A Study Prepared for the Office of Early Learning

Statewide Needs Assessment on the Demand, Supply and Quality of Early Learning Programs in Florida

UF | UNIVERSITY of FLORIDA
College of Education
LASTINGER CENTER

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This research was commissioned by the Florida Office of Early Learning under OEL solicitation No. FL-RFP 2013-33-Rebid on behalf of the Florida State Advisory Council on Early Education and Care.
As outlined in this report, the University of Florida Partnership created an interactive Florida Early Care and Education Needs Assessment Data Portal to support local and statewide work and decision making. More information on this portal is provided on pages 77-94.

To access the interactive Florida Early Care and Education Needs Assessment Data Portal, please go to:

http://familydata.health.ufl.edu/oelweb

Username: peds-svc-tableau-oel

Password: OELweb789!

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A Study Prepared for the Office of Early Learning

By the University of Florida Partnership:

The Lastinger Center for Learning

&

The Family Data Center

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Overview of Study

SUMMARY

Florida's State Advisory Council on Early Education and Care (State Advisory Council) commissioned a needs assessment to determine the supply, demand and quality of early learning programs in the state. The State Advisory Council serves as an advisory body to the Florida Children and Youth Cabinet and works with state agencies and statewide organizations on behalf of young children and their families. Through a competitive procurement, The University of Florida Partnership, consisting of the Lastinger Center for Learning in the College of Education and the Family Data Center (FDC) in the College of Medicine, was selected to complete this work in March 2013.

This needs assessment report includes multiple elements:

- A detailed overview of the study
- Information on the study methodology
- An inventory and analysis of quality indicators and systems currently used in Florida
- Findings and limitations of the study
- Recommendations for needs assessment updates
- Conclusion

The needs assessment included:

- An estimate of the current need and supply for child care in the state
- A comprehensive gap analysis between need and supply
- A summary of current quality measures used in the state.

Using data from national and state sources, the University of Florida Partnership documented the characteristics of families with children, the size and demographic characteristics of Florida's children birth through age five, and the supply of early learning programs, both licensed and license-exempt. Through reviews of research, surveys and interviews with Early Learning Coalitions and other stakeholders, we also summarized what is known about the quality of early childhood programs in Florida. The findings are summarized in this report in tables and interactive maps located at: *http://familydata.health.ufl.edu/oelweb*

Username: peds-svc-tableau-oel
Password: OELweb789!

The information was compiled in this format to inform local and statewide decision to ensure that early learning programs are meeting the needs of children, families, and the State of Florida. Please see Appendix A for portal overview and directions.

THE PARTNERS

With over 25 years of combined experience, the University of Florida Partnership merged the expertise of the University of Florida's Family Data Center in the College of Medicine and the Lastinger Center for Learning in the College of Education to conduct this needs assessment.

The University of Florida's Lastinger Center for Learning is a nationally recognized leader in researching and creating innovative learning and educational strategies to improve the well-being of children from birth through age 18. The center has extensive expertise researching, creating, implementing, and evaluating educational initiatives that improve teaching and learning and advance youth development.

The Family Data Center, with extensive experience conducting large-scale evaluation projects for Florida state agencies, maintains a repository of historical data and operates a number of statewide data collection systems. The range of work at the Center includes data cleaning and profiling, deterministic and probabilistic data merging, statistical modeling and reporting, database and data dictionary creation, data warehousing, and developing and hosting web-based data collection systems.

The University of Florida Partnership was led by a team with vast and diverse areas of expertise and knowledge: Donald Pemberton, Ph.D., Director of the University of Florida's Lastinger Center; Nancy Hardt, M.D., Director of Health Disparities and Service Learning Programs in the College of Medicine at the University of Florida; Abby Thorman, Ph.D., Early Childhood Innovations Manager; Jeffrey Roth, Ph.D., Research Professor of Pediatrics; Erik Black, Ph.D., Assistant Professor of Pediatrics; Lisa Langley, Ed.D., Senior Project Manager; Roland Estrella, B.S.C.E., Analytics Manager; Matt Fletcher, B.A., Web Designer; Stuart Clarry, M.A., Project Coordinator; and Jill E. Bischoff, B.A., Research Coordinator.

We also engaged Kathryn Tout, Ph.D., a leading national expert on quality measurement and Co-Director for Early Childhood Development and Senior Research Scientist at ChildTrends. We asked her to provide guidance on tools that measure quality and to identify deficiencies and challenges across the state with current quality indicators.

We are grateful to the contacts at the Office of Early Learning, Florida Department of Education, Florida Department of Health, Florida Department of Children and Families, and the Florida Agency for Health Care Administration for their assistance providing the quantitative data provided in this report and on the Florida Early Childhood Needs Assessment Data Portal. We are also grateful to the executive directors of the state's early learning coalitions and their staff for assisting in obtaining data on their coalitions' quality measures and investments, as well as program assessment plans and child assessments. The University of Florida Partnership is also deeply grateful to the Office of Early Learning for its support and assistance throughout the development and completion of this study.

Study Design and Methodology

Utilizing the vast experience of each entity, key deliverables were assigned to each of the partners to obtain data efficiently while working in tandem with one another.

DEMAND SIDE DATA

The Family Data Center was tasked with querying national and statewide resources to estimate the number, demographic characteristics, and risk factors of children from birth through age five in Florida. (Please see below for list of data sources both Florida state agencies and national organizations that were asked to supply information about children from birth to five and their families). Twenty-eight indicators and risk factors related to children in this age range, as well as their families, constituted the demand side of early childhood education in Florida. The supply side was captured by a survey conducted by the Lastinger Center regarding the capacity and quality measures of early childhood providers. This data was simultaneously obtained by working with the Florida Department of Children and Families and the Office of Early Learning, as well as through administering two surveys to the state's early learning coalitions. See the following section for an overview of the supply side (capacity and quality of child care providers) data collection process. It is followed by a gap analysis that identified both well-served and high-need areas of early care and education services at multiple geographic levels, including ZIP codes, counties, early learning coalitions, and statewide.

The key data points came from the data sources listed below. A comprehensive list of indicators and their sources are listed in Appendix B.

1. Census Bureau Data
    a. 2010 Census (e.g., age, family income)
    b. American Community Survey
2. Florida Department of Education (DOE)
    a. Florida Comprehensive Assessment Test
    b. Florida's Kindergarten Readiness Screener
3. Florida Department of Health (DOH)
    a. Community Health Assessment Resource Toolset (CHARTS)
    b. Children Medical Services Early Steps Program for infants and toddlers from birth to 3 with a developmental delay or disability
4. Florida Agency for Health Care Administration (AHCA)
    a. Medicaid Eligibility
5. Florida Department of Children and Families (DCF)
    a. Child Maltreatment
    b. Homelessness program
    c. Foster Care program
6. Economic and Social Research Institute (ESRI)
    a. 2012 Tapestry Segmentation
    b. 2012/2017 Demographic Overview
    c. 2012 Population by Industry and Occupation
    d. 2012 Health Care Consumer spending
    e. 2012 Education Consumer spending
    f. 2012/2017 Population by Single Year, Age, and Sex

We faced a number of challenges in securing the data for the demand side of the needs assessment. These challenges are detailed in the limitations section that begins on page 67.

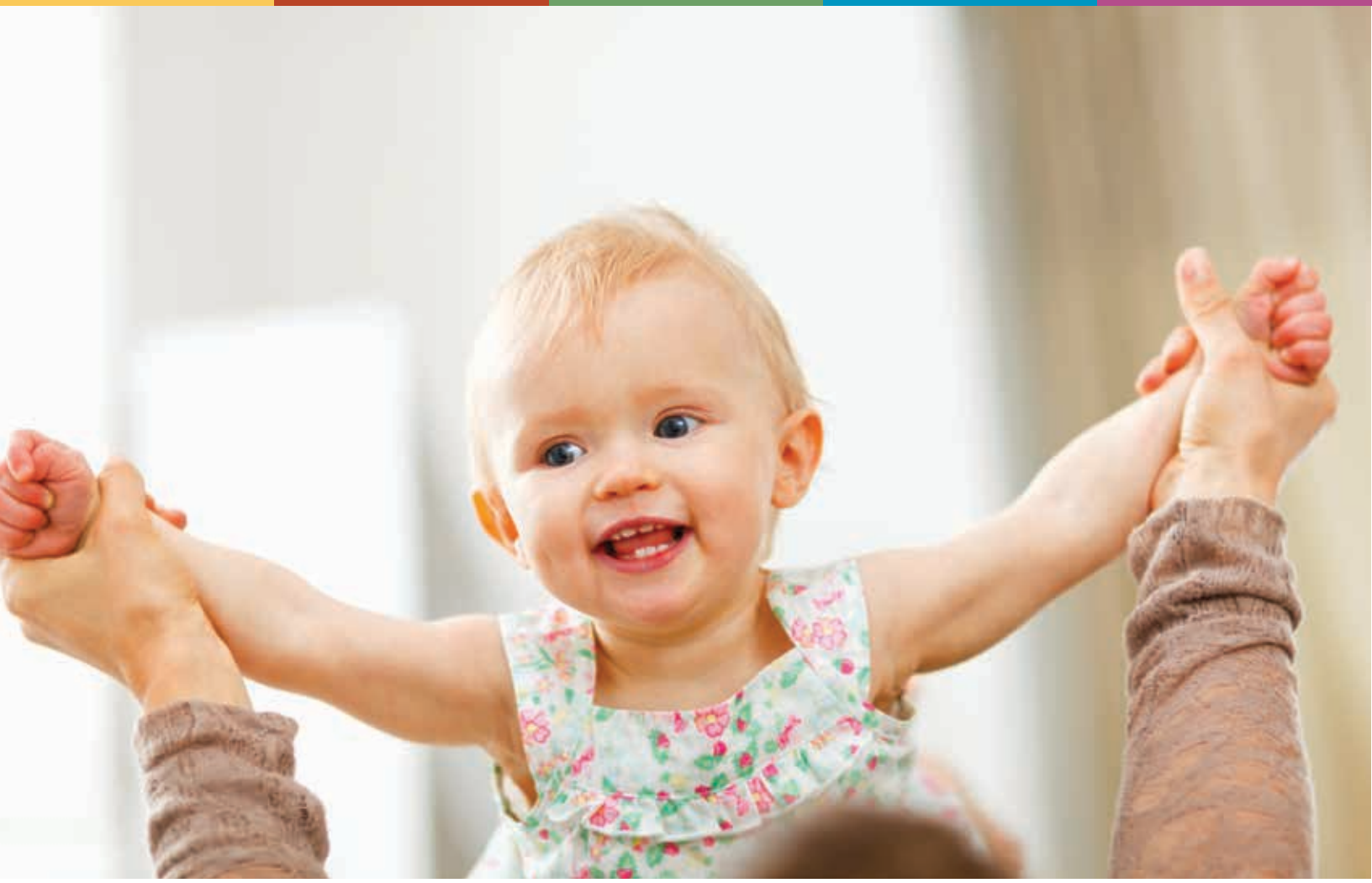
As soon as the UF Partnership encountered these obstacles, it made the Office of Early Learning aware of each of them and the UF Partnership and OEL developed solutions. Together, we developed strategies for constructing variables from publicly available sources to provide valid estimates of the desired indicators were developed when possible.

SUPPLY SIDE DATA

To estimate the state's capacity to provide child care for children birth through five years old, the Lastinger Center worked with the Florida Department of Children and Families Child Care Services Program Office and the Office of Early Learning to obtain data on the licensed capacity and enrollment of licensed and license-exempt early care and education programs in Florida. Please see Appendix C for details on capacity methodology and sources.

The Lastinger Center also conducted two surveys of the state's early learning coalitions to learn more about the kinds of child and programs assessments utilized by coalitions and related work. The first survey was to learn more about the quality measures used, the number and type of quality investments made, as well as partnerships that coalitions had with other federally and state-funded child development, child care and early childhood education programs and services. A follow-up survey was conducted to obtain more information on coalitions' program assessment plans and child assessments (see Appendix D). Coalitions were also asked to complete data forms detailing the kinds of assessments they conducted during the 2010-11, 2011-12, and 2012-13 years as well as scores for the assessments during the 2012-13 year (see Appendix E). Coalitions that administer quality rating improvement systems (QRIS) provided additional information about this work by survey and follow up phone calls as needed. All 31 of the early coalitions completed both surveys and assessment forms, providing a 100% response rate.[1]

[1] When the needs assessment study was commissioned in the spring of 2013, there were 31 early learning coalitions throughout the state. The ELC of Putnam/St. Johns was merged with the ELC of CNBB (Clay, Nassau, Baker and Bradford) July 1 to form the ELC of North Florida. Because the study had already been launched when the merger was underway, the Office of Early Learning requested that the Partnership continue collecting data on the original 31 coalitions to ensure data continuity.



Finally, to address other items in the contract, the Lastinger Center implemented a variety of strategies, depending on the information needed. They included completing literature reviews of research, summarizing information on program and child assessment tools used in the Florida, and conducting interviews with coalitions and other partners.

REPORTING THE FINDINGS

Even with the limitations on collecting some data, by combining available data about demand (children and families) and supply (capacity and quality of early childhood providers), the University of Florida Partnership was able to identify both well-served and under-served areas at multiple geographic levels, including ZIP codes, counties, early learning coalitions, and statewide.

The findings of the needs assessment are outlined in this report. Recognizing the changing nature of the various data points, as well as the need to be able to filter information based on various parameters, the Family Data Center's expertise was utilized to also create the Florida Early Care and Education Needs Assessment Data Portal. This is an interactive, dynamic website that offers a variety of maps which can be customized to isolate data needed by the user.

Inventory and Analysis of Quality Indicators and Systems Currently Used in Florida

In addition to the extensive data available in the Florida Early Care and Education Needs Assessment Data Portal, the Lastinger Center gathered and summarized extensive additional information as required by the contract. This information is listed below, along with the page numbers on which it appears.

- A summary of reliable and valid quality indicators, supported by rigorous research and evaluation to show a clear, direct relationship with better child outcomes and a comparison between those indicators and the current quality indicators found at the state, ELC, and county level.
    - Estimate of the number and percentages of quality assessments completed annually for each identified quality measure used in Florida: Pre-K CLASS, Toddler CLASS, ECERS OR ECERS-R, ITERS or ITERS-R, SACERS, FCCERS and, others.
    - Estimate of the number and percentages of quality assessments completed for each identified quality measured in in Florida at state, coalition, and county levels compared to the U.S.
    - An inventory of the instruments, tools and systems used to measure quality and child outcomes in early care and education settings currently in use in Florida, and whether those instruments, tools and systems use quality indicators, supported by rigorous research and evaluation to show a clear, direct relationship with educational outcomes. (see pages 43-52)
    - A summary of different quality systems (e.g., Gold Seal Quality program, Quality Rating Improvement Systems) and how the instruments/tools and child outcomes are currently used. (see pages 53-66)

**While outside the scope of this contract, it should be noted that a statewide inventory of early childhood assessments was simultaneously being conducted by the American Institute for Research during the time of the needs assessment. Please see: http://www.flgov.com/wp-content/uploads/childadvocacy/early_care_and_education_pre_and_post_assessment_report.pdf for further information on assessments used by Florida ELCs, Head Start grantees, the Redland Christian Migrant Association and the East Coast Migrant Head Start Association.*

Findings

SUPPLY AND DEMAND OVERALL: DEFICIENCIES AND CHALLENGES STATEWIDE WITH SUPPLY, DEMAND AND QUALITY

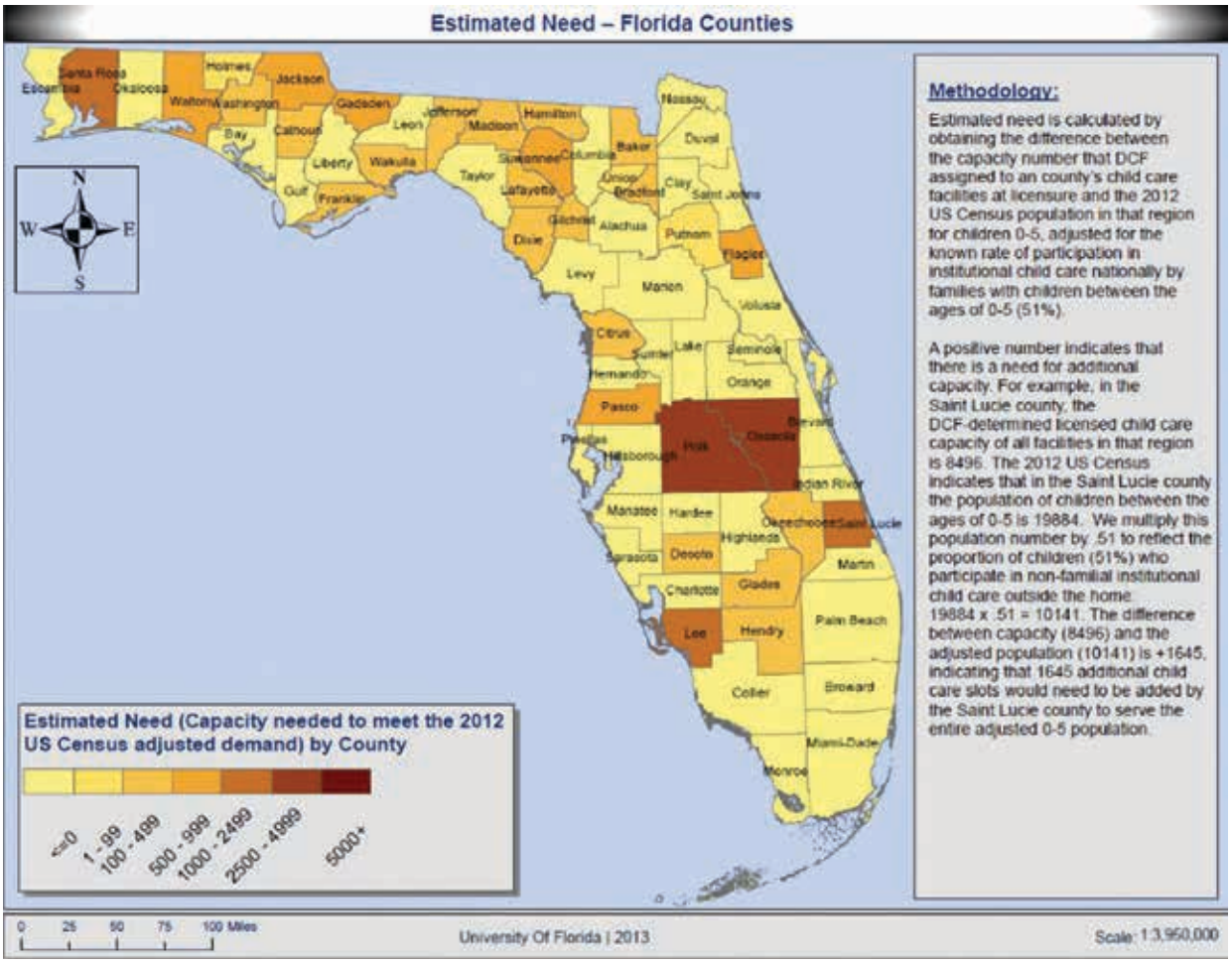
Access to early childhood education is important for working families in order to help them prepare their children to enter school ready for success. To be informed of the adequacy of access to early learning opportunities, two important questions to consider are: 1) Are there enough early childhood education providers? and 2) Are the providers meeting the needs of Florida parents in terms of location, hours of operation, cost, and quality?

The research team estimated needs in early childhood education by comparing licensed capacity to the census of children aged 0-5, assuming that 51% of families access early childhood education from licensed providers (Childstats.gov, 2013). To answer Question 1, we consulted the 2010 Survey of Income and Program Participation (SIPP), which established the national rate of participation in non-familial institutional childcare for children in that age range. The rate of 51% was used to establish the best available estimate of demand in Florida counties and ELCs (Childstats.gov, 2013). This number was combined with methodology used in a similar needs assessment associated with the 2006 California Preschool Technical Assistance Project, a project funded by the David and Lucile Packard Foundation and conducted by the American Institutes for Research and Karen Hill Scott and Company (Muenchow & Scott, 2006). (It is important to note that at the present time there is no state-level early childhood participation data produced by the US Census Bureau).

The data produced during the UF Partnership's analysis indicates that Florida has ample early childhood education capacity. With an average enrollment of 59% of available slots statewide, indicating a 41% vacancy rate, the supply of childhood education capacity or 'slots' in Florida exceeds demand as of 2012, as does projected demand for services to children from birth through entry into kindergarten. Currently, there is a surplus of available early childhood education services, with most programs' enrollment figures indicating they are licensed to serve more children than they enroll.

This excess supply is best illustrated visually. In Figures 1 and 2, we see excess capacity in 36 of Florida's 67 counties (53.73%) and 24 of 31 ELCs (77.41%). Excess capacity averages 1,761 slots across Florida counties (range 16 to 38,909) and 5,371 slots across Florida ELCs (range 16 to 38,909). Among those counties and ELCs with inadequate capacity, the average need in counties was 607 (range 43 to 3,742) and 1,560 in ELCs (range 213 to 3,742).

