Virginia Star Quality Initiative Family Child Care Home Provider Demonstration Pilot Evaluation Report

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For the full report, go to: http://www.smartbeginnings.org/Portals/5/PDFs/VSQI/VSQI_FCCH_Evaluation_Reportsm.pdf

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Table of Contents

Table of Tables

Table of Figures

Executive Summary

The Virginia Star Quality Initiative (VSQI) family child care home demonstration project was a pilot quality rating and improvement program designed to provide intensive professional development services to family child care home providers. The pilot project took place between October 1, 2010, and June 30, 2011, and was funded by federal American Recovery and Reinvestment Act monies awarded to the Virginia Department of Social Services. The Virginia Early Childhood Foundation (VECF) piloted the family child care home provider program as an extension of the classroom-based VSQI, currently in its fifth year of a pilot phase. Through a competitive process, VECF selected six geographically and culturally diverse regions encompassing 35 Virginia localities to participate, with a recruitment target of 75 licensed family child care providers. Regions included nine localities in the Southwest (coordinated by Smart Beginnings Appalachia), Arlington/Alexandria, six localities in Central Virginia (coordinated by Smart Beginnings Central Virginia), Fairfax, seven localities in the Greater Richmond area (coordinated by the Richmond Resource and Referral Agency, ChildSavers) and five localities in South Hampton Roads (coordinated by Smart Beginnings South Hampton Roads and The Planning Council).

Local coordinators recruited providers and administered rating and mentoring procedures for their regions, while VECF provided training, technical assistance, data coordination, and project oversight. Researchers at Virginia Tech were selected to (1) assist VECF in evaluating the four draft home-based Star Quality Standards; (2) conduct a process evaluation of the demonstration program; and (3) develop a short-term continuing evaluation plan for the home-based pilot. The findings reported in the evaluation report address the first two of these three evaluation charges.

Results of the Standards evaluation indicated that three of the four draft home-based Standards—Standard 1 (*Education, Qualifications and Training)*; Standard 2 (*Environment and Interactions);* and Standard 3 (*Structure)*—received support from the research literature and were endorsed as important quality indicators by a panel of national quality rating and

improvement experts and by a large majority of Virginia stakeholders, including pilot local coordinators, raters, mentors, and family child care providers. Little research evidence was found to guide decision making regarding Standard 4 (*Program Management)*, and local stakeholders expressed mixed views on the validity of this Standard to measure family child care home quality. National expert and pilot coordinators agreed that—if given sufficient educational opportunities, mentoring, and other instrumental support—family child care providers were likely to achieve high Star Ratings, although obtaining a bachelor's degree in the field might represent a significant hurdle.

National experts and local coordinators recommended changes regarding how to calculate Star Ratings, many of which were incorporated into VECF's Star Rating calculations for the demonstration project. Baseline ratings, conducted by trained raters in family child care homes prior to mentoring, indicated that pilot providers fared well with Standard 3 (*Structure,* or age-weighted group size and adult-to-child ratios), achieving an average Star Rating of 4.6 out of a possible 5 Stars. Average rankings for the other Standards were considerably lower: Standard 1 (*Education, Qualifications and Training*), 1.7; Standard 2 (*Environment and Interactions*), 2.05; and Standard 4 (*Program Management*), 1.14. Across all providers, Star Ratings for all Standards except *Program Management* spanned the entire range, from 1 to 5 Stars. Overall baseline Star Ratings averaged 2.31, ranging from 1 through 4 Stars.

