care providers was key
- Used a variety of strategies
- Allowed enough time for change

Collaborations with Community Partners

- What motivates the partners? both groups need to benefit
- Key collaborators: CCR&R, TA staff, DCD consultant, Community colleges, DSS, Head Start and public pre-k
- Variety of other possible collaborators: Latino organizations, local literacy councils, volunteer programs, AmeriCorps

What's Needed to Sustain Quality?

- *Maintaining* quality is more cost-effective than starting over
- Compensating providers and supporting the workforce is key
- More flexibility in partnership spending:
  - High quality centers need help to stay high
- Support from many sectors:
  - Business, schools, policymakers, parents

What Else is Needed to Sustain Quality?

- College and community college support
  - Greater availability of classes
  - Specific courses and training for Spanish-speaking providers
  - Articulation agreements

Summary and Additional Questions

- These partnerships are evidence that significant quality improvement is possible
- No magic bullet: leadership, strategic planning, strong programs are key
- Why isn’t quality zooming up everywhere?
- Can these efforts be sustained over time?
- Are some approaches more effective than others?