Figure 1: Estimated Need by County

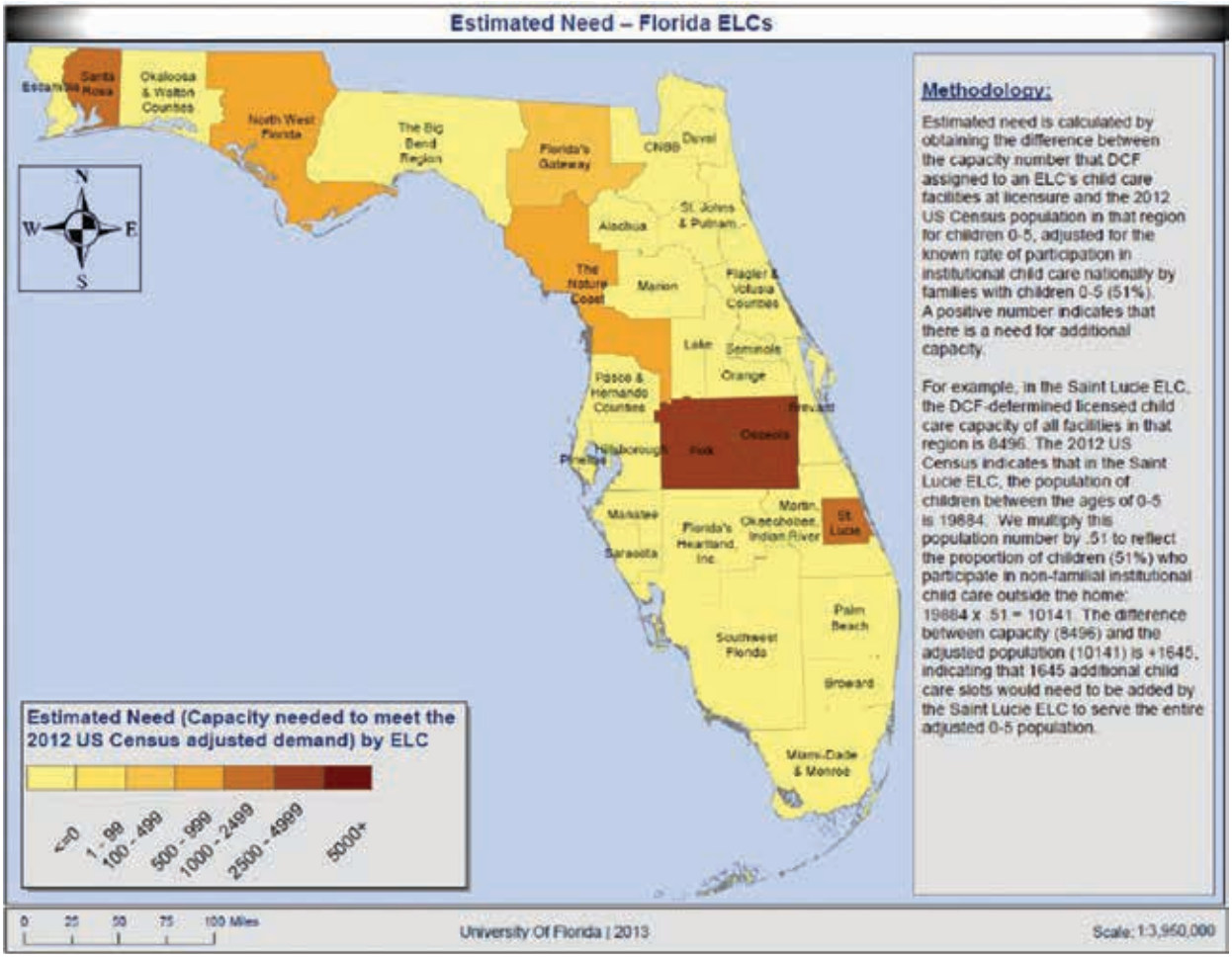


However, it is important to look at these maps more broadly and not just on a county by county or coalition by coalition basis. If populations stayed within their county or coalition boundaries, the county and ELC numbers would tell the entire story; however this is not the case.

Research indicates that a significant number of parents address their childcare access needs by driving their children to providers located en route to work or near their places of employment rather than near their residences (Gamble, Ewing & Wilhelm, 2009; Shlay, Tran, Weinraub & Harmon, 2005). Because many parents fall into this "commuter" category, and many workers are employed outside their county of residence, simple relationships between address of the child and address of the early learning provider may not be clearly defined, as is the case with several counties and coalitions within Florida.

The U.S. Census Bureau estimates that 23.6% of U.S. workers commute to work outside their county of residence (McKenzie, 2013). Using U.S. Census Metropolitan and Micropolitan data, we derived estimates on commuting behaviors in each of the 67 Florida counties (U.S. Census Bureau, 2013). The average Florida county has an estimated 22,896 (SD = 31,951, range 768 – 189,451) commuters, or about 30.67% (SD = 16.5%, Range 5.54 – 64.3%) of the working population. Many of the counties with negative estimated needs are associated with large populations of commuters. In other words, commuters may choose child care options near to their workplace rather than their homes.

Figure 2: Estimated Need by Coalition



When counties are collapsed into two categories, based on whether need is greater than or equal to 500 or less than 500 (including excess capacity), there is evidence that a more substantial portion of the working population is commuting out of county (Mean = 37.12, Range 11.02-52.90%) compared to the state average (30.67%). A prime example occurs in Osceola County, which is depicted in a dark coloring on each of the maps (indicative of high need), where approximately 44.9% of workers commute to nearby counties (primarily Orange County, the location of Walt Disney World, considered the United States' largest single-site employer) (McKenzie, 2013). Similarly, in Seminole County, which is depicted in a dark coloring on each of the maps, approximately 39.2% of workers commute to nearby counties (again, primarily to Orange County) (McKenzie, 2013). Thus, it is possible that the need associated with some counties is being met by adjoining counties that may have the capacity to sufficiently handle this influx of 'commuter' children. This notion is in line with prior research that provides evidence that in some communities, particularly in those areas that adjoin urban centers, there is less incentive to develop an early childhood infrastructure because residents use facilities near their workplaces. (Gamble, Ewing & Wilhelm, 2009; Shlay, Tran, Weinraub & Harmon, 2005). Please see Appendix F for more information on commuting patterns and Appendix G for information on the relationship between U.S. census variables and estimated needs.

CAPACITY, ENROLLMENT AND QUALITY: IMPLICATIONS OF OVERSUPPLY

Surplus supply may look like a good situation because families theoretically have a wide choice of early childhood programs. If this supply-demand relationship were simply the expression of a ratio with supply (slots) as the numerator and demand (children who need child care) as the denominator, Florida could easily conclude that the early child care market was working, and there is little need for further concern.

However, that conclusion would be misleading. First, while there may be sufficient supply according to DCF licensing requirements, the reality is that there are often not enough spaces in child care settings that offer high-quality services that effectively support early learning, are affordable, are willing to accept school readiness funds, and are open on a schedule that meets the needs of working families.

This is particularly critical for public investments like school readiness funds. It is clear from the needs assessment data that these investments are not having the impact that they could because there are few requirements on programs that provide school readiness services. The information that is outlined in the rest of this section of the report is compounded for school readiness funds.

The argument is sometimes made that natural market forces should prevail and businesses will offer the quality product that consumers will pay for. The problem is that early learning is susceptible to market failure — and this market failure has a direct negative impact on many other public investments in Florida, most notably K-12 investments. Unlike other industries where the market naturally offers a product of a quality that consumers will pay for, in early childhood markets most purchasers simply cannot afford to pay more; this is particularly true for families who receive school readiness funds or who qualify for school readiness funds and are on a local waiting list. Most parents of young children are at the beginning of their earning capacity and child care is the second or third largest expenditure in the average family budget. In fact, the average early learning program in Florida costs more than tuition at one of the state universities (State University System of Florida, 2013).

Despite prices that exceed college tuition, high-quality early childhood programs are not, by any means, making generous profits. Early learning is a very labor-intensive industry, with most revenues going toward salaries; low adult-to-child ratios, particularly for younger children, are necessary to ensure children's health and safety as well as to provide a high-quality early learning experience. Child care is not an industry where efficiencies are easily created as they might be in other sectors; the margins are simply too small. The simplest way to increase profits is to pay teachers by the hour, at the lowest possible wage, and have them clock in and out when children are present, thus paying labor only when it is needed. This description of the business model is not meant as an indictment of early childhood business owners —it is simply the way the economics of the industry work. Owners are placed in a precarious position of having to balance the books in an industry where the market is marked by frequent failure.

Furthermore, this oversupply of slots causes high vacancy rates, which further limits revenue and has a direct, negative impact on the quality of available early learning programs. Three interrelated dynamics affect the relationship of supply and demand: capacity, vacancy rates, and quality. The bullet points below summarize the UF Partnership's determination of the status of early education and care in Florida:

- *Capacity:* The average capacity in centers in Florida is 102 and the average capacity in religious exempt facilities is 107.
- *Enrollment:* The average enrollment statewide in centers is 51 and in religious exempt facilities is 89. The average enrollment of large family child care homes is 12 and average enrollment in family child care homes is 9. The average vacancy rate statewide is 44%.

The vacancy rate is based on the difference between enrollment and DCF licensed capacity. Because enrollment numbers can be inconsistent, the research team developed an additional demand estimate by looking at the percentage of working parents who use non-familial child care by county. These numbers were not statistically different from the enrollment numbers, indicating that the enrollment numbers were a reliable estimate for demand.

The unused capacity/vacancy rate represents numbers of children that could legally be at a site. Information from national studies confirms that parents have "the most difficulty in finding child care that was the quality they desired within the price they could afford and that was open the hours that met their needs" (National Association of Child Care Resource and Referral Agencies, 2008). The high vacancy rate most likely means that slots remain vacant because:

- They are not located where families need them;
- They are not at a price families can afford;
- They are of poor quality and therefore families are not selecting from available providers; and/or
- There are simply more slots than families need.

- *Quality:* This needs assessment requested documentation of quality of care in Florida, but this proved to be a challenging task. There is no statewide standard beyond minimal licensing requirements to measure the quality of early learning programs in Florida. There are, however, some measures that shed some light on this issue. They include:

- Gold Seal: There are 2,010 Gold Seal accredited programs in Florida, 1,876 centers (28% of the state's 6,700 centers) and 134 family child care homes (5% of licensed and large family child care homes). These programs have been accredited by one of ten accrediting bodies recognized under Florida's Gold Seal program (see pages 53-66 for more information on Gold Seal).
- CLASS scores were reported for 707 classrooms. The average scores were:
  - *Emotional Support = 5.45 (mid/moderate range)*
  - *Classroom Organization = 4.95 (mid/moderate range)*
  - *Instructional Support = 2.33 (low range)*
- ERS (according to reports by the coalitions from 2012-13):
  - *ECERS: Of the 1251 ECERS-R scores, the overall score was 4.18 (adequate).*
  - *ITERS-R: Of the 735 ITERS-R scores, the overall score was 3.61 (borderline adequate).*
  - *SACERS: Of the 102 scores, the overall score was 4.15 (adequate).*
  - *FCCERS-R: Of the 212 scores, the overall score was 4.03 (adequate).*

It is important to understand that participation is voluntary for these quality assessments. Thus, results are likely to represent an overestimation of the quality of overall programs in the state. Even so, these results are not at the level that research has determined is necessary to promote healthy development or kindergarten readiness.

Together, high vacancy rates and low enrollment depress quality. The interrelated dynamics of capacity, enrollment and quality interact in the following ways:

- Programs with low enrollment simply do not produce enough revenue to attract and keep well-qualified teachers, let alone make other improvements such as a curriculum specialist, well-provisioned classrooms or engaging outdoor areas.
- While some sites can provide high-quality services with fewer children, unless outside funding is available through a faith institution or other source to offset costs, these providers typically charge higher tuition than most families can afford. Higher rates are required in order to secure the revenue needed for qualified staff as well as developmentally appropriate classrooms and outdoor areas.
- To break even financially while offering a quality early learning experience, early care and education finance experts estimate that a site must enroll at least 100 children at average tuition rates (Stoney & Mitchell, 2010).
- In Florida, 59.4% of centers/religious exempt facilities have a capacity of less than 100, and fully 75.4% of centers/religious exempt facilities have enrollment of less than 100.
- No matter how good their intentions or how committed to quality they may be, a majority of child care centers in the state are fighting an uphill battle financially to provide a high-quality early learning experience.
- This challenge is further compromised by Florida's low school readiness reimbursement rates, making it challenging to provide quality early learning experiences for children who are at the highest risk of school failure.

From the data gathered for this needs assessment, it is clear that this is not a simple matter of better management. To address these issues public and private partners will need to develop and implement a multi-faceted strategy to shift market demand, incentivize good practice, focus public dollars on higher-quality programs, and promote more effective business models.

DEFICIENCIES/CHALLENGES ACROSS THE STATE IN TERMS OF CURRENTLY USED QUALITY INDICATORS

The two primary program assessment measures in Florida — the CLASS and the ERS — are the industry standard for assessing early learning programs. The challenge in Florida is that program assessments are completed only on a small minority of programs. Approximately 6% of centers had an ERS and 15% of centers had a CLASS assessment in the last year; 1% of family child care homes had an ERS.

The quality measures most consistently related to children's outcomes, the CLASS tools, are just starting to be used in Florida. It is to OEL's credit that such significant CLASS infrastructure has been developed. However, this capacity could go untapped if there are no policies, practices and support for the implementation of the CLASS tools. This is a unique opportunity worth evaluating and developing strategies to support broader implementation of the CLASS with a goal of continuous improvement of early learning programs.

On a different quality front, there are 1,876 centers and 134 family child care homes that are Gold Seal accredited (see Table 6 for a breakdown by accrediting body). OPPAGA found that the Gold Seal numbers tell a mixed story of school readiness when the characteristics of children are factored into the analysis. Certification of early childcare programs by four other accrediting bodies (NAEYC, APPLE, NAFCC and COA) are more likely to result in children arriving at school prepared for success.

QRIS ratings of Florida's early childcare programs looks somewhat better, but given the different measures and rating processes used, the picture is not as clear as it ideally would be. A detailed overview of the difference between process and structural quality — and the indicators that constitute each — is provided on pages 25-29. Accreditation provides a measure of structural quality and is a good predictor of environmental quality. While accreditation is necessary, however, structural quality alone is not sufficient; research-proven measures that focus solely on process quality are also

needed to provide a full picture of quality. Children need not only a safe and clean learning environment with adequate materials and supplies and good administration; they also need nurturing and knowledgeable teaching staff.

The fact that only a small minority of Florida programs have access to local rating systems or have completed Gold Seal does not mean that Gold Seal or QRIS should be eliminated; accreditation and QRIS should be seen as a beginning of quality measures, not a conclusion. Combining accreditation with additional indicators of quality — such as teacher-child interactions and observational assessments to inform care and instruction, as many QRIS in Florida have recently done — could produce better results. Florida's policy of higher reimbursement for better programs should reward both components of quality — structure and process.

Opportunities for, and barriers to, collaboration and coordination among federally funded and state-funded child development, child care, and early childhood education programs and services

There are multiple opportunities for collaboration and coordination among early learning programs in Florida. While some communities are collaborating better than others, most federally funded early learning programs and initiatives (Head Start/Early Head Start, Part B, Part C) are not working with state-funded early learning programs (school readiness and VPK) in strategic ways. There are no formal barriers to doing so but this issue has not received sustained attention or support, so every funding stream is working largely independently. Coordination with other entities has not been a formal part of any single entity's work.

Opportunities for improving the collaboration and coordination among the multiple publicly-funded programs are outlined below.

- *Data sharing to assess needs and ensure that children receive the services they need:* Currently, data on different publicly funded child development early learning programs is maintained in different systems. These data are not coordinated, and in many cases the systems cannot talk to each other, hampering efforts to serve children. The project team for this needs assessment ran into these data limitations repeatedly. The team made extensive attempts to secure data on supply, demand or funding; yet in numerous cases, the data on certain indicators was not available. For coalitions or other stakeholders to best serve the needs of vulnerable children in their communities, they need consistent, current data readily available from a single source.
- *Systems level coordination and collaboration between Head Start/Early Head Start grantees and Early Learning Coalitions (for VPK and school readiness programs)*: Head Start grantees are widely using the Pre-K CLASS assessment. One coalition has partnered with its local Head Start grantee, and they are assessing each other's programs using reliable CLASS assessors. In other words, the Coalition's reliable CLASS assessors are completing the observations on the Head Start programs, and the Head Start programs are completing voluntary assessments on school readiness programs. Together, they are sharing costs and professional development, as well as broadening the impact.
- *Funding coordination and collaboration to extend the Head Start/Early Head Start day*: The Head Start Bureau has identified four types of partnerships that maximize resources to meet the needs of the most vulnerable children:
    - Type I: Partnerships that use non-Head Start funds to lengthen the Head Start day and year.
    - Type II: Partnerships that link with child care or other programs to provide full-day, full-year comprehensive services to Head Start-eligible children already enrolled in other programs.
    - Type III: Partnerships that link with child care or other programs to provide full-day, full-year comprehensive services to Head Start-eligible children not already enrolled in other programs.
    - Type IV: Partnerships that link with a family child care provider or family child care network, often to expand access to Early Head Start services (Head Start, 2013).

- The implementation of these strategies varies widely throughout the state and is largely determined by local players, rather than informed by broader goals, guidance or support. There are untapped opportunities for coalitions to partner with Head Start grantees to ensure that the most vulnerable children receive longer hours and more days in a high-quality early learning program than Head Start/ Early Head Start alone can fund. This increase in quality could be attained with VPK funding, school readiness funding, or both.

- *Systems level coordination on Part B and Part C services*: The degree to which coalitions partner with Part B and Part C programs varies widely, and the cooperation consists largely of providing referrals. Florida, however, has two unique aspects in funding its child care subsidy programs that could create stronger partnerships with Parts B and C: the local administration of these funds (as Parts B and C and also administered locally) and the screening work that coalitions complete. Opportunities to strengthen partnerships with Parts B and C should be identified and implemented through a collaboration of Children's Medical Services (CMS)/Early Steps (administering Part C), local school districts (administering Part B), and coalitions (administering school readiness funding, VPK, and screening). Guidance and support could be developed and distributed through each of the appropriate programs to ensure that children with special needs receive timely screening, prompt and thorough evaluation if delays are suspected, and appropriate services if special needs are confirmed.

DEGREE TO WHICH THE EARLY CHILDHOOD MARKET IS POSITIONED TO MEET THE NEEDS FIVE TO TEN YEARS FROM NOW

This needs assessment contract asked for feedback on how well the market is positioned to meet the needs of Florida's families and young children in five to ten years. It is important to note that without a carefully planned and implemented strategy, the future will likely be no different from the present. However, experience in other states shows that with strategic policy changes and a multi-faceted strategy to shift market demand, offer incentives for good practice, focus public dollars on higher-quality programs, and promote more effective business models that support business owners, Florida could help facilitate better quality options from which families could select.

There is at present an oversupply of slots. OEL and its partners should focus on strategies to ensure that the slots are of sufficient quality to support the school readiness of young children in the state. As outlined earlier in the detailed overview of the difference between process and structural quality — and the indicators that constitute each — it is clear that Gold Seal accreditation provides a measure of structural quality and some of the approved accrediting bodies are a good predictor of environmental quality. As noted above, however, children need more than structural quality; they also need caring and knowledgeable teachers.

Florida could redirect its existing investments — and likely save precious public educational funding later — by raising minimum standards for programs funded by the school readiness initiative. Florida policy makers are in an ideal position to pivot in this direction. There are many options and opportunities available for investing in programs that will promote early childhood development. Such focused investment could not only help maximize taxpayer investments in early learning programs; it could also help more children arrive at school prepared for success.

Further, despite high vacancy rates, there are many families for whom slots are particularly difficult to find in specific communities. Vulnerable populations may include infants and toddlers, children in the protective custody of the Department of Children and Families, children with special needs, or others who depend on the community. These high-need populations have struggled for years to find high-quality settings, and without targeted policy solutions, they will likely continue to do so.

For infants and toddlers, the lack of high-quality slots is often a result of the high cost of care. High-quality services for infants and toddlers require very low staff-to-child ratios, greatly increasing costs. Without third-party funding to augment parent fees, and/or without higher public reimbursement, expanding the supply of infant-toddler care for working families who need this support will remain a challenge.

For other populations, expanding the supply requires specialized training and ensuring that providers have enough support to meet the unique needs of the children. Some states have found that a combination of a financial incentive and specialized training expands the supply for hard-to-serve populations.

Summary of Reliable and Valid Quality Indicators

Background: Why Does the Quality of Early Learning Programs Matter?

Numerous studies have indicated the need for more high-quality early learning programs.

- For infants and toddlers, positive caregiving was highly characteristic for only 9 percent of toddler settings, somewhat characteristic for 30 percent, somewhat uncharacteristic for 53 percent, and highly uncharacteristic for 8 percent (Kreader, Ferguson, & Lawrence, 2005).
- One of the largest national studies on the quality of early learning programs found:
  - Good/developmentally appropriate quality in only slightly over 8 percent of infant/toddler classrooms and 24 percent of preschool classrooms.
  - Medium/mediocre quality care in 51 percent of infant/toddler classrooms and 66 percent of preschool classrooms.
  - Poor quality care in over 40 percent of infant/toddler classrooms and 10 percent of preschool classrooms (Helburn et al., 1995).

These low numbers are particularly troubling because there is growing evidence that the quality of early learning programs has a direct impact on children's outcomes. While the effects of child care quality are in the modest to moderate range, they are found consistently, even after adjusting for other factors such as family income and maternal education (Peisner-Feinburg, 2004).