Subscale scores on the standardized tool used to measure Standard 2 indicated considerable variation. Pilot providers as a group averaged mid- to high-middle scores on environmental subscales—*Parents and Providers* (4.95, on a 7-point scale*), Interactions* (4.9), and *Listening and Talking* (4.2), with each of these subscales ranging across the scale (from 2 –7 for *Parents and Providers*; 1 – 7 for the other subscales). The remaining four environmental subscale averages were lower, ranging from *Program Structure* (3.5), *Space and Furnishings* (3.08), *Activities* (2.7), to *Personal Care Routines* (2.5). The baseline ratings underscore the need for efforts to help family child care providers improve the quality of their care, and point to areas that require more targeted training and mentoring for providers. The range found among subscales on the tool used to measure Standard 2, and across the first three Standard

Star Ratings, suggest that these draft Standards appear to be reasonable for family child care providers if accompanied by sufficient and affordable opportunities for professional development and education. The limited range for *Program Management*, coupled with the lack of strong empirical evidence relating it to child care quality and stakeholder ambivalence about this Standard, suggests that this Standard may need to be modified or eliminated.

Process evaluation: Findings indicate that on balance, the pilot was well conducted despite the considerable challenges that were encountered, many of which appeared related to the project's short timeline. Raters and mentors received extensive preparation, spending eight or five full days, respectively, training with experts and VECF staff. Target recruitment levels were achieved. Twelve raters observed and provided detailed feedback to 75 family child care providers. Twenty mentors developed Quality Improvement Plans (QIPs) with 74 providers and delivered an average of 26 hours of personalized mentoring services to each. Providers and their mentors collectively developed between seven and 36 (with an average of 18) goals per provider, collectively addressing quality improvement activities across the four Star Quality draft Standards.

The pilot goal of having providers meet at least half of their goals by the end of the demonstration project was largely achieved: reports by mentors or local coordinators showed that all but six providers met this benchmark, and 90 percent exceeded it. Completed goals ranged in complexity. Examples include meeting regularly with a mentor, making environmental improvements, practicing communication feedback loops with children, developing an employee handbook, and enrolling in Child Development Associate or college early childhood education programs to start in Fall 2012. Mentors reported working primarily one on one with providers at their homes, though in at least two pilot regions, mentors also hosted group training sessions for pilot providers and facilitated local provider networking.

Satisfaction with the pilot appeared to be high among all stakeholder groups. Seventy-five percent of family child care providers across all pilot regions completed a telephone interview toward the end of the pilot project. These providers reported being "very satisfied" with their mentor relationship (96%), the process of developing QIPs (90%), and the pilot

overall (78%). Ninety-four percent would likely recommend the program to other child care providers, and 74 percent reported it "very likely" that they would continue with the VSQI. Ninety-two percent of all raters would like to continue, as would 81 percent of surveyed mentors.

At the same time, aspects of training and procedures need modification to maximize the likelihood of future smooth administration, quality control, and sustainability. Challenges experienced during the pilot are instructive for the future administration of the family child care home VSQI. Key recommendations based on challenges related to recruitment, training, rating, mentoring, and data management are summarized here:

- *Institute a formal provider orientation phase as the first step into the Star Quality system and avoid recruitment drives around holidays or other related state initiatives.* Recruiting providers was challenging for at least half of the pilot regions, and four lost at least two providers during the course of the pilot, necessitating additional recruitment in three regions (12 providers withdrew overall). Recruitment around the winter holidays and the short duration of the pilot appeared to play a large role in enrollment difficulties, but other factors also operated, most notably providers' perceiving the initiative as complex or confusing, the low density of eligible providers in more rural areas, concurrent changes in state licensing standards, and cultural or language barriers (approximately one-quarter of the pilot sample spoke a primary language other than English). The concept of the "three-week window," in which a rater, unannounced, would observe a family child care home during a specified range of dates, was confusing or distressing to some providers, an obstacle that resulted in some initial scheduling difficulties. Instituting a longer, more standardized orientation to the VSQI that includes broader dissemination of information to providers and parents; offering translators for non-English speaking providers; and possibly adding a self-assessment or initial mentoring component prior to conducting publishable ratings should help offset many of these challenges and reduce turnover.