- Children in higher-quality early learning programs have better cognitive outcomes: They have measurably better language/vocabulary, reading, math skills, and applied problem solving (Clifford, Reszka, & Rossbach, 2010; Hamre, Goffin, & Kraft-Sayre, 2009). The results are particularly strong for low-income children (Burchinal et al., 2009).
- Children in higher-quality early learning programs also have measurably better non-cognitive outcomes. These benefits include better executive function (ability to plan, organize information, pay attention, and remember details) and better skills participating in a group (improved ability to take turns, waiting to speak, working well with others, and cooperation). Some researchers suggest that non-cognitive skills are particularly critical for school success and are a consistent benefit of high-quality early learning programs (Burchinal, Vandergrift, Pianta, & Mashburn, 2010).
- The impact of the quality of programs is particularly strong for the most vulnerable children. A meta-analysis of 97 studies published in peer-reviewed journals that examined the relationship between program quality and child outcomes concluded that "for those who are from low-income families, children benefit from higher quality care overall in both their language and social skills, but larger benefits tend to accrue when quality is in the good to high range" (Burchinal et al., 2009). An additional study in pre-kindergarten programs found that children from low-income families are less likely to experience effective teacher-child interactions compared to higher income peers (Locasale-Crouch et al., 2007).

The research is clear: To produce results, the settings in which children spend their early learning years must be of sufficient quality to support their health and social, cognitive, and emotional development. Children who enter full-time child care before the age of one will spend more time in their child care programs than they will spend during their entire elementary school years K through 5th grade combined (Tough, 2012). When children attend poor-quality early learning programs during these formative years, schools and communities will later have to pay for the children's remedial education in elementary school, manage behavioral problems and pay other costs for remediation (Heckman, n.d.).

How Is Quality Measured?

The quality of early learning programs is measured in two ways:

- ***Structural Quality***: These are indicators that can be easily counted, such as child-staff ratio and group size, caregivers' general education and specialized training, their tenure and income, and materials in the learning environment. These factors are less direct than process quality indicators, but they are easier and less expensive to measure because they do not require formal observation.
- ***Process Quality:*** These indicators are observational measures that examine children's experiences, including caregivers' interactions with the children.

Some tools are designed to measure both aspects of quality, which is referred to as global quality. These tools provide a composite score based on such elements as observations of routines, caregiving practices, facilities, and equipment.

Recent research shows that regulating quality only through state regulation and structural change has limited effects on teacher and child outcomes (Fuller, Gasko, & Anguiano, 2010). Research underscores that adult-child interactions are more powerful predictors of children's development and learning than structural program measures (e.g., teacher qualifications, ratios and class size, materials in the learning environment); research has further shown that structural measures alone are not sufficient to ensure children's positive development (Hamre et al., 2009). Notably, a national study in pre-kindergarten programs found that children from low-income families are less likely to experience effective teacher-child interactions compared to higher income peers (Locasale-Crouch et al., 2007).

Different studies shed additional light on which process and structural elements have the greatest impact on children's outcomes. Key findings are outlined in the following pages.

Process Quality Measures

The two most common process quality observational measures used nationally — as well as in Florida — are the Classroom Assessment Scoring System (CLASS) and the Environment Rating Scales (ERS). Information on the CLASS is provided on page 30 of this report, and information on the ERS is on page 33. Numerous studies have evaluated how scores on these measures are related to child outcomes; a meta-analysis of multiple studies evaluated the impact of both tools and identified what elements were the best predictors of improved child outcomes. The results of these studies are summarized below.

RELATIONSHIP BETWEEN CLASS SCORES AND CHILD OUTCOMES

- Children in classrooms with higher CLASS ratings consistently show greater gains in academic achievement and social skills (Howes et al., 2008; Mashburn et al., 2008).
    - High-quality teacher-child interactions are a strong predictor for language, reading, and math skills. These results are true for all children, with the results strongest for children from low-income families.
    - The quality of teacher–child interactions is a strong predictor of improved social competence and reduced behavior problems (Burchinal, Vandergrift, Pianta, & Mashburn, 2010).
- Higher scores on the Emotional Support domain were associated with greater vocabulary gains compared with programs with lower scores (Guo, Piasta, Justice, & Kaderavek, 2010). Recent research has shown the consistency of emotional support as an even stronger predictor of children's outcomes than average emotional support scores (Curby, Brock, & Hamre, 2013).
- Classroom quality is linked to student academic and social gains between fall and spring of the preschool year. The Instructional Support scale was the most robust predictor of growth. Classrooms with higher Instructional Support scores, where the teacher promoted higher-order thinking and creativity and provided oral feedback, showed a statistically significant increase in children's receptive and expressive language skills, controlling for maternal education, ethnicity, and gender (Howes et al., 2008).
- Instructional quality, when controlling for pretest scores, child and family characteristics, and state licensing/program requirements, was positively associated with children's receptive language, expressive language, rhyming, applied problem solving, and letter naming (Mashburn et al., 2008).
- Children in classrooms with teachers who obtain higher Emotional Support scores had improved social skills, while children with teachers that get higher Instructional Support scores showed more academic progress in both Pre-K and kindergarten than their peers (Hamre et al., 2009).
- Scores of the three Pre-K CLASS domains are significant predictors of improved school readiness in Pre-K classrooms across all groups, regardless of ethnicity or dual-language learner status (Downer, Lopez, Grimm, Hamagami, & Pianta, 2012).

RELATIONSHIP BETWEEN ERS SCORES AND CHILD OUTCOMES

- A study of the quality of early learning programs measured by the ECERS-R determined that higher ERS scores were significantly and positively related to children's outcomes, controlling for the effects of gender, income, and ethnicity. Children from poor families were more likely to have lower kindergarten readiness skills. Children from poor and non-poor families benefited equally from higher-quality programs (as measured by higher ERS scores) (Bryant et al., 2003).
- According to a comprehensive analysis of the reliability and validity of the ECERS-R, multiple studies show positive relationships between higher ERS scores and child outcomes. Among the results:

- A positive relationship between the Social Interaction subscale and early number concept development.
- Higher Teaching and Interactions subscale ratings for math achievement during pre-kindergarten and kindergarten.
- Higher overall scores associated with development of receptive language, print awareness, book knowledge, and expressive language in pre-kindergarten.
- Better scores on the Social Interaction subscale and scores of independence, concentration, cooperation, and conformity skills in preschool.
- Higher overall scores associated with a significant decrease in socio-emotional risk factors for children (e.g., lack of behavior control, poor social skills) and antisocial/worried behaviors.
- Higher Teaching and Interactions scores and scores of children's social competence (Clifford et al., 2010).

RELATIONSHIP BETWEEN BOTH CLASS/ERS SCORES AND CHILD OUTCOMES

- An OPRE-sponsored meta-analysis of 97 studies published in peer-reviewed journals found that the relationship between quality and child language, academics, and social development was strongest for CLASS and ERS items focusing on interactions and instruction.
- The meta-analysis also concluded that measures of specific practices are slightly better predictors of the child outcomes than global quality measures. For example, controlling for background characteristics, the CLASS Instructional Climate subscale was more successful in predicting academic and language skills than other measures, and the CLASS Emotional Climate subscale was more successful in predicting social skills (Burchinal et al., 2009).
- A study of academic and social outcomes in Pre-K found that children in classrooms with higher ECERS-R scores made significantly more gains in expressive language than peers in lower-quality classrooms. Children in classrooms in which teachers displayed more emotional support (measured by the CLASS) showed improvements in social competence and fewer behavior problems, while children in classrooms with rich instructional teacher-child interactions showed greater gains across multiple measures of early academic performance. The results from this study are summarized below.

Table 1: Quality Indicators and Measured Gains in Child Development

QUALITY INDICATORS				
Gains in Child Development in the Pre-K Year	**Infrastructure and Design Quality**	**ECERS-R Total**	**Emotional Support**	**Instructional Support**
Receptive Language	No Association	No Association	No Association	X
Expressive Language	No Association	X	No Association	X
Rhyming	No Association	No Association	No Association	X
Letter Naming	No Association	No Association	No Association	X
Math Skills	No Association	No Association	No Association	X
Social Competence	No Association	No Association	X	No Association
Behavior Problems	No Association	No Association	X	No Association*

Structural Quality Measures and Relationship with Child Outcomes

A number of structural quality measures have been evaluated to determine their relationship to children's outcomes. This summary lists the most common structural quality measures and the outcomes of research.

RELATIONSHIP BETWEEN TEACHER QUALIFICATIONS AND CHILD OUTCOMES

Research does not find consistent relationships between teacher degree, major, certification, and children's outcomes (Early et al., 2006). Some studies show improved children's outcomes from higher levels of teacher education, while numerous recent studies show no such correlations after controlling for other elements (Early et al., 2007).

- A meta-analysis of studies comparing teachers with BAs to teachers with AAs found more positive teacher-child interactions and more effective instructional activities among teachers with bachelor degrees (Kelley & Camilli, 2007).
- A study of seven state-funded Pre-K programs found positive effects from teacher education and certification, but the benefits were not consistently related to higher-quality classrooms or to better pre-academic skills at the end of the Pre-K experience; 19 of 27 BA effects were positive for teacher practice, and 16 of 20 BA effects for child outcomes were positive (Early et al., 2007).
- A large national study of the quality of early care and education programs indicated that higher levels of education were associated with higher-quality infant care (National Institute of Child Health and Human Development Early Child Care Research Network, 1996) while in toddler and preschool settings, specialized early childhood education and child development training (National Institute of Child Health and Human Development Early Child Care Research Network, 2000) were associated with higher global measures of quality.
- A large study found that in private, nonprofit programs, Head Start and general child care programs, there was a statistically significant relationship between teacher BAs and classroom quality. In programs sponsored by school districts, however, teachers with BAs were not as predictive of classroom quality. The authors concluded that both teachers' education and the effects of supervision need to be considered in promoting quality (Vu, Jeon, & Howes, 2008).

There are real limitations to studying this question adequately, given the self-selection of teachers in different types of programs and the lack of variation in qualification in other programs (notably Pre-K). Further, there is enormous variability in the quality of teacher preparation programs, teacher certification and degree requirements, and ongoing professional development. There is very limited research on the content and/or quality of teacher education programs and the impact these factors have on child outcomes. Instead, most research has focused solely on a teacher's level of education and on its relationship with program quality and child outcomes. This limitation in the research restricts the understanding of how teacher preparation content, types of learning experiences, and quality of education impact the quality of early learning programs and children's outcomes (Whitebook & Ryan, 2011).

RELATIONSHIP BETWEEN RATIOS AND GROUP SIZE AND CHILD OUTCOMES

- Across all settings, including center-based and family child care, the comprehensive National Institute of Child Health and Human Development (NICHD) Study of Early Child Care found lower child-adult ratios and group sizes to be the strongest predictors of positive (e.g., sensitive, warm, responsive, and cognitively stimulating) infant caregiving (Kreader et al., 2005).

- Lower staff-child ratio and caregiver training had positive effects on social competence, controlling for other family and program variables (National Institute of Child Health and Human Development Early Child Care Research Network, 2002).
- Better child-adult ratios are related to more frequent exposure to adult language and greater responsiveness from teachers. However, child-adult ratios overall are only weakly related to child development (Fuller et al., 2010).

RELATIONHIP BETWEEN STAFF WAGES AND CHILD OUTCOMES

- The beliefs of family child care providers about children (e.g., understanding of child development, developmentally appropriate expectations, knowledge of developmentally appropriate practice) were a stronger predictor of the quality of family child care homes than structural characteristics alone (Burchinal, Howes, & Kontos, 2002; Clarke-Stewart, Vandell, Burchinal, O'Brien, & McCartney, 2002; Hughes-Belding, Hegland, Stein, Sideris, & Bryant, 2012).
- Family child care programs that are licensed have been found to offer better care than programs that are not (Kreader et al., 2005).
- Family child care providers with more training provide higher-quality care (Rigby, Ryan, & Brooks-Gunn, 2007).
- Among family child care providers caring for toddlers, higher levels of caregiver formal education, specialized training, and recent child-related training predicted higher-quality care (Clarke-Stewart et al., 2002).

Quality Assessments Used in Florida

The two primary program assessments used in Florida are the CLASS (Classroom Assessment Scoring System) and the Environment Rating Scales (ERS).

CLASS

There are two early childhood CLASS tools: the Pre-K CLASS and the Toddler CLASS. The Infant CLASS is under development. The CLASS tools focus on teacher-child interactions that impact learning (Teachstone, n.d.). CLASS Observers complete four to six observation cycles of 20 minutes each; following each cycle, observers spend 10 minutes scoring results for each cycle and document notes. Observed practices and behaviors are scored as minimally to highly characteristic of the classroom on a rating scale of low (1, 2), mid (3, 4, 5), and high (6, 7) (Office of Planning Research & Evaluation, 2008).

Pre-K CLASS Overview

The Pre-K CLASS is used in early learning programs serving children 36-60 months of age. It is organized in three domains:

- Emotional Support
  - Positive climate
  - Negative climate
  - Teacher sensitivity
  - Regard for student perspectives
- Classroom Organization
  - Behavior management
  - Productivity
  - Instructional learning formats
- Instructional Support
  - Concept development
  - Quality of feedback
  - Language modeling

Implementation of the Pre-K CLASS in Florida

At the time of the needs assessment, the Pre-K CLASS was used by 21 coalitions across the state during the 2012-13 year. They reported voluntarily completing 707 Pre-K CLASS assessments in early learning programs during this period (see Table 3). Based on their self-reports, 22 coalitions (of a total of 31) plan an estimated 1,937 Pre-K CLASS assessments in 2013-2014 (see Table 3). Four coalitions were developing their Pre-K CLASS assessment strategy at the time of our study and were unsure how many assessments would be conducted. Five coalitions were not planning to use the Pre-K CLASS at all at the time of the assessment. Those five were Big Bend, Escambia, Nature Coast, Osceola, and Santa Rosa.

It should be noted that the Pre-K CLASS is a tool selected by the Administration for Children and Families (ACF) Office of Head Start to measure teacher-child interactions in Head Start Classrooms. CLASS meets the revised Head Start Act of 2007, section 641A (c)(2)(F) monitoring requirement for an assessment instrument based on developmental theory and research. Every Head Start grantee received training in CLASS observations during the 2009 fiscal year and the tool has been widely adopted by most grantees. This training has increased CLASS capacity and has also contributed to the increase usage of the Pre-K CLASS throughout the state as shown in Table 3.

Reliability and Validity of Pre-K CLASS

- *Test-retest reliability*: Scale correlations across the four cycles of the observation ranged from 0.86 (Instructional Support) to 0.91 (Emotional Support). Dimension coefficients ranged from 0.79 (Instructional Learning Formats) to 0.90 (Teacher Sensitivity). Over two consecutive days, scale coefficients ranged from 0.81 (Classroom Organization) to 0.86 (Instructional Support). Dimension coefficients ranged from 0.73 (Productivity) to 0.85 (Teacher Sensitivity).

- *Content validity:* Development of the CLASS was based on literature reviews, focus groups, and pilot testing. Researchers also drew on the precursor to the CLASS, the Classroom Observation System (COS) for children in grades 1, 3, and 5. CLASS Pre-K development was supported by consultations with experts on classroom quality and teaching effectiveness and by pilot testing in the NCEDL MS Pre-K Study. Analysis of the MTP Pre-K, NCEDL MS Pre-K, and the NCEDL State-Wide Early Education Program (SWEEP) studies showed factor loadings at 0.70 or above, except for two factor loading coefficients for Classroom Organization dimensions (0.56 for Productivity from the MTP Pre-K Study and 0.66 for Instructional Learning Formats in the SWEEP Study) (Office of Planning Research & Evaluation, 2008).

Professionals must become certified and recertify annually on the Pre-K CLASS assessment tool to perform Pre-K CLASS assessments. To become certified, they must complete a two-day observation training on the Pre-K CLASS tool and demonstrate appropriate reliability (at least 80% consistency with a master assessor).

Toddler CLASS Overview

The Toddler CLASS is used in early learning programs serving children 15-35 months of age. It is organized in two domains:

- Emotional and Behavioral Support
  - Positive climate
  - Negative climate
  - Teacher sensitivity
  - Regard for child perspectives
  - Behavior guidance
- Engaged Support for Learning
  - Facilitation of learning and development
  - Quality of feedback
  - Language modeling

Reliability and Validity of the Toddler CLASS

- *Internal consistency reliability*: The Emotional Support scale for the Toddler CLASS had a Cronbach's alpha coefficient of 0.88. Unpublished analyses from the nationally representative Baby FACES longitudinal study of 89 Early Head Start programs (Baby FACES study) (n = 220 classrooms with 2-year-olds) reported Cronbach's alpha coefficients of 0.79 (Classroom Organization), 0.84 (Emotional Support), and 0.95 (Instructional Support.
- *Content validity:* Development of the CLASS was based on literature reviews, focus groups, and pilot testing. Researchers also drew on the precursor to the CLASS, the Classroom Observation System (COS) for children in grades 1, 3, and 5. To inform the development of the Toddler CLASS, researchers reviewed existing measures (Infant/Toddler Environment Rating Scale, Caregiver Interaction Scale, and Observational Record of the Caregiving Environment). Infant and toddler experts reviewed Toddler CLASS itself (Office of Planning Research & Evaluation, 2008).

Professionals must become certified and recertify annually on the Toddler CLASS assessment tool to perform Toddler CLASS assessments. To become certified, professionals must complete a two-day observation training on the Toddler CLASS tool and demonstrate appropriate reliability (at least 80% consistency with a master assessor).

Implementation of the Toddler CLASS in Florida

At the time of the needs assessment, OEL was still conducting extensive Toddler CLASS trainings throughout the state to ELC's, Head Start, RCMA and Provider Associations. Toddler CLASS was actively used only by 5 coalitions. The coalitions reported finishing a total of 50 Toddler CLASS assessments in early learning programs in 2012-2013 (see Table 3). Based on coalition self-reports, 18 coalitions (of a total of 31 coalitions) plan an estimated 701 Toddler CLASS assessments in 2013-2014 (see Table 3). An additional three coalitions were developing their Toddler CLASS assessment strategy at the time of our study and were unsure how many assessments would be conducted. Nine coalitions were not planning to use the Toddler CLASS at all at the time of the needs assessment: Big Bend, Duval, Escambia, IRMO, Nature Coast, Osceola, Palm Beach, Pinellas, and Southwest.

Infant CLASS

The Infant CLASS is under development and will be used in early learning programs for children from birth through 14 months. Miami-Dade County is one of the national pilot sites for the tool while it is under development and refinement. The Infant CLASS is estimated to be available for national use in 2014.

CLASS Capacity in Florida

OEL built significant capacity to use the CLASS tools in 2012-2013. All of the training was provided by Teachstone and offered in locations throughout the state.

- 356 professionals from 31 coalitions, the Redlands Christian Migrant Association as well as Head Start grantees were trained as Pre-K CLASS Observers. 273 completed the follow-up assessment process and met the reliability requirements.
- 300 professionals from 31 coalitions, the Redlands Christian Migrant Association as well as numerous Head Start grantees were trained as Toddler CLASS Observers through August 2013.
    - Because they were being trained during the needs assessment, the number who finished and met the reliability requirements was not available
- 70 professionals completed the Making the Most of Classroom Interactions (MMCI) trainer training.
    - Those who complete this 20-hour training must offer the 20-hour MMCI three times within a year to early childhood professionals in order to become certified MMCI trainers.
- 50 professionals who were reliable observers on the Pre-K CLASS completed the Pre-K Observer Training of Trainers.
    - They can train new observers in their communities to sustain observer capacity throughout the state.
- In October-December 2013, 50 professionals who were reliable observers on the Toddler CLASS finished the Toddler Observer Training of Trainers. These professionals can train new observers in their community to sustain observer capacity throughout the state (J. Faber, personal communication, 2008).

Relationship Between CLASS and Educational Outcomes

The CLASS was developed from extensive research on teacher behaviors that positively impact young children's social, academic, and related skills (Pianta, La Paro, & Hamre, 2008).

A summary of the research on the relationship between CLASS scores and children's outcomes is outlined on pages 26-27 of this report.

ENVIRONMENT RATING SCALES

There are four early childhood ERS tools. For center-based programs, there are three tools: the ITERS-R, ECERS-R and the SACERS. The ERS tools are designed to assess process quality in early learning settings (Frank Porter Graham Child Development Institute, 2013). Reliable assessors complete observations 2.5-3 hours long. Each item is scored; then, subscale and overall scores are computed. Scores below 3 are considered *inadequate*, scores ranging from 3 to 5 are considered *adequate*, and scores of 5 to 7 are considered *good* to *excellent*.

Infant-Toddler Environment Rating Scale — Revised (ITERS-R)

Overview

The ITERS-R is for center-based programs for children up to 30 months old. The ITERS-R scale consists of 39 items with 7 subscales:

- **Space and Furnishings**
  1. Indoor space
  2. Furniture for routine care and play
  3. Provision for relaxation and comfort
  4. Room arrangement
  5. Display for children
- **Personal Care Routines**
  6. Greeting/departing
  7. Meals/snacks
  8. Nap
  9. Diapering/toileting
  10. Health practices
  11. Safety practices
- **Listening and Talking**
  12. Helping children understand language
  13. Helping children use language
  14. Using books
- **Activities**
  15. Fine motor
  16. Active physical play
  17. Art
  18. Music and movement
  19. Blocks
  20. Dramatic play
  21. Sand and water play
  22. Nature/science
  23. Use of TV, video, and/or computer
  24. Promoting acceptance of diversity
- **Interaction**
  25. Supervision of play and learning
  26. Peer interaction
  27. Staff-child interaction
  28. Discipline
- **Program Structure**
  29. Schedule
  30. Free play
  31. Group play activities
  32. Provisions for children with disabilities
- **Parents and Staff**
  33. Provisions for parents
  34. Provisions for personal needs of staff
  35. Provisions for professional needs of staff
  36. Staff interaction and cooperation
  37. Staff continuity
  38. Supervision and evaluation of staff
  39. Opportunities for professional growth

Reliability and validity information is provided on page 37.

Implementation of the ITERS-R in Florida

At the time of the needs assessment, the ITERS-R was used by 17 coalitions across the state during the 2012-13 year. The coalitions reported finishing 735 voluntary ITERS-R assessments in early learning programs during this period (see Table 3). Based on their self-reporting, 15 coalitions (of a total of 31) plan to conduct an estimated 747 ITERS-R assessments in 2013-2014 (see Table 3). Fourteen coalitions — Orange, Santa Rosa, Big Bend, Duval, Escambia, Flagler-Volusia, Gateway, IRMO, Marion, Nature Coast, Northwest, Osceola, Pasco-Hernando, and Pinellas — were not planning to use the ITERS-R at the time of the needs assessment, with two conducting them only when requested by a provider.

Early Childhood Environment Rating Scale — Revised (ECERS-R)

Overview

The ECERS-R is for center-based programs serving children 30-60 months old. The ECERS-R scale consists of 43 items organized into 7 subscales:

- **Space and Furnishings**
  1. Indoor space
  2. Furniture for routine care, play, and learning
  3. Furnishings for relaxation and comfort
  4. Room arrangement for play
  5. Space for privacy
  6. Child-related display
  7. Space for gross motor play
  8. Gross motor equipment
- **Personal Care Routines**
  9. Greeting/departing
  10. Meals/snacks
  11. Nap/rest
  12. Toileting/diapering
  13. Health practices
  14. Safety practices
- **Language-Reasoning**
  15. Books and pictures
  16. Encouraging children to communicate
  17. Using language to develop reasoning skills
  18. Informal use of language
- **Activities**
  19. Fine motor
  20. Art
  21. Music/movement
  22. Blocks
  23. Sand/water
  24. Dramatic play
  25. Nature/science
  26. Math/numbers
  27. Use of TV, video, and/or computers
  28. Promoting acceptance of diversity
- **Interaction**
  29. Supervision of gross motor activities
  30. General supervision of children (other than gross motor activities)
  31. Discipline
  32. Staff-child interactions
  33. Interactions among children
- **Program Structure**
  34. Schedule
  35. Free play
  36. Group time
  37. Provisions for children with disabilities
- **Parents and Staff**
  38. Provisions for parents
  39. Provisions for personal needs of staff
  40. Provisions for professional needs of staff
  41. Staff interaction and cooperation
  42. Supervision and evaluation of staff
  43. Opportunities for professional growth

Reliability and validity information is provided on page 37.

Implementation of the ECERS-R in Florida

At the time of the needs assessment, the ECERS-R was used by 18 coalitions across the state. The coalitions report finishing 1,251 voluntary ECERS-R in early learning programs in 2012-2013 (see Table 3). Based on the self-reporting by the coalitions, 16 of them (of a total of 31 coalitions) plan to complete an estimated 909 ECERS-R assessments in 2013-2014 (see Table 3). Fourteen coalitions were not planning to use the ECERS at the time of the needs assessment; these include Orange, Santa Rosa, Big Bend, Duval, Escambia, Flagler-Volusia, Gateway, IRMO, Marion, Nature Coast, Northwest, Osceola, Pasco-Hernando, and Pinellas. Several noted they would conduct additional assessments upon request.

School-Age Care Enviroment Rating Scale (SACERS)

Overview

The SACERS is for group care settings serving children and youth 5-12 years old. The SACERS consists of 49 items organized into 7 subscales, including 6 supplementary items for programs enrolling children with disabilities.

- **Space and Furnishings**
  1. Indoor space
  2. Space for gross motor activities
  3. Space for privacy
  4. Room arrangement
  5. Furnishings for routine care
  6. Furnishings for learning and recreational activities
  7. Furnishings for relaxation and comfort
  8. Furnishings for gross motor activities
  9. Access to host facilities
  10. Space to meet personal needs of staff
  11. Space to meet professional needs of staff
- **Health and Safety**
  12. Health policy
  13. Health practices
  14. Emergency and safety policy
  15. Safety practice
  16. Attendance
  17. Departure
  18. Meals/snacks
  19. Personal hygiene
- **Activities**
  20. Arts and crafts
  21. Music and movement
  22. Blocks and construction
  23. Drama/theater
  24. Language/reading activities
  25. Math/reasoning activities
  26. Science/nature activities
  27. Cultural awareness
- **Interactions**
  28. Greeting/departing
  29. Staff-child interactions
  30. Staff-child communication
  31. Staff supervision of children
  32. Discipline
  33. Peer interactions
  34. Interactions between staff and parents
  35. Staff interaction
  36. Relationship between program staff and classroom teachers
- **Program Structure**
  37. Schedule
  38. Free choice
  39. Relationship between program staff and program host
  40. Use of community resources
- **Staff Development**
  41. Opportunities for professional growth
  42. Staff meetings
  43. Supervision and evaluation of staff
- **Special Needs Supplementary Items**
  44. Provisions for exceptional children
  45. Individualization
  46. Multiple opportunities for learning and practicing skills
  47. Engagement
  48. Peer interactions
  49. Promoting communication

Reliability and validity information is provided on page 37.

Implementation of the SACERS in Florida

At the time of the needs assessment, the SACERS was used by 3 coalitions across the state. The coalitions say they conducted 102 voluntary SACERS assessments in early learning programs in 2012-2013 (see Table 3). Based on self-reporting by the coalitions , only two of them (Hillsborough and Manatee) plan to complete an estimated 115 SACERS assessments in 2013-2014 (see Table 3). The remaining 29 coalitions were not planning to use the SACERS at the time of the assessment.

Family Child Care Environment Rating Scale — Revised (FCCERS-R)

Overview

One ERS tool is designed for mixed-age group family child care programs. The FCCERS-R is for family child care programs serving children from infancy through school age. The FCCERS-R scale consists of 38 items organized into 7 subscales:

- **Space and Furnishings**
  1. Indoor space used for child care
  2. Furniture for routine care, play, and learning
  3. Provision for relaxation and comfort
  4. Arrangement of indoor space for child care
  5. Display for children
  6. Space for privacy
- **Personal Care Routines**
  7. Greeting/departing
  8. Nap/rest
  9. Meals/snacks
  10. Diapering/toileting
  11. Health practices
  12. Safety practices
- **Listening and Talking**
  13. Helping children understand language
  14. Helping children use language
  15. Using books
- **Activities**
  16. Fine motor
  17. Art
  18. Music and movement
  19. Blocks
  20. Dramatic play
  21. Math/number
  22. Nature/science
  23. Sand and water play
  24. Promoting acceptance of diversity
  25. Use of TV, video, and/or computer
  26. Active physical play
- **Interaction**
  27. Supervision of play and learning
  28. Provider-child interaction
  29. Discipline
  30. Interactions among children
- **Program Structure**
  31. Schedule
  32. Free play
  33. Group time
  34. Provisions for children with disabilities
- **Parents and Provider**
  35. Provisions for parents
  36. Balancing personal and caregiving responsibilities
  37. Opportunities for professional growth
  38. Provisions for professional needs

Reliability and validity information is provided on page 37.

Implementation of the FCCERS-R in Florida

At the time of the needs assessment, the FCCERS-R was used by 12 coalitions across the state. They report conducting 212 voluntary FCCERS-R assessments in early learning programs in 2012-2013 (see Table 3). Based on their self-reporting, 16 of a total of 31 coalitions plan to do an estimated 305 FCCERS-R assessments in 2013-2014 (see Table 3). Fifteen coalitions were not planning to use the FCCERS-R at the time of the assessment: Orange, Santa Rosa, Big Bend, Escambia, Flagler-Volusia, Gateway, IRMO, Marion, Nature Coast, Northwest, Okaloosa-Walton, Osceola, Pasco-Hernando, Pinellas, and St. Lucie.

Reliability and Validity of the ERS Tools

- *Test-Retest Reliability:* Results across studies indicate that the assessment of the global quality of an early childhood care and education setting, measured by the ECERS-R, is stable over moderately long periods of time (school year) where the teacher is stable in the classroom.
- *Inter-Rater Reliability:* In a large study, the percentage of agreement across all 470 indicators was 86.1%, with 70% agreement or higher for all indicators. At the item level, the percentage of exact agreement was 48%, with a percentage of agreement within one point of 71%. For the total score, the Pearson product moment correlation was 0.921, and the Spearman rank order correlation was 0.865. The interclass correlation for the total score was 0.915.
- *Internal Consistency:* The subscale internal consistency scores for the ECERS-R range from 0.71 to 0.88, while the total scale internal consistency is 0.92 (Clifford et al., 2010).

Professionals must complete a five-day training on each ERS tool. At the end of the training, they must demonstrate acceptable reliability; this is defined as 85% agreement (within one point) with the consensus scores. Observers who consistently score 90% or above are considered Level 1 observers, who can check the reliability of others who scored lower (Cryer, 2013). Follow-up reliability checks help sustain reliability; there are various strategies for accomplishing this. Studies often use raters who were previously at the 85% agreement level within one point across various settings; for other studies, reliability checks (double coding of same classroom) were conducted regularly, such as every 6th observation, or for observers maintaining agreement within one point at or above 90%, every 10th observation (Clifford et al., 2010).

Relationship Between ERS and Educational Outcomes

A summary of the research on the relationship between ERS scores and children's outcomes is outlined on pages 26-27 of this report.

OTHER PROGRAM ASSESSMENTS USED IN FLORIDA

Program Administration Scale (PAS) and Business Administration Scale (BAS)

Escambia uses the Program Assessment Scale (PAS) and the Business Administration Scale (BAS). In 2012-2013, 15 programs received PAS or BAS assessments.

The PAS is designed to measure the leadership and management practices of early childhood programs. It measures quality on a seven-point scale via 25 items clustered in 10 subscales:

- Human Resources Development
- Personnel Cost and Allocation
- Center Operations
- Child Assessment
- Fiscal Management
- Program Planning and Evaluation
- Family Partnerships
- Marketing and Public Relations
- Technology
- Staff Qualifications

For more information on the PAS, please see:
http://mccormickcenter.nl.edu/program-evaluation/program-administration-scale-pas/

The BAS measures overall quality of business and professional practices in family child care settings. It uses a 7-point scale in 10 items:

- Qualifications and Professional Development
- Income and Benefits
- Work Environment
- Fiscal Management
- Record Keeping
- Risk Management
- Provider-Parent Communication
- Community Resources
- Marketing and Public Relations
- Provider as Employer

More information: *http://mccormickcenter.nl.edu/program-evaluation/business-administration-scale-bas/*

Other Tools Used by Coalitions

Seven coalitions administer locally developed assessment tools. Table 2 outlines the coalition, type of locally developed tool, and number of assessments completed in 2012-2013.

Table 2: Other Assessment Tools Used by Coalitions

COALITION	LOCALLY DEVELOPED TOOL	NUMBER OF ASSESSMENTS COMPLETED: 2012-13
CNBB	Basic checklist	122
IRMO	School Readiness Monitoring	82
Nature Coast	Board approved quality observation/audit tool	328
Okaloosa/Walton	FCCH and Center Assessments	44
Pasco/Hernando	School Readiness Program Assessment	413
Putnam/St. Johns	Basic checklist	81
Seminole	Curriculum and Character Development checklist	25

CHILD OUTCOME ASSESSMENTS

Ten coalitions administer child outcome assessments. These coalitions include CNBB, Duval, Heartland, Manatee, Miami-Dade/Monroe, Nature Coast, Putnam-St. Johns, Sarasota, Seminole, and St. Lucie.

Types of assessments include:

- *Battelle Developmental Inventory, Second Edition (BDI-2)*: The Batelle is appropriate for children from birth to 7 years, 11 months. The complete BDI-2 takes 60-90 minutes and the screening test takes 10-30 minutes. It includes the following content:
  - Personal-Social
  - Adaptive
  - Motor
  - Communication
  - Cognitive ability (Newborg, 2013)

  The Batelle is used by the Manatee coalition.
- *Bracken School Readiness Assessment, Third Edition (BSRA-3):* The tool takes 10-15 minutes to administer. It offers a quick screen of concept knowledge to assess school readiness. The tool is appropriate for children 3 years of age to 6 years, 11 months.
  - Colors
  - Letters
  - Numbers/Counting
  - Size/Comparison
  - Shapes (Bracken, 2007)

  The BSRA-3 is used by the Duval coalition.
- *DECA*: The Devereux Early Childhood Assessment (DECA) assesses within-child protective factors in preschool children aged 2 to 5. Requiring 10 minutes to administer, the DECA evaluates the frequency of 27 positive behaviors (strengths) exhibited by preschoolers (Kaplan Early Learning, 2012)
  The DECA is used by the Sarasota coalition.

Learning Accomplishment Profiles

- *E-LAP*: The Early Learning Accomplishment Profile (E-LAP) is an observational tool for documenting the skill development of children from birth to 36 months of age. Sixty- ninety minutes is required to complete the tool by a trained observer. The criterion-referenced assessment assists teachers, clinicians, and parents in assessing individual development. The E-LAP contains a hierarchy of 414 developmental skills in chronological sequence in six domains of development:
  - Gross motor (90 items) *Infants and toddlers*
  - Fine motor (73 items)
  - Cognition (105 items)
  - Language (59 items)
  - Self-help (49 items)
  - Social-emotional (38 items) (Chapel Hill Training-Outreach Project, 2013a)

The E-LAP is used by the Heartland, Miami-Dade, Nature Coast, and St. Lucie coalitions.

- *LAP-D*: The Learning Accomplishment Profile - Diagnostic Edition (LAP-D) is an observational tool for documenting the skill development of children 30-72 months old. Sixty- ninety minutes is required to complete the tool by a trained observer. A normed-referenced assessment, the LAP-D assesses individual skill development in four major developmental domains (each contains two subscales):
  - Gross motor
    - *Body movement (34 items)*
    - *Object movement (23 items)*
  - Fine motor
    - *Writing (31 items)*
    - *Manipulation (28 items)*
  - Cognitive
    - *Counting (33 items)*
    - *Matching (24 items)*
  - Language
    - *Naming (30 items)*
    - *Comprehension (23 items) (Chapel Hill Training-Outreach Project, 2013b)*

The LAP-D is used by the Miami-Dade/Monroe and Nature Coast coalitions.

- *LAP-3:* The Learning Accomplishment Profile — Third Edition (LAP-3) is aimed at documenting the skill development of children 36-72 months of age. It uses a hierarchy of 383 developmental skills in chronological sequence in six domains:
  - Gross Motor (54 items)
  - Fine Motor (40 items)
  - Pre-Writing (38 items)
  - Cognitive (87 items)
  - Language (69 items)
  - Self-Help (50 items)
  - Personal/Social (45 items) (Chapel Hill Training-Outreach Project, 2013c)

The LAP-3 is used by the Heartland, Seminole, and St. Lucie coalitions.

- *Portage:* The new Portage Guide, an observation-based assessment tool, is offered in two packages covering infants to preschoolers.
    - Communication/Language Literacy
    - Social Emotional Development
    - Exploration/Approaches to Learning
    - Purposeful Motor Activity
    - Sensory Organization (Cooperative Educational Service Agency 5, 2012)

The Portage is used by the CNBB and Putnam/St. Johns coalitions.

- *Test of Preschool Early Literacy (TOPEL)*: The TOPEL examines skills related to early literacy. The TOPEL takes 25-30 minute and is for children 3 years to 5 years, 11 months. It includes assessments of:
    - Print Knowledge (36 items)
    - Definitional Vocabulary (35 items)
    - Phonological Awareness (27 items) (TOPEL Overview, n.d.)

The TOPEL is used by the Duval coalition.

The number of assessments varies by coalition. Coalitions reported the following from 2012-2013:

- *CNBB*: All children receiving school readiness funds
- *Duval*: Approximately 600 children assessed using Bracken (300 three-year olds and 300 four-year olds) and 200 four-year olds assessed using the TOPEL
- *Heartland*: 1,834 assessments representing pre- and post assessments
- *Manatee*: Approximately 1,300 assessments on 850 children
- *Miami-Dade/Monroe*: Sample of 450 children receiving school readiness funds
- *Nature Coast*: In the current fiscal year, only children with concerns from ASQ will receive assessments. In the past fiscal year, all newly enrolled children were pre-assessed within 45 days of initial enrollment, and all children 4 and 5 years old were post-assessed in the spring of the year prior to their entry into kindergarten. No specific numbers were provided.
- *Putnam-St. Johns*: Providers have been required to assess all SR children enrolled at the time of the assessment (October). No specific numbers were provided.
- *Sarasota*: Sample of approximately 200 children
- *Seminole*: Sample of approximately 250 children
- *St. Lucie*: Only children with concerns from ASQ will receive assessments. No specific numbers were provided.

Teaching Strategies GOLD

While different from the assessment measures outlined above, Teaching Strategies GOLD® is being used by a significant number of coalitions, making it worth a detailed description.

Teaching Strategies GOLD® is an observation-based assessment system for children from birth through kindergarten. A summary of the tool is outlined in the Technical Summary (*http://www.teachingstrategies.com/content/pageDocs/GOLD-Tech-Summary-8-18-2011.pdf*); key points are outlined in the following paragraphs.

Teaching Strategies GOLD® is designed for use with any developmentally appropriate curriculum. Its primary purpose is to document children's learning over time, inform instruction, and facilitate communication with families and other stakeholders. The system is not intended as a screening or diagnostic measure, an achievement test, or a program-evaluation tool.

The tool has a total of 38 objectives. Two are related to English language acquisition, and the other 36 are organized into areas of development and content-area learning:

- Social–Emotional
- Physical
- Language
- Cognitive
- Literacy
- Mathematics
- Science and Technology
- The Arts

Teaching Strategies Gold® presents progressions of development and learning for objectives in social–emotional, physical, language, and cognitive development and in literacy, mathematics, and English-language acquisition. Indicators and examples enable administrators to rate children's knowledge, skills, and behaviors on a scale of "Not Yet" to level 9.

With the exception of those for English language acquisition, the progressions use colored bands to show widely held expectations for various age ranges (birth–1 year, 1–2 years, and 2–3 years) and for various classes/grades (preschool 3, Pre-K 4, and kindergarten). The colored bands show educators and families which skills and behaviors are typical for children of a particular age or class/grade (The Center for Educational Measurement and Evaluation The University of North Carolina at Charlotte, 2011).

Implementation of the Teaching Strategies GOLD® in Florida

At the time of the needs assessment, the Teaching Strategies GOLD® was used by 21 coalitions across the state; this included 906 centers and 173 family child care homes. The coalitions reported that a total of 28,137 Teaching Strategies GOLD® observations were completed in early learning programs in 2012-2013. Ten coalitions were not using this system during this period: CNBB, Gateway, Hillsborough, IRMO, Miami-Dade/Monroe, Nature Coast, Pasco-Hernando, Putnam-St. Johns, Santa Rosa, and St. Lucie.

The number and percentages of *quality assessments* completed annually for each identified quality measure used in Florida: Pre-K CLASS, Toddler CLASS, ECERS or ECERS-R, ITERS or ITERS-R, SACERS, and FCCERS

The two quality assessments used in Florida are the CLASS tools and the Environment Rating Scales.

The total number of each tool completed statewide is summarized in Table 3.

Table 3: Statewide Summary of Assessment Tools Used

	NUMBER OF ASSESSMENTS COMPLETED STATEWIDE				PERCENTAGE OF PROGRAMS		
PROGRAM ASSESSMENT TOOLS	2010-11	2011-12	2012-13	2013-14 projected	2010-11	2011-12	2012-13
Pre-K CLASS: programs serving children 36-60 months	0	192	707	1,937	0%	1%	5%
Toddler CLASS: programs serving children 15-35 months*	0	8	50	701	0%	0%	1%
ECERS-R: programs serving children 36-60 months**	2,936	2,783	1,251	909	20%	19%	9%
ITERS-R: programs serving children 0-35 months**	2,184	1,947	735	747	15%	13%	5%
SACERS: programs serving school-age children**	163	137	102	115	1	1%	1%
FCCERS-R: family child care homes**	625	461	212	305	4%	3%	1%
TOTAL	**5,908**	**5,465**	**3,057**	**4,714**			

* Observer training on the Toddler CLASS was taking place during the needs assessment.

** Multiple coalitions stated that up until 2012, they conducted ERS assessments as part of their school readiness contracting process, often requiring a minimum score to ensure quality of programs for children receiving school readiness funds. Coalitions reported that over time, they had measured improvements in scores as a result of requiring the ERS from providers that received school readiness funds. This practice was stopped in 2012 based on guidance from the previous director of the Office of Early Learning.

*** Please note Head Start programs are included within these figures. Due to time limitations and no centralized location of data, Head Start figures were not able to be disaggregated from total numbers.

The number and percentages of *quality assessments* completed for each identified quality measure used in Florida at state, coalition, and county levels compared to U.S.: Pre-K CLASS, Toddler CLASS, ECERS or ECERS-R, ITERS or ITERS-R, SACERS, and FCCERS

The two quality assessments used in Florida are the CLASS and the Environment Rating Scales. The number of program assessments and percentage of programs with program assessment results is shown in Table 4.