- *Schedule and manage inter-rater reliability "buddy checks" at the administrator rather than the rater level and troubleshoot potential difficulties in scheduling unannounced rater visits ahead of time.* Thirty-three percent of the original rater pool was unable to conduct ratings for unexpected personal reasons or because some raters never achieved reliability on rating tools. These complications, coupled with there being one or no original certified rater in some regions, resulted in a few protocol irregularities in order to meet demonstration deadlines. Two sets of raters did not conduct inter-rater reliability checks, and eight rater visits were scheduled between one hour and one day in advance due to a variety of reasons, including apartment building visitor regulations, rater travel schedules, prior missed visits, and a provider's home being quarantined. While these irregularities were infrequent and appeared motivated by the compressed pilot time frame, strict oversight of these procedures is critical to the integrity of the rating system, particularly once Star Ratings are published.

- *Modify the Summary Report to reflect positive aspects of providers' child care practices as well as areas that need improvement, and provide support for providers when they receive their Reports.* The main hurdle of the demonstration project lay in providers' negative reactions to the Summary Report. Although later in the pilot many providers reported it was helpful (52% of surveyed providers found the Summary Reports to be "very useful" by May or June), across all localities mentors reported expending considerable time, resources, and effort to allay provider concerns, soothe distressed feelings, and prevent participants from quitting the pilot in the wake of receiving their Reports. It is a testimony to the skill of the pilot mentors, who began working with providers after they had received their Reports, as well as local coordinators and VECF pilot staff that no provider formally withdrew due to the Report. However, these concerns about the Summary Report can be reduced, if not eliminated, by reformulating the Report to include positive comments and encouragement and by better preparing providers about what to expect.

- *Provide mentors and local coordinators with more training and guidance regarding how to develop QIPs and more specific guidance on how the Toddler Classroom Assessment Scoring*

System (CLASS) tool is to be used during mentoring. Only 19 percent of mentors felt "very well prepared" to develop the QIPs, and 44 percent would have liked more training on the Toddler CLASS. Variations in both the number and the complexity of goals in the QIPs and a lack of consistency in whether local coordinators reviewed or supervised the development of QIPs indicate that this process needs critical attention as a centerpiece of the VSQI. While mentors used the Toddler CLASS to help establish goals with their providers rather than for ratings, the way they used it and the extent to which they conducted formal assessment varied. For future mentoring purposes, formal CLASS assessment administration and mentors attaining reliability on this measure may not be necessary, but it will be important for VSQI developers to clarify the range of acceptable practices for mentors using this tool and to provide guidance on how to maximize its rich utility with family child care home providers.

- *Reach out to train more bilingual mentors.* Twenty-six percent of the 75 pilot providers spoke a primary language other than English. Adequately helping these providers improve their child care practices requires that mentors at least be able to communicate well with them. Using monolingual English-speaking mentors with providers who are not fluent in English is an inefficient use of mentor resources. At a minimum, more bilingual Spanish-speakers are needed.

- *Develop a data security protocol and train personnel to use it.* The current decentralized approach to collecting and storing VSQI family child care home data means that personnel rely on local internal agency data protection standards or do not have any. Procedures for securely storing, sending, and disposing of this information need to be spelled out and personnel must be trained on them to guard against the data inadvertently or maliciously being seen by unauthorized persons. VSQI administrators could explore the possibility of having all field staff—mentors, LCs, but particularly raters—work on and store data on a secure remote server that they log into, obviating the need for data to be stored on local computers or personal laptops. Attention would need to be paid to internet access issues in some Virginia locations to determine whether this would work for all regions.

Several matters emerged during the process evaluation that were beyond the scope of the evaluation but are important to explore further. They include the following:

- Specific cultural barriers that may prevent different family child care provider populations from engaging in or optimally profiting from the VSQI;

- Details of the mentoring component, particularly in characterizing mentor activities and determining how and to what extent QIP goals that are met correspond to changes in Star Quality ratings;

- The feasibility of a state-level VSQI rater or rater-and-mentor system to maintain high levels of quality control over the VSQI process; and

- Possible extension of the period in which family child care provider Star Ratings are not published until further evaluation of the VSQI is conducted.