Table 4: Total Program Assessments and Percentages of Programs that have had Program Assessments by Coalition 2012-13

TOTAL PROGRAM ASSESSMENTS COMPLETED by COALITIONS 2012-13							
COALITIONS	Pre-K CLASS	Toddler CLASS	ECERS-R	ITERS-R	SACERS	FCCERS-R	TOTALS
Alachua	28 (32%)	-	31 (36%)	55 (63%)	-	31 (36%)	145
Big Bend	-	-	-	-	-	-	0
Brevard	1 (1%)	2 (1%)	1 (1%)	-	-	-	4
Broward*	58 (8%)	-	120 (17%)	75 (10%)	-	7 (1%)	260
CNBB	14 (7%)	-	21 (10%)	16 (8%)	-	-	51
Duval*	100 (22%)	-	-	-	-	-	100
Escambia	-	-	35 (26%)	20 (15%)	8 (6%)	1 (1%)	64
Flagler/Volusia*	30 (14%)	-	-	-	-	-	30
Florida's Gateway	14 (38%)	-	-	-	-	-	14
Florida's Heartland	-	-	36 (28%)	18 (14%)	-	-	54
Hillsborough*	10 (2%)	5 (1%)	73 (13%)	54 (9%)	21 (4%)	26 (5%)	189
IRMO	5 (5%)	-	2 (2%)	-	-	-	7
Lake	-	-	23 (26%)	22 (25%)	-	2 (2%)	47
Manatee	-	-	86 (26%)	86 (75%)	73 (63%)	23 (20%)	268
Marion	5 (5%)	-	-	-	-	-	5
Miami-Dade/Monroe*	61 (5%)	20 (2%)	198 (17%)	110 (9%)	-	48 (4%)	437
Nature Coast	-	-	-	-	-	-	0
Northwest Florida	79 (32%)	18 (7%)	-	-	-	-	97
Okaloosa/Walton	-	-	1 (1%)	1 (1%)	-	-	2

COALITIONS	Pre-K CLASS	Toddler CLASS	ECERS-R	ITERS-R	SACERS	FCCERS-R	TOTALS
Orange	28 (6%)	-	-	-	-	-	28
Osceola	-	-	-	-	-	-	0
Palm Beach*	7 (2%)	-	348 (55%)	40 (9%)	-	27 (6%)	422
Pasco/Hernando	39 (21%)	-	-	-	-	-	39
Pinellas*	-	-	-	-	-	-	0
Polk*	-	-	64 (25%)	55 (21%)	-	-	119
Putnam/St Johns	6 (7%)	-	5 (6%)	6 (7%)	-	1 (1%)	18
Santa Rosa	6 (10%)	5 (8%)	-	-	-	-	11
Sarasota*	56 (33%)	-	38 (44%)	20 (23%)	-	8 (9%)	122
Seminole	65 (43%)	-	85 (62%)	94 (76%)	-	10 (26%)	254
Southwest Florida*	82 (28%)	-	83 (28%)	63 (21%)	-	28 (9%)	256
St. Lucie	13 (8%)	-	1 (1%)	-	-	-	13
TOTALS	**707 (5%)**	**50 (1%)**	**1251 (9%)**	**735 (5%)**	**102 (1%)**	**212 (1%)**	**3057**

** Indicates a coalition with a QRIS.*

The number of quality assessments and percentage of programs with program assessment results is provided in Table 5.

Table 5: Number and Percentage of Quality Assessments by County 2012-13

COUNTY NAME	Pre-K CLASS	Toddler CLASS	ECERS-R	ITERS-R	SACERS	FCCERS-R
Alachua	28 (32%)	-	31 (36%)	55 (63%)	-	31
Baker	1 (8%)	-	2	2	-	-
Bay	45 (60%)	9 (12%)	-	-	-	-
Bradford	-	-	-	-	-	-
Brevard	1 (1%)	2 (1%)	1 (1%)	-	-	-
Broward	58 (8%)	-	120 (17%)	75 (10%)	-	7 (1%)
Calhoun	2 (40%)	1 (20%)	-	-	-	-
Charlotte	-	-	14 (27%)	7 (13%)	-	-
Citrus	-	-	-	-	-	-
Clay	9 (10%)	-	9 (10%)	8 (9%)	-	-
Collier	18 (16%)	-	22 (19%)	10 (9%)	-	3 (3%)
Columbia	8 (23%)	-	-	-	-	-
DeSoto	-	-	1 (6%)	1 (6%)	-	-
Dixie	-	-	-	-	-	-
Duval	100 (22%)	-	-	-	-	-
Escambia	-	-	35 (26%)	20 (15%)	8 (6%)	1 (1%)
Flagler	5 (19%)	-	-	-	-	-
Franklin	3 (38%)	1 (13%)	-	-	-	-
Gadsden	-	-	-	-	-	-
Gilchrist	-	-	-	-	-	-
Glades	-	-	3 (100%)	1 (33%)	-	-
Gulf	4 (67%)	1 (17%)	-	-	-	-
Hamilton	2 (29%)	-	-	-	-	-
Hardee	-	-	7 (44%)	3 (19%)	-	-

COUNTY NAME	Pre-K CLASS	Toddler CLASS	ECERS-R	ITERS-R	SACERS	FCCERS-R
Hendry	8 (35%)	-	8 (35%)	7 (30%)	-	-
Hernando	10 (18%)	-	-	-	-	-
Highlands	-	-	14 (33%)	7 (16%)	-	-
Hillsborough	10 (2%)	5 (1%)	73 (13%)	54 (9%)	21 (4%)	26 (5%)
Holmes	6 (86%)	-	-	-	-	-
Indian River	-	-	-	-	-	-
Jackson	12 (86%)	4 (29%)	-	-	-	-
Jefferson	-	-	-	-	-	-
Lafayette	-	-	-	-	-	-
Lake	-	-	23 (26%)	22 (25%)	-	2 (2%)
Lee	56 (34%)	-	50 (31%)	45 (28%)	-	25 (15%)
Leon	-	-	-	-	-	-
Levy	-	-	-	-	-	-
Liberty	-	-	-	-	-	-
Madison	-	-	-	-	-	-
Manatee	-	-	86 (75%)	86 (75%)	73 (63%)	23 (20%)
Marion	5 (5%)	-	-	-	-	-
Martin	5 (14%)	-	-	-	-	-
Miami-Dade	56 (5%)	20 (2%)	188 (16%)	100 (9%)	-	48 (4%)
Monroe	5 (23%)	-	10 (45%)	10 (45%)	-	0
Nassau	4 (12%)	-	10 (30%)	6 (18%)	-	-
Okaloosa	-	-	1 (1%)	1 (1%)	-	-
Okeechobee	-	-	2 (17%)	-	-	-
Orange	28 (6%)	-	-	-	-	-
Osceola	-	-	-	-	-	-
Palm Beach	7 (2%)	-	348 (55%)	40 (9%)	-	27 (6%)

COUNTY NAME	Pre-K CLASS	Toddler CLASS	ECERS-R	ITERS-R	SACERS	FCCERS-R
Pasco	29 (23%)	-	-	-	-	-
Pinellas	-	-	-	-	-	-
Polk	-	-	64 (25%)	55 (21%)	-	-
Putnam	4 (14%)	-	2 (7%)	3 (10%)	-	1 (3%)
Santa Rosa	6 (10%)	5 (8%)	-	-	-	-
Sarasota	56 (33%)	-	38 (44%)	20 (23%)	-	8 (9%)
Seminole	65 (43%)	-	85 (62%)	94 (76%)	-	10 (26%)
St. Johns	2 (2%)	-	3 (2%)	3 (2%)	-	-
St. Lucie	13 (8%)	-	1 (1%)	-	-	-
Sumter	-	-	-	-	-	-
Suwannee	2 (14%)	-	-	-	-	-
Taylor	-	-	-	-	-	-
Union	2 (67%)	-	-	-	-	-
Volusia	25 (13%)	-	-	-	-	-
Wakulla	-	-	-	-	-	-
Walton	-	-	-	-	-	-
Washington	7 (88%)	2 (25%)	-	-	-	-
TOTAL	**707**	**50**	**1251**	**735**	**102**	**212**

CLASS SCORES IN FLORIDA

Of the 707 Pre-K CLASS scores reported by the coalitions from 2012-2013, the baseline domain scores were:

- Emotional Support = 5.45 (high mid/moderate range)
- Classroom Organization = 4.95 (mid/moderate range)
- Instructional Support = 2.33 (low range)

Of the 50 Toddler CLASS scores reported by the coalitions from 2012-2013, the baseline domain scores were:

- Emotional and Behavioral Support = 3.09 (low range)
- Engaged Support for Learning = 1.69 (low range)

In 2012 OEL commissioned a study to evaluate the impact of training and support, specifically the 20-hour Making the Most of Classroom Interactions (MMCI) training, on CLASS scores. Baseline scores were obtained for 182 classrooms from 11 coalitions (Alachua = 13, Big Bend = 3, Duval = 5, Flagler/Volusia = 8, Gateway = 3, Miami = 54, Northwest = 9, Orange = 22, Osceola = 5, Palm Beach = 10, Southwest = 50). All CLASS observations were voluntary.

Baseline domain scores were:

- Emotional Support = 5.86 (high mid/moderate range)
- Classroom Organization = 5.26 (mid/moderate range)
- Instructional Support = 2.33 (low range)

The study measured statistically significant gains after the MMCI training and other supports; these supports varied by coalition and typically included modest amounts of technical assistance. Post-test scores were obtained for 63 classrooms; because of funding constraints only a sample of programs also received a post-test assessment. Following the training, the domain scores increased in all three domain areas; all improvements were statistically significant. Post-test scores were:

- Emotional Support = 6.17 (high range)
- Classroom Organization = 5.64 (mid/moderate range)
- Instructional Support = 3.46 (mid/moderate range)

The study concluded: "Participation in the MMCI training and other supports had a positive, statistically significant impact on teacher-child interactions, the quality of the classroom atmosphere and context of the participating ECE teachers" (University of Florida's Lastinger Center for Learning, 2012)(*Note: these results are based on voluntary assessments and voluntary participation in the 20-hour MMCI course. Therefore, these scores likely represent results from programs that are motivated and engaged in continuous improvement. They are probably higher than average CLASS scores would be if a more representative sample was gathered.*)

Comparison to CLASS Scores Nationally

According to Teachstone, the national organization that provides training and other supports on the CLASS tools, there is no national database or system for recording either the number of CLASS assessments or the scores on those assessments.

However, there are a number of large-scale data studies that give a sense of average CLASS scores. The average scores below come from observations in nearly 700 state-funded preschool programs in 11 states and a smaller national study of 164 classrooms. The domain averages are:

- Emotional Support: 5.20
- Classroom Organization: 4.46
- Instructional Support: 2.33 (Locasale-Crouch et al., 2007)

These are lower than the baseline scores from the CLASS Early Implementer Study for Emotional Support and Classroom Organization (baseline scores: Emotional Support = 5.86; Classroom Organization = 5.26). They are also identical to the baseline scores for Instructional Support (Instructional Support = 2.33).

National Usage of CLASS

A number of states are using the CLASS tools as part of the statewide QRIS. Those states include:

- ***Arizona***: CLASS is part of ratings for 3-, 4-, and 5-star programs on the QRIS administered by First Things First (First Things First, 2011).
- ***California:*** Partners across 16 counties are implementing QRIS based on a shared Quality Continuum Framework, which includes a focus on "teachers and how they interact and teach young children" (Children Now, 2011).
- ***Delaware:*** CLASS is part of ratings for 3- to 5- star programs (star 1 and 2 ratings are largely documentation and submission of evidence) (Washington State Department of Early Learning, 2013)
- ***Massachusetts***: Programs can select a CLASS assessment as one of the tools used to determine their star rating (Massachusetts Department of Early Education and Care, 2012).
- ***Minnesota:*** Programs must meet minimum requirements for each of the CLASS dimensions to achieve a 3- and 4-star rating (star 1 and 2 ratings are largely documentation and submission of evidence) (Parent Aware, 2012).
- ***North Dakota:*** Programs must meet minimum requirements for each of the CLASS dimensions to achieve a 4- and 5-star rating (Growing Futures, 2012).
- ***Rhode Island:*** CLASS assessment is included as part of the QRIS rating (National Center on Child Care Quality Improvement, n.d.)
- ***Virginia:*** CLASS assessment is part of the QRIS rating (Smart Beginnings, n.d.)
- ***Washington***: CLASS assessment is included in the QRIS rating (Washington State Department of Early Learning, 2011)

Nevada, Oregon, and Pennsylvania are planning to include the CLASS in their QRIS, either as revisions to an existing QRIS or as part of a new QRIS initiative, later in 2013 or in 2014. Additional states, including Illinois and Washington, D.C., among others, are planning to include the CLASS in their QRIS in the future.

Other states are using the CLASS tools as part of other improvement work. While not part of QRIS, California and Georgia have large CLASS projects to help improve teacher-child interactions and program quality.

ERS SCORES IN FLORIDA

ECERS-R

- Of the 1251 ECERS-R scores reported by the coalitions from 2012-2013, the overall score was 4.18.

ITERS-R

- Of the 735 scores reported by the coalitions from 2012-2013, the overall score was 3.61.

SACERS

- Of the 102 scores reported by the coalitions from 2012-2013, the overall score was 4.15.

FCCERS-R

- Of the 212 scores reported by the coalitions from 2012-2013, the overall score was 4.03.

Comparison to ERS Scores Nationally

According to tool authors, there is no national database or system for recording either the number of ERS assessments or the scores on those assessments.

An extensive literature review determined that no recent national studies evaluated community-based early learning programs using the ERS tools. Large studies such as the Head Start FACES study, SWEEP, (focused on Pre-K programs) the Study of Early Child Care and Youth Development (SECCYD) and many state studies have used the ERS; however, there have been no recent national assessments of early learning programs using the ERS tools.

An analysis of the QRIS results across states showed an average score of approximately 3.8. While lower than the average scores in Florida, it is important to remember that Florida scores are based on programs that voluntarily use ERS tools. Therefore , they likely represent an overestimation of program quality overall.

National Usage of ERS

As of 2010, the ways ERS assessments and scores are used within QRIS varied among the 21 states that set requirements for assessments.

- In 12 states (Arkansas, Delaware, Idaho, Illinois, Kentucky, Maryland, Massachusetts, Mississippi, New Mexico, Pennsylvania, Rhode Island, Tennessee) and the District of Columbia, ERS scores are used to determine rating levels.
- In five states (Colorado, Iowa, Louisiana, North Carolina, Wisconsin), programs can earn points for ERS scores. The points contribute to the overall rating.
- New Hampshire and Oklahoma require programs to be assessed with ERS, but they do not tie particular scores to the ratings.
- In Ohio, self-assessments are required and programs can use an ERS, the Early Learning and Literacy Classroom Observation (ELLCO), or other assessment tool, and scores are not tied to ratings (Office of Child Care Administration for Children and Families, n.d.).

Quality Instruments, Tools, and Systems Related to Child Outcomes

GOLD SEAL

Overview

The Gold Seal Quality Care program was established in 1996 to acknowledge child care facilities and family child care homes accredited by "nationally recognized agencies and whose standards reflect quality in the level of care and supervision provided to children." At the time of this needs assessment, there were 2,010 Gold Seal accredited programs in Florida (*Note: December 2012 numbers were used to remain consistent with other data in this report. A review of the number of Gold Seal-accredited programs by month shows little variation across a 13-month period from December 2011 to January 2013*). A summary of the Gold Seal programs by coalition is available on page 56.

There are meaningful incentives in Florida for programs that have achieved the Gold Seal designation. Those programs:

- Have property taxes waived through the Department of Revenue or county tax appraisers. They also qualify for the Child Care Educational Materials Tax Exemption, waiving sales taxes for qualifying educational materials.
- Can receive a higher reimbursement rate for serving children who receive school readiness funds. The decision to provide the higher reimbursement rate is made by the local early learning coalition; the rate differential must not exceed 20% above the reimbursement rate established by the local early learning coalition.

Gold Seal Accreditation Bodies

There are 11 accrediting agencies approved as part of the Gold Seal program. These entities include:

- **ACSI:** Association of Christian Schools International
- **ACTS:** Association of Christian Teachers and Schools
- **APPLE:** Accreditation Professional Preschool Learning Environment
- **COA:** Council on Accreditation
- **NAC:** National Accreditation Commission for Early Care and Education Programs
- **NAEYC:** National Association for the Education of Young Children
- **NAFCC:** National Association for Family Child Care
- **NCPSA:** National Council Private School Accreditation
- **NECPA:** National Early Childhood Program Accreditation
- **SACS:** Southern Association of Colleges and Schools
- **UMAP:** United Methodist Association of Preschools

A side-by-side analysis of the different accreditation standards was completed in 2012 (Florida Department of Children and Families, 2013). The Department of Children and Families maintains this side-by-side analysis for quick reference and is regularly updated as accreditation standards change. The side-by-side is a tool providers can use to quickly compare standards when looking for a gold seal association that meets their program's needs. At the time of this needs assessment this analysis was available at the following address: *http://ccrain.fl-dcf.org/documents/-99/388.pdf#page=1*. In addition to the 11 Gold Seal accrediting bodies, the analysis also included information about the Head Start Performance Standards.

The accrediting bodies require the following as part of their standards:

- **Licensure and Regulation:** All 11 Gold Seal accrediting bodies and the Head Start Performance Standards have requirements.
- **Ratios and Group Size:** NAFCC and SACS require programs to meet state licensing requirements. All other accrediting bodies specify more stringent requirements.
- **Teacher Credential:** All 11 Gold Seal accrediting bodies have requirements.
- **Administrator Credential:** All 11 Gold Seal accrediting bodies and the Head Start Performance Standards have requirements. (NAFCC: Provider must have a high school diploma or GED.)
- **Pre-Service Training:** NAFCC and SACS require programs to meet state regulations. All other accrediting bodies specify more stringent requirements.
- **In-Service Training:** All 11 Gold Seal accrediting bodies and the Head Start Performance Standards have requirements.
- **Curriculum Implementation:** All 11 Gold Seal accrediting bodies and the Head Start Performance Standards have requirements.
- **Literacy Support:** All 11 Gold Seal accrediting bodies and the Head Start Performance Standards have requirements.
- **Health and Safety:** All 11 Gold Seal accrediting bodies and the Head Start Performance Standards have requirements.
- **Teacher-Child Interactions:** All 11 Gold Seal accrediting bodies and the Head Start Performance Standards have requirements.
- **Staff Interactions:** All 11 Gold Seal accrediting bodies and the Head Start Performance Standards have requirements.
- **Family Interactions:** All 11 Gold Seal accrediting bodies and the Head Start Performance Standards have requirements.

The full analysis is available at: *http://ccrain.fl-dcf.org/documents/-99/388.pdf#page=1*

Gold Seal Accreditation Process

Accrediting agencies that want to become a Gold Seal Accrediting provider complete an application and review process through the DCF Office of Child Care Regulation and Background Screening. Applications from accrediting bodies are considered in January and June.

Upon receipt of five completed copies of the application packet, the Office of Child Care Regulation and Background Screening and a committee of early childhood professionals review the documentation to determine if it meets or exceeds the standards of the National Association for the Education of Young Children (NAEYC), the National Association of Family Child Care, and the National Early Childhood Program Accreditation Commission.

The accrediting agencies then are either approved, told what changes are needed to complete their application before approval can be granted, or denied approval of the application. Approval lasts for five years; accrediting agencies submit a renewal application six months prior to the expiration date.

Gold Seal Accrediting Agencies are required to update the Office of Child Care Regulation and Background Screening on a quarterly basis on the status of accredited child care providers.

The accreditation process consists of the following elements across all Gold Seal accrediting bodies.

- Self Study
- Teacher Assessment
- Administrative Assessment
- Family Assessment
- Validation Process
- Renewal Process

Details, timing and cost vary by accrediting body (Florida Department of Children and Families, 2013).

The number of programs accredited by each Gold Seal accrediting body is outlined in Table 6.

Table 6: Number of Gold Seal Programs Overall and by Type of Accreditation by Coalition

NUMBER OF GOLD SEAL PROGRAMS OVERALL AND BY TYPE OF ACCREDITATION BY COALITION												
COALITIONS	Total # of Gold Seal Programs	ACSI	ACTS	APPLE	COA	NAC	NAEYC	NAFCC	NCPSA	NECPA	SACS	UMAP
Alachua	25	1	1	6	0	6	4	6	0	0	1	0
Big Bend	45	1	2	19	1	1	11	1	2	0	5	2
Brevard	59	1	0	25	0	5	9	0	5	9	3	2
Broward	275	1	3	138	1	36	14	4	4	1	67	6
CNBB	43	1	3	14	0	2	0	0	0	2	20	1
Duval	75	8	4	28	0	3	12	6	1	7	5	1
Escambia	30	2	0	20	0	1	1	5	0	0	1	0
Flagler/Volusia	34	0	5	4	1	9	4	1	0	3	4	3
Florida's Gateway	17	1	0	14	0	0	1	0	0	1	0	0
Florida's Heartland	25	0	2	1	0	12	5	1	1	1	1	1
Hillsborough	164	2	1	36	0	48	33	5	6	10	20	3
IRMO	62	1	0	21	1	4	26	0	1	4	1	3
Lake	15	1	0	7	0	4	1	0	0	0	1	1
Manatee	13	0	0	3	0	1	1	0	1	2	3	2
Marion	27	1	2	5	0	2	5	4	3	2	1	2
Miami-Dade/Monroe	433	1	1	300	6	7	56	41	7	1	12	1
Nature Coast	26	2	1	10	0	7	3	2	0	0	1	0
Northwest Florida	17	0	1	2	0	5	7	0	0	0	2	0
Okaloosa/Walton	12	0	0	3	0	1	4	0	0	1	1	2
Orange	83	2	2	23	0	14	11	4	0	15	10	2
Osceola	16	0	2	6	0	1	0	2	1	3	1	0
Palm Beach	220	0	1	95	1	30	30	33	6	6	14	4
Pasco/Hernando	38	0	0	22	0	6	1	1	3	2	3	0
Pinellas	66	0	2	25	0	15	6	8	1	3	2	4
Polk	19	1	3	2	0	5	0	2	0	0	3	3
Putnam/St Johns	27	0	3	12	0	6	2	0	1	0	3	0
Santa Rosa	9	1	0	1	0	1	2	3	0	0	1	0
Sarasota	26	1	1	1	2	9	4	2	0	0	2	4
Seminole	49	1	1	17	0	9	3	1	3	6	5	3
Southwest Florida	69	1	1	18	2	25	2	2	7	1	8	2
St. Lucie	27	0	0	9	0	2	12	0	0	3	0	1
TOTAL	**2046**	**31**	**42**	**887**	**15**	**277**	**270**	**134**	**53**	**83**	**201**	**53**

Support Provided by Coalitions to Achieve or Sustain Gold Seal

Licensed centers and family child care homes typically become accredited independently. In the survey completed by the 31 ELCs, 18 coalitions stated they provided specific support for achieving or sustaining accreditation as outlined in Table 7. These supports include Gold Seal differential, technical assistance, accreditation fee assistance, and mini-grants. The supports offered by the 18 coalitions are specified in Table 7.

Table 7: Support Provided for Accreditation by Coalitions

COALITION NAME	GOLD SEAL DIFFERENTIAL	TECHNICAL ASSISTANCE	ACCREDITATION FEE ASSISTANCE TYPICALLY BY APPLICATION OR ON AS-NEEDED BASIS	MINI-GRANTS
Big Bend	X			
Brevard	X			
Broward	X		X	
Gateway	X			
Heartland		X		
IRMO	X			
Marion County	X		X	
Miami-Dade/Monroe (Gold Seal support provided as part of QRIS)	X	X	X	
Northwest	X		X	
Okaloosa Walton	X			
Orange			X	
Pasco Hernando			X	
Palm Beach	X			
Pinellas		X		
Polk	X			
Putnam/St. Johns				X
Sarasota	X		X	
St. Lucie	X			

Gold Seal and Child Outcomes

OPPAGA evaluated the relationship between Gold Seal status and children's outcomes in their report, "Relationship Between Gold Seal, QRIS Ratings, and Kindergarten Readiness Outcomes." This report analyzed the difference between Gold Seal and QRIS across Florida and the impact of these systems on children's readiness for kindergarten (Florida Legislature Office of Program Policy Analysis and Government Accountability (OPPAGA), 2013).

The study found a small difference between children attending Gold Seal and non-Gold Seal programs. Among all children, 1.3% more children who attended a Gold Seal accredited program were determined to be ready for kindergarten (76.8% of children who attended a Gold Seal program were ready, compared to 75.5% who attended a non-Gold Seal program). These results were disaggregated by different factors, all of which were determined to be statistically significant for children attending Gold Seal programs. The percentages listed below identify the benefit, in terms of school readiness, of Gold Seal programs for various populations.

- Race
  - African American: 0.8% better results on school readiness assessment.
  - Hispanic: 2.8%
  - White: 1.2%
- Free/Reduced Lunch Status
  - Free/Reduced Lunch Recipient: 0.9%
  - Non-Free/Reduced Lunch Recipient: 0.6%
- English Speaking Status
  - Limited English Proficiency: 1.3%
  - Non-Limited English Proficiency: 1.4%

Nine of the accrediting agencies had kindergarten readiness rates higher than those of non-Gold Seal programs (76% of children ready). These agencies and their readiness rates included:

- UMAP: 88% of children ready
- ACSI: 86% of children ready
- NCPSA: 84% of children ready
- MSAC: 81% of children ready
- NCAS: 81% of children ready
- SACS: 80% of children ready
- ACTS: 80% of children ready
- NAC: 78% of children ready
- NECPA: 77% of children ready

Four accrediting agencies had kindergarten readiness rates below those of the non-Gold Seal programs (76% of children ready). These agencies included:

- NAEYC: 75% of children ready
- APPLE: 75% of children ready
- NAFCC: 63% of children ready
- COA: 57% of children ready (Florida Legislature Office of Program Policy Analysis and Government Accountability (OPPAGA), 2013)

Note: The total number of Gold Seal programs accredited by each accrediting agency is important to consider in these results. The OPPAGA report does not provide frequencies of each accrediting body in the report. Another Gold Seal study indicated the number/percentage accredited by each organization in 2010-2012 (listed in order above):

- UMAP: 27 programs, 1.99% of Gold Seal programs
- ACSI: 7 programs, 0.52% of Gold Seal programs
- NCPSA: 15 programs, 1.10% of Gold Seal programs
- MSAC: Data not provided
- NCAS: Data not provided
- SACS: 45 programs, 3.31% of Gold Seal programs
- ACTS: 4 programs, 0.29% of Gold Seal programs
- NAC: 214 programs, 15.76% of Gold Seal programs
- NECPA: 56 programs, 4.12% of Gold Seal programs
- NAEYC: 203 programs, 14.95% of Gold Seal programs
- APPLE: 683 programs, 50.29% of Gold Seal programs
- NAFCC: 89 programs, 6.55% of Gold Seal programs
- COA: 15 programs, 1.10% of Gold Seal (Kalifeh, Clements, & Esposito, 2013)

The number of programs accredited by some of the bodies is simply too small to draw broad conclusions from the OPPAGA results on readiness.

However, it is important to note that following this preliminary analysis, the researchers then used a logistic regression model analysis to control for performance differences caused by the types of children served by providers in each accrediting agency. With this analysis, providers accredited by four agencies (NAEYC, APPLE, National Council for Private School Accreditation, and United Methodist Association of Preschools) outperformed non-Gold Seal providers. The report offered no specific results from this analysis (Florida Legislature Office of Program Policy Analysis and Government Accountability (OPPAGA), 2013)

Another study found statistically significant differences on ERS scores between Gold Seal and non-Gold Seal programs. Among Gold Seal programs (n=1,358), 11.3% were low quality (overall ERS score less than 3), 68.7% were adequate quality (scores of 3-<5), and 19.4% were good to excellent quality (scores of 5-7). Among non-Gold Seal programs (n=2,148), 21.3% were low quality, 63.9% were adequate,, and 14.9% were good to excellent (Kalifeh et al., 2013).

QUALITY RATING IMPROVEMENT SYSTEMS (QRIS)

Overview

Nationally, 37 states and Washington, D.C., are implementing Quality Rating Improvement Systems (QRIS) statewide. The level of participation varies widely. Some states have implemented QRIS as part of the licensing process so that all programs receive a rating (e.g., North Carolina and Oklahoma). Most QRIS are a voluntary system with varying levels of participation, ranging from less than 5% of licensed programs participating to over 70% (Pennsylvania); participation in most systems is limited by available funding.

Three other states are piloting QRIS, and six states are planning QRIS. Florida and California are implementing regional QRIS (B.U.I.L.D. Initiative, 2013).

There are 10 local Quality Rating Improvement Systems in Florida, each with its own standards and process for rating. Those standards and processes are shown in Table 9.

Participation in all QRIS in Florida is voluntary. The Quality Rating Improvement Systems and level of participation are summarized in the table below. It should be noted that Pinellas is currently in the piloting phase.

Table 8: QRIS Participation

Early Learning Program Participation				
QRIS Counties	**# centers**	**% centers in county**	**# family child care homes**	**% family child care homes in county**
Broward	297	41.53	46	27.54
Duval	163	35.82	13	4.05
Flagler-Volusia	30	13.70	5	3.67
Hillsborough	164	28.42	49	66.21
Miami-Dade	322	28.09	67	22.94
Palm Beach	116	26.85	46	15.23
Pinellas	0	0	0	0
Polk	70	27.23	0	0
Sarasota	94	74.01	31	51.66
Southwest	50	19.45	7	4.14
TOTAL	**1276**	**17.39%**	**264**	**7.00%**

Table 9: Summary of QRIS Standards in Florida

This table summarizes the QRIS standards used throughout Florida as of the summer of 2013. The standards are grouped under common headings for consistency. The exact name of the standard area used by each QRIS is specified at the end of each standard with its weight for rating. Following this table, the process for rating for each QRIS is described.

PROGRAM ASSESSMENT										
	Broward	Duval	Flagler-Volusia	Hillsborough	Miami-Dade	Palm Beach	Pinellas	Polk	Sarasota	Southwest
ADULT CHILD INTERACTIONS										
Infant Toddler Responsive Caregiving (ITRC)	(Planned for new standards – Toddler CLASS)	X								
Pre-K CLASS	(Planned for new standards)	X			X	(Planned for new standards)	X		(Planned for new standards)	X
LEARNING ENVIRONMENT										
ITERS-R	X			X	X	X		X	X	X
Full ECERS-R	X			X		X		X	(Removed in new standards)	X
ERS Provisions for Learning Subscale					X				(Planned for new standards)	
FCCERS-R	X			X	X	X		X	X	X
Local Tool		X					X			
	Learning Environment: 40% of Rating	Teacher-Child Interaction (30%) + General Quality (5%)		Learning Environment: To receive 3 to 5 stars, program must 1+ point for each ERS tool.	Learning Environment: Meet all req. for each star level	Learning Environment: 40% of rating	See notes below this table for three tiers of Pinellas QRIS	Learning Environment: 20% of rating	Learning Environment: 30% of Rating. Av. ERS of 4.0 req. for 3-5 stars.	Learning Environments and Classroom Interactions: 30% of rating
STAFF QUALIFICATIONS AND PROFESSIONAL DEVELOPMENT										
Staff Qualifications	X	X	X	X	X	X	*	X	X	X
Ongoing Training and Professional development	X	X	X	X	X	X	*	X	X	X
	Professional Development and Qualifications: 20% of rating	Staff Qualifications and Professional Development: 20% of rating	Professional Development: 20% of rating	Staff Qualifications: Must receive at least 1 point to receive a star rating.	Programs must meet all Staff Qualification requirements for each star level	Staff Qualifications: 20% of rating	Tier 3: Staff Qualifications and ongoing Professional Development required as part of accreditation	Staff Qualifications (15%) Professional Development (15%)	Staff Qualifications (20%) + Professional Development (10%) of rating	Professional Development and Staff Qualifications: 10% of rating

	Broward	Duval	Flagler-Volusia	Hillsborough	Miami-Dade	Palm Beach	Pinellas	Polk	Sarasota	Southwest
HEALTH, SAFETY, AND RATIOS										
Health and Safety							*			X
Ratios	X	X		X		X	*	X	X	X
Group Size	X	X		X		X	*		X	X
	Ratios and Group Size: 10% of rating	Staff Child Ratio and Group Size: 5% of rating		Ratios and Group Size must receive at least 1 point to receive rating		Staff to Child Ratio and Group Size: 10% of rating	Tier 3: Required as part of accreditation	Ratios: 10% of rating	Teacher-Child Ratios/Group Size: 10% of rating	Health and Safety: 20% of rating
BUSINESS PRACTICES										
Administration	X	X	X	X		X	*	X	X	
	Program Administration: 7.5% of rating	Business Practices: 10% of rating	Program Administration: 20% of rating	Program Administration: Must receive at least 1 point to receive a star rating.	Program Administration: 7.5% of rating	Tier 3: Business Practices: Required as part of accreditation	Business Practices: 10% of rating	Administrative and Business Practices: 10% of rating		
FAMILIES AND COMMUNITIES										
Family Engagement	X	X	X	X		X	*	X	X	X
Cultural Competence and Inclusion					X		*		Planned for new standards	
	Family Engagement: 7.5% of rating	Family Engagement: 10% of rating	Family Engagement: 20% of rating	Family Engagement: Must receive at least 1 point to receive a star rating.	Programs earn up to 5 points this area (note: includes many family items)	Family Engagement 7.5% of rating	Tier 3: Families, communities, and cultural competence required as part of accreditation	Family Involvement: 10% of rating	Family Involvement and Engagement: 10% of rating	Family and Community Relationships: 10% of rating
SCREENING, ASSESSMENT, CURRICULUM										
Screening	X		X	X			*	X	X	X
Assessment	X	X	X	X	X	X	*	X	X	X
Curriculum	X	X	X	X	X	X	*	X	X	X
	Screening, Assessment, Curriculum: 15% of rating	Curriculum and Assessment: 20% of rating	Child Screening and Assessment: 20% of rating Curriculum: 20% of rating	Screening and Identification of Special Needs and Curriculum/ Instructional Assessment: Must receive 1+ point to receive a rating.	Programs can earn up to five points in Curriculum	Curriculum: 15% of rating	Tier 3: Screening, assessment and curriculum required as part of accreditation	Curriculum, Screening and Assessment: 20% of rating	Curriculum and Child Assessment: 10% of rating	Screening, Assessment and Curriculum: 20% of rating
PROFESSIONAL RESPONSIBILITY										
Professional Responsibility							*		X	X
							Tier 3: Required as part of accreditation			Professional Responsibility: 10% of rating

Table 10: Supports for QRIS in Florida

Programs participating in QRIS receive different levels of support among the communities. Available supports include:

SUPPORTS FOR PARTICIPATING PROGRAMS							
QRIS Coalitions	**Technical Assistance**	**Professional Development Scholarships**	**Specialized Training**	**Wage Incentives**	**Grants for Materials**	**Grants for Facility Improvements**	**Other**
Broward	X	(eliminated 7/1/2013)	X	X WAGE$	(eliminated 7/1/2013)	X	X
Duval	X	X Other PD Scholarships	X	X	X	X	
Flagler-Volusia	X	X	X				
Hillsborough	X		X		X		X
Miami-Dade	X	X TEACH	X	X WAGE$	X	X	X
Palm Beach	X	X SEEK	X	X WAGE$	X		X
Pinellas	X	X Other PD Scholarships	X				X
Polk	X	X Other PD Scholarships	X		X		X
Sarasota	X	X TEACH and Other PD Scholarships	X		X		X
Southwest	X	X Other PD Scholarships	X		X		X

Table 11: Other Quality Improvement Supports

Quality Improvement Supports. The Early Learning Coalitions provide different types of supports for quality improvement, summarized in Table 11. The ten coalitions that administer QRIS are highlighted.

QUALITY IMPROVEMENT SUPPORTS PROVIDED BY COALITIONS								
	TEACH Scholarships	Other PD Scholarships	WAGES stipends	Grants for Materials	Grants for Facility Improvements	Technical Assistance	Specialized Training	Other
Alachua	X	X	X	X		X	X	X
Big Bend						X		
Brevard						X	X	
Broward	X		X	X	X	X	X	
CNBB		X		X		X	X	
Duval		X	X	X	X	X	X	
Escambia		X		X		X		
Flagler Volusia						X	X	
Gateway		X				X	X	X
Heartland		X		X		X	X	
Hillsborough				X		X	X	X
IRMO		X		X		X	X	
Lake		X		X		X		X
Manatee				X	X	X	X	
Marion		X		X		X	X	X
Miami-Dade/ Monroe	X	X	X	X	X	X	X	X
Nature Coast						X	X	

	TEACH Scholarships	Other PD Scholarships	WAGES stipends	Grants for Materials	Grants for Facility Improvements	Technical Assistance	Specialized Training	Other
Northwest Florida		X		X	X	X	X	
Okaloosa Walton	X	X				X	X	
Orange		X				X	X	X
Osceola		X				X		
Palm Beach						X	X	X
Pasco Hernando		X		X	X	X	X	X
Pinellas		X				X	X	X
Polk County		X		X		X	X	X
Putnam/ St. Johns		X		X		X	X	X
Santa Rosa						X	X	X
Sarasota	X	X		X		X	X	X
Seminole		X		X		X	X	
Southwest Florida		X		X		X	X	X
St. Lucie				X		X	X	X

T.E.A.C.H.

An additional quality improvement support available is the statewide T.E.A.C.H. (Teacher Education and Compensation Helps) program. T.E.A.C.H. is administered by The Children's Forum.

From the Forum website: "The project offers a strategy for systematically improving the education, compensation and retention of the early childhood work force. The model is based on a partnership principle that involves the sharing of expenses by the teacher, director or family child care provider receiving the scholarship, the sponsoring child care facility and T.E.A.C.H. The Forum is licensed and authorized to administer T.E.A.C.H.

"The T.E.A.C.H. program works with 48 colleges, universities and vocational technical schools throughout the state as well as 14 community-based training institutions. Under management of the Forum, the Florida T.E.A.C.H. Early Childhood® Scholarship Program serves as an umbrella for a variety of educational scholarship opportunities for people working in early care and education programs including family child care homes. Since 1998, more than 22,000 scholarships have been awarded. The turnover rate for these T.E.A.C.H. program participants is less than 8%" (T.E.A.C.H. Early Childhood® Florida, n.d.).

A total of 2,863 participants had T.E.A.C.H. scholarships statewide in 2012. Key information about T.E.A.C.H. recipients and scholarships in 2012 includes:

- Role:
  - 83% work as teachers in centers.
  - 6% are family child care providers.
  - 11% are directors.
- Age group:
  - 56% of recipients work with preschoolers.
  - 26% work with infants and toddlers.
  - 9% work with school-agers.
  - 9% work in administration.
- Scholarship type:
  - 47%: Associate degree.
  - 27%: Staff credential.
  - 10%: CDA assessment.
  - 8%: Credential renewal.
  - 7%: Director credential.
  - 1%: Bachelor's degree.

T.E.A.C.H. is a three-way partnership. State funding typically pays 70-85% of the total scholarship costs (depending on scholarship model). The sponsoring program typically pays between 7.5% and 20%, and the remainder is paid by the scholarship recipient. Local funding is provided as part of local QRIS initiatives. Funding for T.E.A.C.H. includes $3 million from OEL (CCDF funds), representing 81% of the total amount. Approximately 5% or $175,434 is contributed from local communities, often as part of a local QRIS. Employers and participants contribute portions totaling $528,772, approximately 14% of the total.

The number of early childhood professionals in each county is provided in the annual report summary (*http://www.teach-fl.com/downloads/teach/Annual%20Report%202012.pdf*).

RESULTS OF QRIS

Outputs from QRIS in Florida

The different QRIS systems in Florida report improving the quality of early learning programs over time as a result of their investments. These improvements are represented by improvements on standards, such as ERS scores or levels of teacher education, as well as higher star levels. Because the standards and scoring process vary so much among coalitions, it is not possible to report on QRIS results statewide.

QRIS and Child Outcomes

None of the QRIS in Florida measure child outcomes at this time. Miami-Dade County plans to measure this in the future and expects to have data within a few years.

The OPPAGA report entitled "Relationship Between Gold Seal, QRIS Ratings, and Kindergarten Readiness Outcomes" (January 4, 2013) analyzed the difference between QRIS and the impact of these systems on children's readiness for kindergarten. The study found that the raw percentage of children ready for school varied by star level. "When controlling for demographics, providers with ratings of four or five stars were 1.4 times more likely than providers with one or two stars to have their VPK children ready for kindergarten." Grouped by star level, these results included:

- 1 star: 68.8% of children ready for kindergarten
- 2 star: 66.7% of children ready for kindergarten
- 3 star: 69.1% of children ready for kindergarten
- 4 star: 73.8% of children ready for kindergarten
- 5 star: 74.8% of children ready for kindergarten

Overall, the study concluded: "The difference in the percentage of children ready for kindergarten between Gold Seal providers (76.9%) and providers with five-star QRIS ratings (83.1%) was not statistically significant after taking into consideration the types of children served."

There is limited research on the impact of QRIS on child outcomes. An example comes from Missouri.

- A study of 38 early learning programs in Missouri's QRIS found positive results for children in higher-quality programs.
    - "Compared to their peers in 1- and 2-star programs, children in 4- and 5-star programs showed statistically significant gains on overall social and behavioral skills ($p < 0.001$; effect size = 0.80), motivation ($p < 0.001$; effect size = 0.79), self-control ($p = .003$; effect size = 0.65), and positive adult relationships ($p = 0.034$; effect size = 0.45). In general, children in high quality programs experienced greater gains on important social-emotional skills that are necessary for success in school and life than children in low quality programs. The effect sizes for these differences in gains range from medium to large."
    - "Compared to their peers in 1- and 2-star programs, children in 3-star programs showed statistically significant gains on overall social and behavioral skills ($p = 0.008$; effect size = 0.36) and motivation ($p = 0.001$; effect size = 0.43). For positive adult relationships, the gains were marginally significant ($p = 0.053$ effect size = 0.26). These effect sizes represent small to medium differences" (Thornburg, Mayfield, Hawks, & Fuger, 2009)

While not full-blown child outcome assessments, 11 of 26 quality rating improvement systems detailed in the QRIS Compendium include observations to inform curriculum and instruction. In three of these systems, a specific assessment tool is required; in five of the systems, there is an approved list of observation/assessment tools. The observation/assessment expectations are required at higher star levels (Tout et al., 2010).

Validation Studies of QRIS

Validation studies have three purposes:

- To assess whether QRIS design decisions about program quality standards and measurement strategies are producing meaningful and accurate ratings;
- To assess whether rating components and summary ratings are reliable, accurate indicators of program quality;
- To identify needed changes and support continuous quality improvement (Quality Initiatives Research and Evaluation Consortium, 2012).

Multiple states are currently conducting validation studies of their QRIS; some of these may include child outcomes data when completed. None of the QRIS in Florida had completed a validation study at the time of this needs assessment.

Limitations and Recommendations for Addressing Data Challenges

DEMAND SIDE DATA LIMITATIONS

To conduct the demand- side component of this needs assessment, the Office of Early Learning requested that the UF Partnership obtain data on 28 indicators and risk factors. Key data points were obtained from a number of state and national sources: Census Bureau Data; Florida Department of Education (DOE); Florida Department of Health (DOH); Florida Agency for Health Care Administration (AHCA); Florida Department of Children and Families (DFC); and the Economic and Social Research Institute (ESRI).

There were a number of challenges securing the data required to complete the demand side of the needs assessment:

- The UF Partnership was informed by the three major state agencies (DOE, DOH, DCF) that some of the variables specified in the contract did not exist in their databases. Thus, desired variables such as "health status of mothers who have just given birth" or "children with profound disabilities" had to be constructed by listing certain conditions for which information was available. In some cases, information about the prevalence of these conditions was available only at the statewide level. We recommend that if a follow-up study is conducted, the directors and/or data managers of these agencies should be included in planning conversations to better explain the data they hold. The directors and data managers should also recommend data indicators they could assist with, indicators that might inform the study better.
- Only statewide percentages were available for seven of the request indicators. Appendix H describes these state-level indicators that the UF Partnership was able to derive from searching national databases. While these percentages lack the regional specificity (at the Early Learning Coalition, county, and ZIP code level), they do provide a state-level perspective about conditions of children from birth to five in Florida.
- Three departments on the state level — the Department of Health, the Department of Education, and the Department of Children and Families — did not have the resources at the end of the fiscal year to help the UF Partnership and OEL staff construct variables from their data files that might serve as proxies for information that the agencies did not routinely collect.
- Another challenge was encountered when UF attempted to use the Medicaid Claims databases to estimate other population characteristics requested by OEL such as medical home information and types of screenings and disabilities. Due to timing constraints of the Medicaid billing system, this data could not be used. The system allows providers to file claims up to one year after the date of service. As a result of this limitation, accurate data for the birth to five population in 2012 was not available on the databases at the UF Family Data Center. We suggest allowing more lead time should a follow-up assessment be conducted. ACHA and the other agencies should be contacted to ascertain the various timing cycles/schedules that would allow OEL to obtain the data they are requesting.
- Most indicators requested from DOH were available; however, the department only stores data for children that participate in the Healthy Start program through the county health department system. Children who participate in this program constitute only 5-15% of children birth to five in a county. As a result of this limitation, the UF was not able to make accurate estimations on non-statewide geographies. For other indicators such as Immunizations, an IRB application was required by the department, and there was not sufficient time to meet the requirements of the IRB review process and deliver the needs assessment web portal on time. Again, we suggest more lead team should a follow-up study be conducted so that required IRB applications can be processed and approved allowing access to key data indicators.

- The UF Partnership encountered limited availability of homelessness data for the birth to five population. This data is collected through 17 centers throughout the state, and there is currently no central data repository from which data could be extracted. We recommend that DCF investigate the feasibility of creating a centralized repository, as the data could be easily accessed and utilized by other entities if located in one location.
- The Office of Early Learning requested information on specific age groups which was not available from any of the publicly available data sources. To populate these indicators, the UF partnership conducted an estimation analysis, where extrapolation techniques based on proportionality were used to estimate population at individual age levels. Some of the indicators had only five-year, aggregated data for which proportions were forecasted into the year of analysis (2012). Also, the sampling error reported by these sources was not made part of the estimates because of the limited granularity of available data and the nature of the implemented extrapolation techniques.

Overall, the biggest limitation the UF Partnership was time. The timeline required by funding source provisions restricted us from gathering the full range of data points requested. As detailed above, more time would have allowed for more comprehensive data to be obtained from the various agencies. Many of the agencies wanted to assist the partnership but could not turn around the data requests in time for us to meet the study deadline.

With further lead time to cooperate with state agencies (e.g., the PK20 Education Data Warehouse), it will be possible for UF to supply the OEL web portal every six months with new data about Florida's children and families who need early care and education, if desired.

SUPPLY SIDE DATA LIMITATIONS

To obtain the data needed to complete the supply side component of the study, data requests were also made to several state agencies: Office of Early Learning (OEL), Department of Education (DOE), Florida Data Warehouse, and the Department of Children and Families (DCF). Additionally, two rounds of surveys were completed by each early learning coalition.

The UF Partnership found a number of irregularities in the data obtained from the state agencies; this made it difficult to obtain consistent and "clean" data. Listed below are the data limitations and recommendations for improvement.

- A number of child care facilities had incomplete SW/ID numbers. Standard SW/ID numbers are 9 digits long. We found several datasets with incomplete SW/ID numbers; this necessitated discarding the entire row of data. We recommend that SW/ID numbers be verified by the data system before users are allowed to input the information.
- Due to maintaining and housing their own database servers, separate from the Department of Children and Families, licensing information from Hillsborough and Broward counties had to be requested separately and was not in the same data format, making the migration of the data difficult. We suggest that systems are designed to enable licensing data stored independently by counties to be integrated into the DCF systems for data consistency and continuity.
- In some instances, there was no distinction among Orange, Osceola and Seminole Early Learning Coalitions, as they were assigned the same coalition ID number. Because these are three distinct coalitions, we recommend the Office of Early Learning assign each a new number to allow better data control and analysis.
- Provider enrollment files are separated from provider files, creating an additional layer of work to complete comprehensive data analysis. For example, the data file Prov_enroll_Dec_2012.txt provides enrollment figures by age groups and in total for facilities (by coalition ID, see limitation no. 1). This file does not contain specific information about the facility (fields such as name and address). SR_provider_Dec_2012 contains valuable location and faculty information but no information on enrollment. Marrying these two files proved to be

frustrating, as many SW/ID numbers did not match. We suggest the creation of a single omnibus database that would join data related to enrollment with data related to capacity and identifiable string variables (address, institution names, etc.). We suggest also that provider type be a required field; currently, it is not. This data merging would create a single, powerful and robust data resource on providers and their enrollment, a resource that could be used by a variety of audiences.

- The UF Partnership often found provider enrollment files that were incomplete. Many providers only listed total enrollment, failing to break down that number for different age groups. We suggest tighter controls/ oversight and greater specification when requesting enrollment data from providers. Institutions should be encouraged to provide timely, accurate and detailed (e.g., age levels) enrollment data on a regular basis (e.g. quarterly or monthly).

RECOMMENDATIONS FOR NEEDS ASSESSMENT UPDATES

Contract C1013 generated a robust website with information about supply (location and quality of early education and care providers) and demand (characteristics of families and children from birth to five) related to Florida's early care and learning needs assessed for calendar year 2012. With the website's easy point-and-click interface and its ability to generate custom reports at the ZIP code level, current stakeholders have unprecedented access to huge amounts of geographically specific information.

The University of Florida Partnership was asked to offer recommendations for regular needs assessment updates. Our recommendation is to sustain existing contacts and permissions and to maintain regular data feeds to keep the website current with the latest information. This would be more cost effective than commissioning another large-scale needs assessment at some future date. Internet-based information portals that are not updated frequently quickly lose their usefulness.

In addition, current users of the website are likely to ask for improvements in both its content and organization; the current functionality and content of the website was based on contract requirements and limited time. Initial testing has already prompted requests for more layers of information in the website's map-generating capacity, such as location of childcare providers.

At a minimum, OEL and DCF data related to licensure, capacity and enrollment should be accessed, reconciled and merged with UF Family Data Center data on a semiannual basis. This will assure that users have current and relevant information. Based on the research team's initial data collection experience, we feel there is an opportunity to establish a collaborative relationship with OEL and DCF for efficient data requisition and processing. If desired, additional support could be provided to customize the site further, based on stakeholder needs and interests. Specific details, costs and timeline would be developed in partnership with OEL to ensure the website and its data met all stakeholder needs.

Conclusion

The Florida Early Care and Education Needs Assessment documented important information on demand, supply and the risk factors of Florida's children from birth to five years old. By reporting this information at the ZIP code when possible, as well as county, early learning coalition and state levels — then mapping these data points in the interactive Florida Early Care and Education Needs Assessment Data Portal — leaders in Florida now have access to an unprecedented amount of information to inform policy and funding decisions. This data can be used to ensure that early learning services in communities, coalitions and statewide meet the needs of Florida families and young children.

This needs assessment also unveiled findings to which all stakeholders need to pay attention to. In summary, **Florida has an overabundance of early learning slots, most of which are not of the quality needed to prepare children for success in school.** As outlined in the report, this excess supply — with an overall vacancy rate of 41% — compromises and diminishes quality, hurting business owners and children alike. This is particularly true for children receiving school readiness funds, for whom the quality of early learning programs has particularly profound effects: either very positive with high-quality learning programs, or very negative if the quality of the early learning programs is low. The excess supply also creates a less effective early learning system, with coalitions and other stakeholders having to spend a disproportionate amount of time working with the lowest-quality providers.

As a result of this study, leaders in Florida now have the unique opportunity to use the dynamic data found on the Data Portal to inform policy and programmatic changes that will in turn ensure public funding is being invested in programs that will produce positive outcomes for young children. To improve the quality of early learning experiences, particularly for children who receive school readiness funds, a multi-faceted strategy is needed to shift market demand, incentivize good practice, focus public dollars on higher-quality programs and explore more effective business models that simultaneously support independent business owners and promote quality, such as shared services alliances.

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APPENDIX A: INTRODUCTION TO THE OEL WEB PORTAL

Why the Portal was Created

As the manager of the Florida Early Care and Education Needs Assessment contract for Florida's State Advisory Council on Early Education and Care (State Advisory Council), the Office of Early Learning (OEL) commissioned a comprehensive statewide needs assessment. This assessment was conducted by the University of Florida Partnership, a collaboration of the Family Data Center in the College of Medicine and the Lastinger Center for Learning in the College of Education. The assessment included an estimate of the current number of children birth to five in need of early education and care as well as a survey of the capacity and quality of early childhood service providers

Data was furnished by a number of state agencies, including the Office of Early Learning, the Florida Department of Children and Families, the Florida Department of Education and the Florida Department of Health, as well as the states' 31 Early Learning Coalitions. By combining information about demand (children and families) and supply (capacity and quality of early childhood providers), the University of Florida Partnership was able to identify both well-served and under-served areas at multiple geographic levels, including ZIP codes, counties, early learning coalitions and statewide.

The resulting findings were transferred to a robust website that displayed information about supply (location and quality of early education and care providers) and demand (characteristics of families and children birth to five) as of the calendar year 2012. The maps on this site help users customize data searches with a variety of filters to find information at the county, coalition, and ZIP code levels.

How the Website Works

This website makes extensive use of maps and reports, or "dashboards", which is one of the most efficient ways to summarize information in an easy-to-navigate electronic format. The dashboards provide functionality that is not available in hard-copy reports. Users can query linked longitudinal health and education data to create custom maps and charts using a simple point-and-click interface.

This user guide describes:

- The basic functionality of the OEL web portal.
- How to access and navigate the portal's pages.
- How information can be extracted from its dashboards.

The Family Data Center uses a highly customized version of Tableau, a provider of business analytics software. Users will see familiar controls (e.g., check boxes and drop-down menus) and functionality (e.g., tool tips and mouse click to select) common to today's graphically oriented operating systems.

This user guide assumes a basic understanding of how to navigate a website with controls, buttons, and other types of selection boxes.

Interactivity and Performance

To achieve optimal performance and utility, the dashboards have a variety of selection options (or filters), display elements, and charts. Each click on a filter selection or display option generates a dynamic response in the map and table results. For example, when a county is clicked, the map adjusts to features that are specific to that county, the chart titles change to reflect the selected county, and the values shown in the charts reflect the values for the selected county. Because of the large amount of data being processed, there may be a time lag between making a selection and seeing the new level of information.

All indicators, with various ranges of granularity including ZIP code, are available on the portal, which may be accessed at the following website: **http://familydata.health.ufl.edu/oelweb**

Login information is as follows:
Username: peds-svc-tableau-oel
Password: OELweb789!

The Needs Assessment Data Portal contains navigation tools that allow users to select characteristics about children from birth through age 5 by county, early learning coalition, and ZIP code level. The site also contains instructions for saving the results of queries of the data and incorporating the tabulated numbers, demographic characteristics, and risk factors about the children into presentations for various audiences. With the website fully populated with 2012 data, stakeholders have access to ample information to make evidence-based planning decisions about the early care and education needs of Florida's preschool children, their families, and their service providers.

Information about each indicator at the statewide, county, and ZIP code levels can be found through the Florida Early Care and Education Needs Assessment Data Portal. Please see Appendices I, J and K for examples of reports detailing estimated needs and data indicators by coalition and county. Through the site's point-and-click interface, users will be able to download numerous tables and maps to prompt discussion of resource allocation. Please see the following pages for directions and examples of maps and reports that can be populated using the portal and various filters.

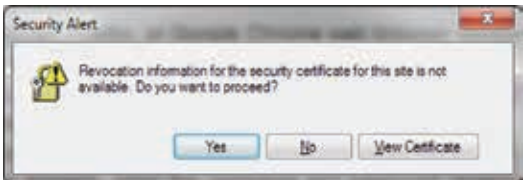
Note: Some maps and reports may initially take up to 30 seconds to load. However, once a map or report has been selected, responses to queries for that map or report will be generated almost instantaneously.

Screenshot of page loading symbol

ACCESSING THE OEL WEB PORTAL

1. Open a window of Internet Explorer, Firefox, or Google Chrome and click on the hyperlink below or copy and paste this location *http://familydata.health.ufl.edu/oelweb* into the address bar, then press the [Enter] key.

2. Click "OK," "Yes," "Continue," or "Proceed" if any security warnings appear.



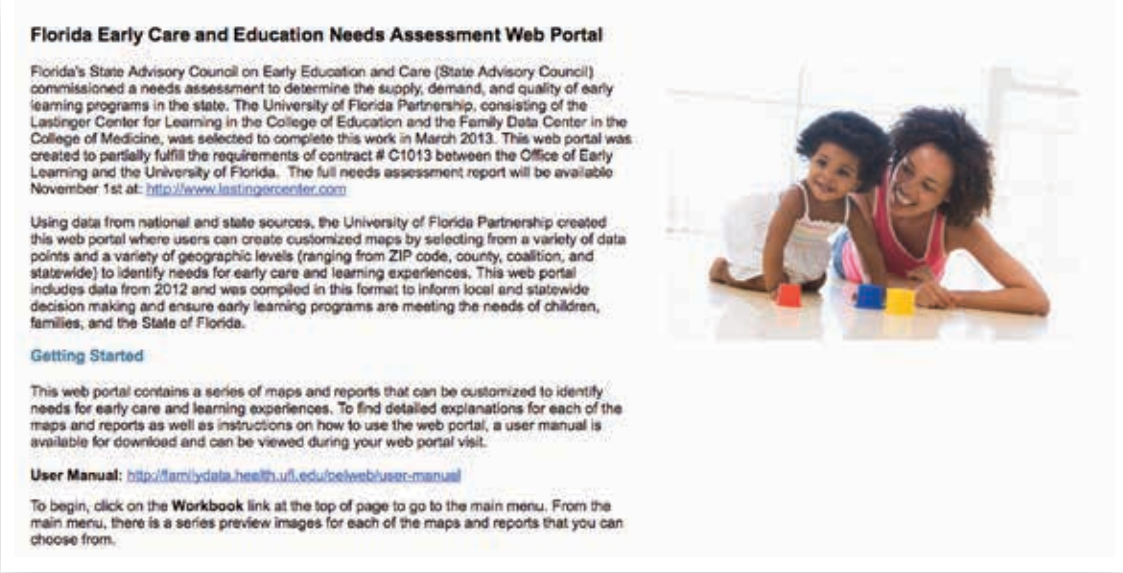
Screenshot of security alert

3. Once the Logon screen appears, enter the username and password. These must be typed exactly as they appear below. Users can also copy and paste them.
   Username: **peds-svc-tableau-oel**
   Password: **OELweb789!**

Screenshot of portal login screen

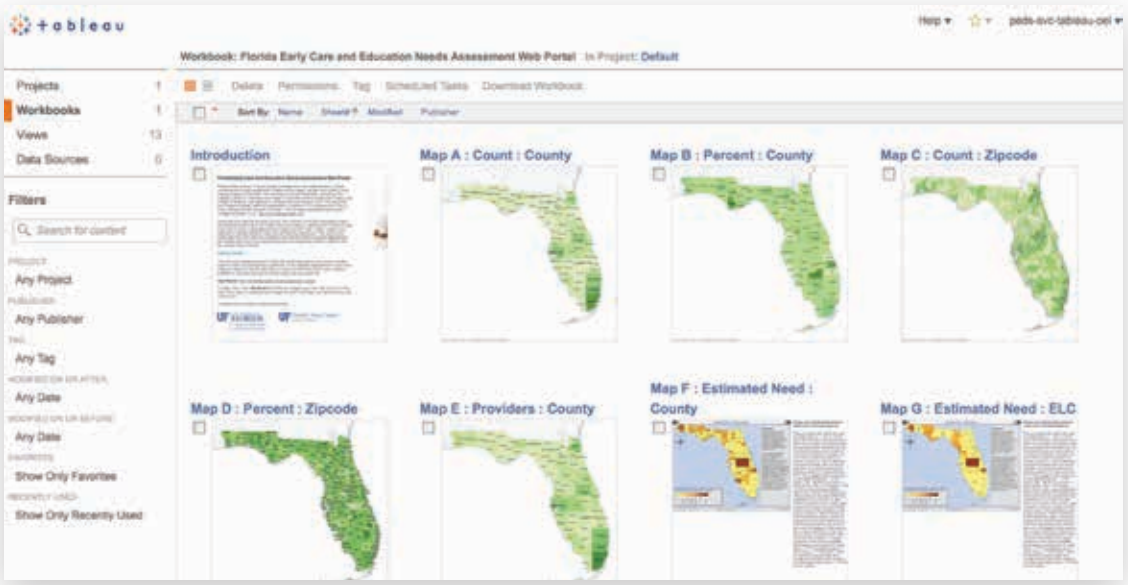
SELECTING VIEWS FROM THE INITIAL MENU

When the website loads, the web portal's landing page appears as shown below. On the landing page, and any other dashboard. These tabs aid navigation and organization of the portal's contents.



Screenshot of portal landing page

To reach the main menu, as shown below, click on the link at the top of the screen labeled **Workbook**. The main menu displays the list of dashboards in the portal with a thumbnail image and title. Clicking the image or title of any one of the dashboard views will open that dashboard.



Screenshot of portal main menu

CUSTOMIZING THE DASHBOARD VIEW

Dashboard Controls

Export data

Users can export data and maps in four formats:

Image – Report/map will be exported as a .PNG image file.

Data – Report/map will be exported as a .CSV file, which can be opened by Excel.

	A	B	C	D	E
1	Age Groups	Indicator	Value	Count	Percent
2	Five Years Old	All children	All children	215114	100%
3	Four Years Old	All children	All children	217205	100%
4	Three Years Old	All children	All children	220193	100%
5	Two Years Old	All children	All children	219746	100%
6	Birth To 2	All children	All children	640996	100%
7	Five To Eight	All children	All children	858080	100%
8	Birth To 5	All children	All children	1293508	100%
9	Five Years Old	Household income based on percentage of	> 200%	74860	35%
10	Five Years Old	Household income based on percentage of	150%-200%	51560	24%
11	Five Years Old	Household income based on percentage of	100%-150%	59047	27%
12	Five Years Old	Household income based on percentage of	50%-100%	54745	25%

Crosstab – Report/map will be exported as a .CSV file, which can be opened by Excel. The crosstab data view shows results side by side.

	A	B	C	D	E	F
1				Age Groups	Age Groups	Age Groups
2	Indicator	Value		Birth To 5	Five To Eight	Birth To 2
3	All children	All children	Count	1,293,508	858,080	640,996
4	All children	All children	Percent	100.00%	100.00%	100.00%
5	Household income based on percentage	< 50%	Count	248,148	159,979	107,313
6	Household income based on percentage	< 50%	Percent	19.18%	18.64%	16.74%
7	Household income based on percentage	50%-100%	Count	330,497	213,930	143,002
8	Household income based on percentage	50%-100%	Percent	25.55%	24.93%	22.31%
9	Household income based on percentage	100%-150%	Count	355,591	232,273	153,744
10	Household income based on percentage	100%-150%	Percent	27.49%	27.07%	23.99%
11	Household income based on percentage	150%-200%	Count	310,563	203,972	134,262
12	Household income based on percentage	150%-200%	Percent	24.01%	23.77%	20.95%
13	Household income based on percentage	> 200%	Count	450,581	307,840	194,898

PDF – Report/map will be exported as a .PDF file.

Report B : State Level

Indicator	Value	Number	Percentage
Estimated number and percentage of children receiving physical health, mental health, dental, vision, and developmental screenings	1 or more medical preventive health visits	1,124,058	86.9%
	1 or more preventive dental visits	527,751	40.8%
	Both medical and dental visits	673,918	52.1%
	Developmental screening	310,442	24.0%
	Needed mental health services and did not get them	472,130	36.5%
	Needed mental health services and got them	821,378	63.5%
	Vision screening	490,240	37.9%

Revert All Changes

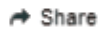
Refresh

In the middle top of the dashboard, this is available to **Refresh** the dashboard with the latest data.

Pause Automatic Updates

In the middle top of the dashboard, this is a toggle that allows the dashboard to **Pause** real-time updating of the dashboard. This feature allows a user to make a series of checkbox selections without having to wait for an update after each selection.

Share

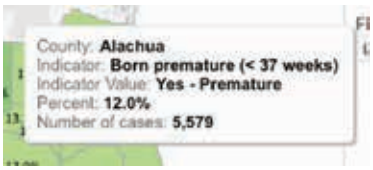


At the far left of the dashboard is a **Share** button that generates (1) a web address for the dashboard that can be included in email or other document, and (2) HTML code for the dashboard that can be added to a web page.

Filter Controls

There is a group of filter selections on the right side of each map/report. Clicking the down arrow for a filter selection shows two or more options. Single or multiple filters may be chosen for each view, depending on the information needed.

Tool Tips



When the mouse pointer hovers over a spot on the map (clicking it is not necessary), a tool tip appears. The details inside the tool tip show pertinent information for the current dashboard. Tool tips change based on the selection criteria. If a tool tip disappears, it can be revealed again by moving the mouse away from the selection of interest, then back over it.

CHOOSING A DASHBOARD VIEW

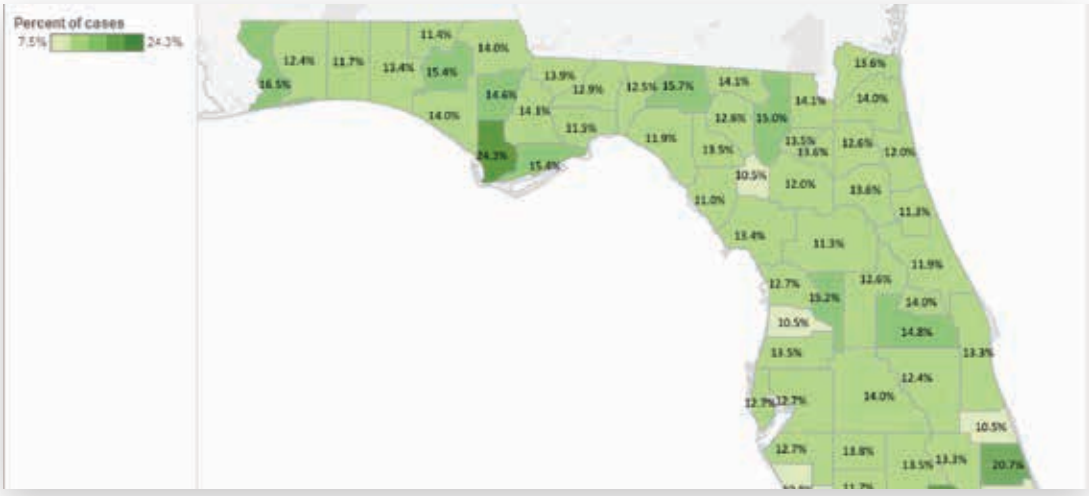
Map A: Count: County

This dashboard view displays a map at the county level, with colors representing the number of cases that are present for a particular indicator.

Screenshot of Map A: Count: County

Map B: Percent: County

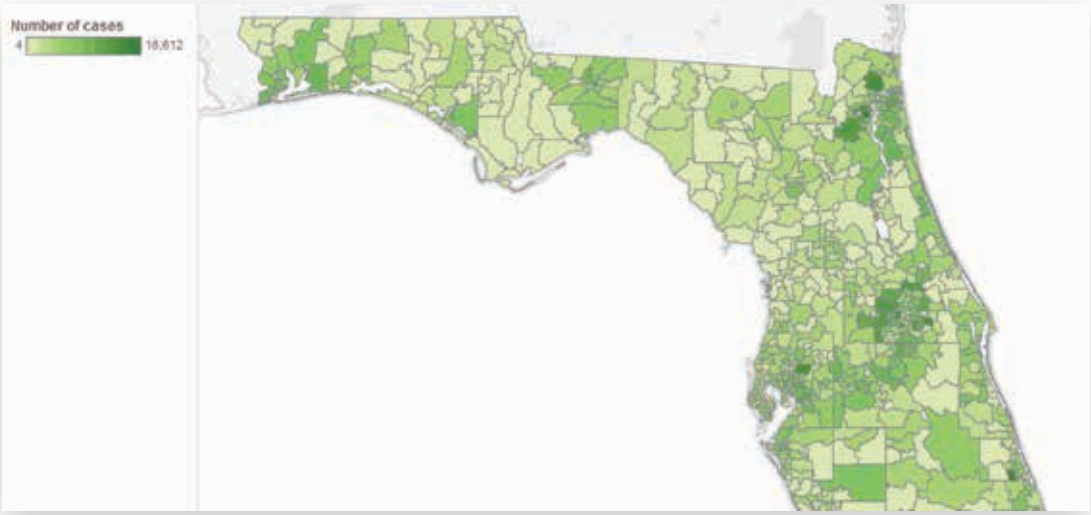
This dashboard view displays a map at the county level, with colors representing the percent of cases that are present for a particular indicator. A percent is the ratio of the number of women or children for a given indicator over the total number of women or children (e.g., 15% of children born in 2010 statewide had low birth weight).



Screenshot of Map B: Percent: County

Map C: Count: ZIP code

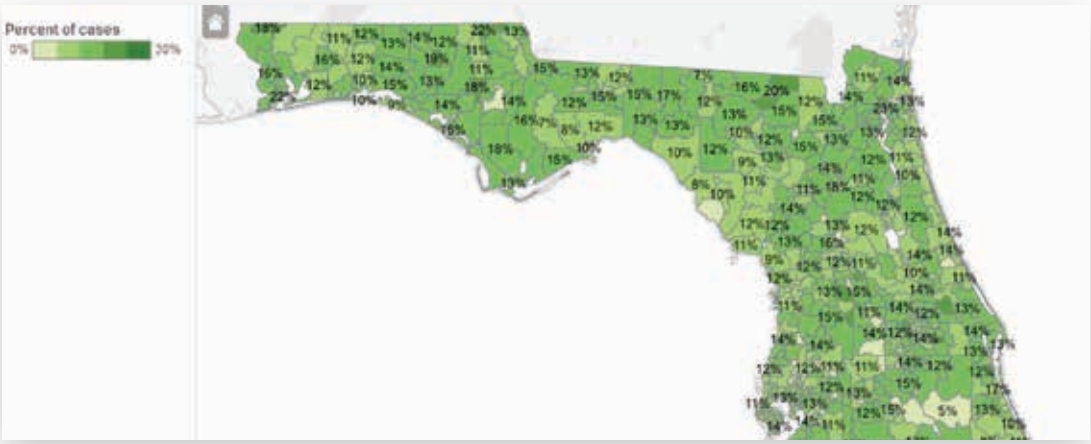
This dashboard view displays a map at the ZIP code level, with colors representing the number of cases that are present for a particular indicator.



Screenshot of Map C: Count: Zipcode

Map D: Percent: ZIP code

This dashboard view displays a map at the ZIP code level, with colors representing the percent of cases that are present for a particular indicator.



Screenshot of Map D: Percent: Zipcode

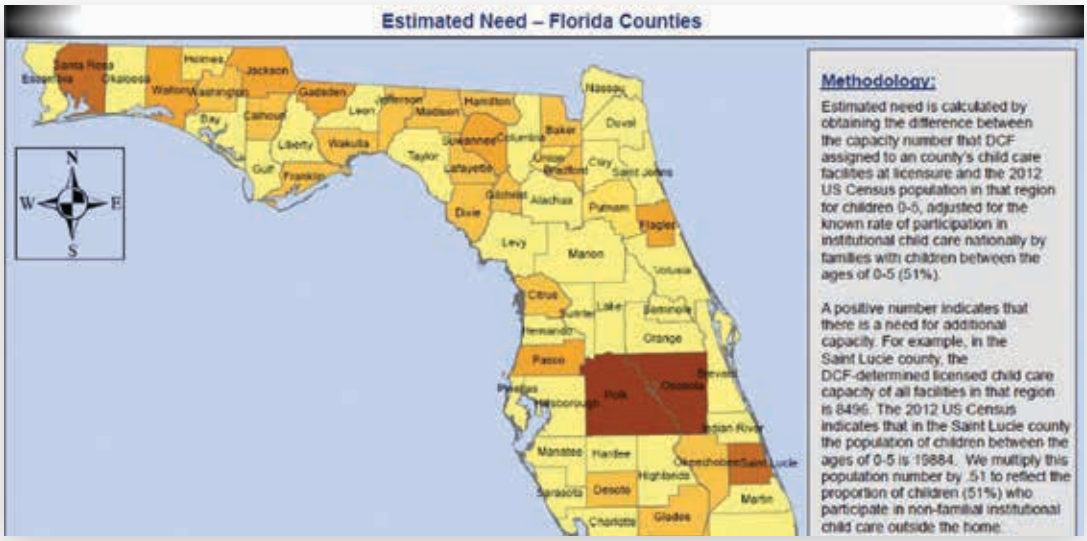
Map E: Providers: County

This dashboard view displays a map at the county level, with colors representing the total number of providers, FCCH and centers.

Screenshot of Map E: Providers: County

Map F: Estimated Need: County

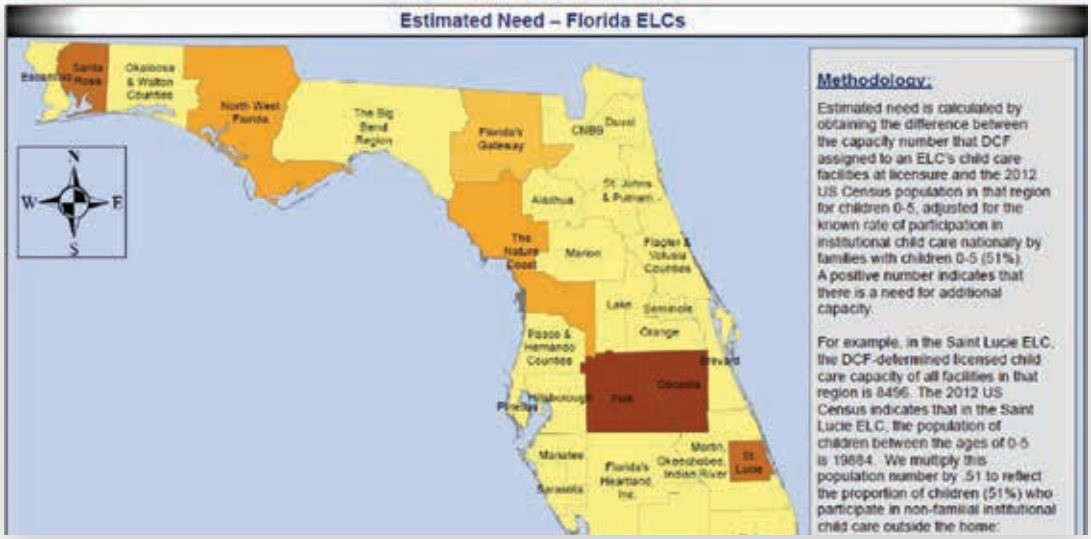
This dashboard view displays a map at the county level, with colors representing the estimated need for child care facilities. A negative number (light yellow on the map) indicates that the demand of the population is met by the child care facility capacity.



Screenshot of Map F: Estimated Need: County

Map G: Estimated Need: ELC

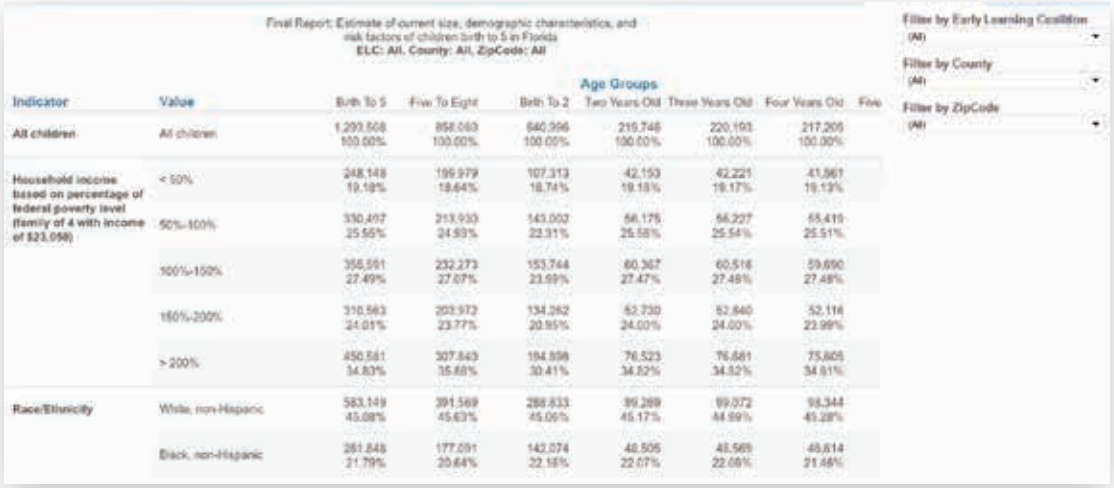
This dashboard view displays a map at the ELC level, with colors representing the estimated need for child care facilities. A negative number (light yellow on the map) indicates that the demand of the population is met by the child care facility capacity.



Screenshot of Map G: Estimated Need: ELC

Report A: All Levels

This dashboard view shows all the indicators at every geographical level (ELC, county, and ZIP code) and every age group.



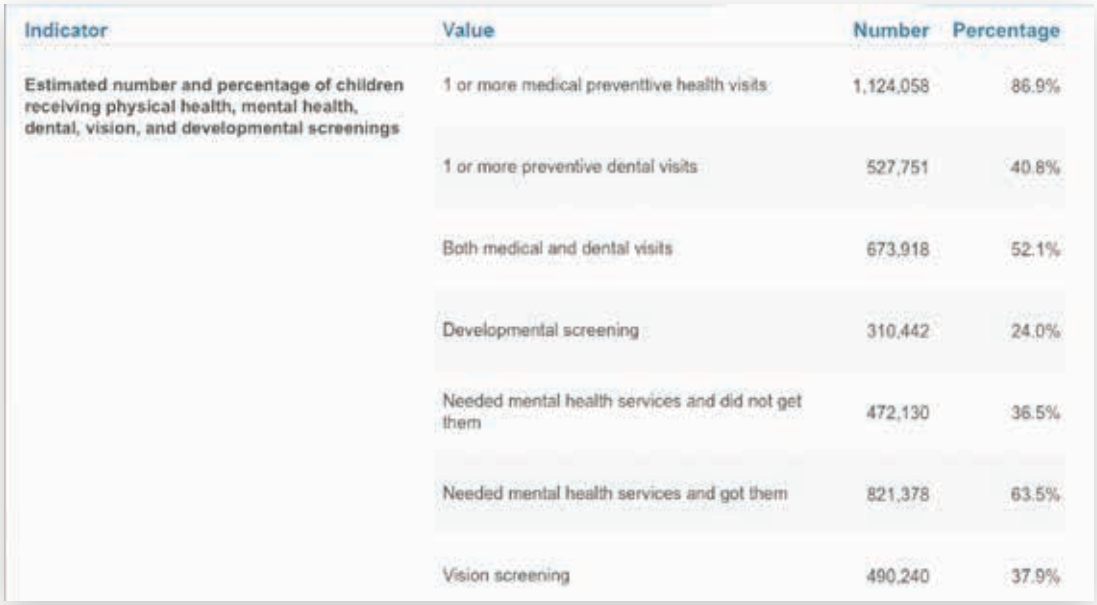
Screenshot of Report A: All Levels

Report B: State Level

This dashboard view displays indicators that are available only at the state level.

Those indicators include:

- Children receiving physical health, mental health, dental, vision, and developmental screenings.
- Children receiving preventive dental care and dental care services.
- Children who do not have a medical home.
- Children with an Individual Educational Plan (IEP).
- Children with profound disabilities.
- Children with special health care needs.

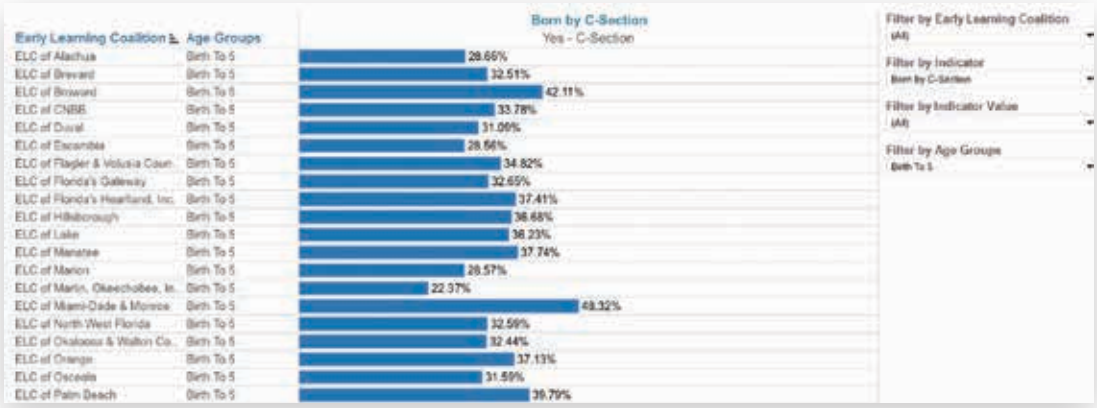


Indicator	Value	Number	Percentage
Estimated number and percentage of children receiving physical health, mental health, dental, vision, and developmental screenings	1 or more medical preventtive health visits	1,124,058	86.9%
	1 or more preventive dental visits	527,751	40.8%
	Both medical and dental visits	673,918	52.1%
	Developmental screening	310,442	24.0%
	Needed mental health services and did not get them	472,130	36.5%
	Needed mental health services and got them	821,378	63.5%
	Vision screening	490,240	37.9%

Screenshot of Report B: State

Report C: Percent: ELC

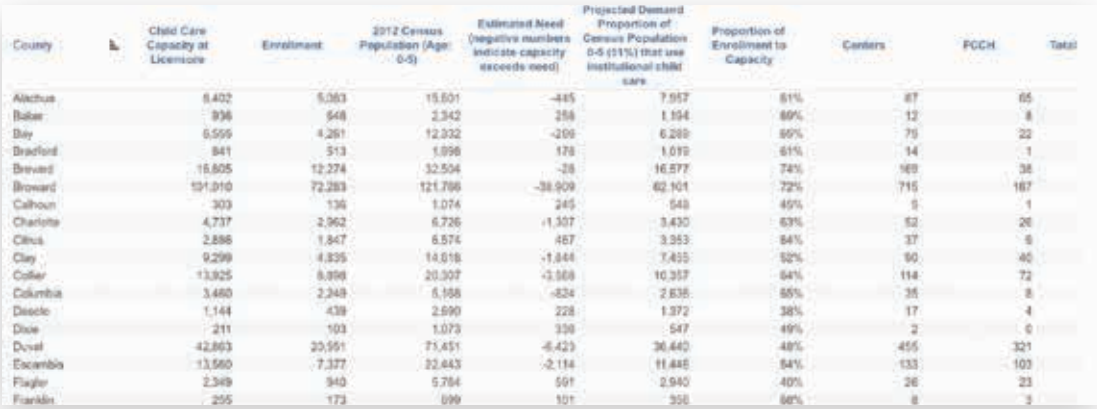
This dashboard view displays a report at the ELC level illustrating the percent of cases that are present for a particular indicator. A percent is the ratio of the number of women or children for a given indicator over the total number of women or children (e.g., 15% of children born in 2010 statewide had low birth weight). Multiple ELCs can be selected in the same view, allowing for a side-by-side comparison of ELCs across different indicators and age levels.



Screenshot of Report C: Percent: ELC

Report D: Estimated Need: County

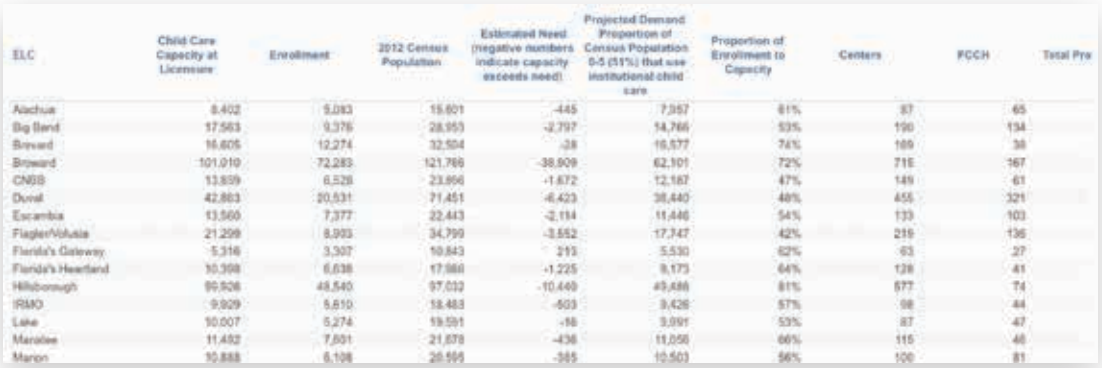
This dashboard view displays a report at the county level of the estimated need for child care facilities.



Screenshot of Report D: Estimated Need: County

Report E: Estimated Need: ELC

This dashboard view displays a report at the ELC level of the estimated need for child care facilities.



ELC	Child Care Capacity at Licensure	Enrollment	2012 Census Population	Estimated Need (negative numbers indicate capacity exceeds need)	Projected Demand Proportion of Census Population 0-5 (51%) that use institutional child care	Proportion of Enrollment to Capacity	Centers	FCCH	Total Pro
Alachua	8,402	5,083	15,601	-445	7,957	61%	87	65	
Big Bend	17,563	9,376	28,953	-2,797	14,766	53%	190	134	
Brevard	16,605	12,274	32,504	-28	16,577	74%	169	39	
Broward	101,010	72,283	121,766	-38,909	62,101	72%	715	167	
CNSB	13,859	6,528	23,956	-1,672	12,187	47%	149	61	
Duval	42,883	20,531	71,451	-6,423	36,440	48%	455	321	
Escambia	13,565	7,377	22,443	-2,114	11,446	54%	133	103	
Flagler/Volusia	21,259	8,993	34,799	-3,552	17,747	42%	219	136	
Florida's Gateway	5,316	3,307	10,843	213	5,530	62%	63	27	
Florida's Heartland	10,398	6,038	17,986	-1,225	9,173	64%	128	41	
Hillsborough	99,926	48,540	97,032	-10,449	49,486	81%	577	74	
IRMO	9,929	5,610	18,483	-503	9,426	57%	98	44	
Lake	10,007	5,274	19,591	-16	9,991	53%	87	47	
Manatee	11,482	7,601	21,878	-436	11,056	66%	115	46	
Marion	10,888	6,108	20,599	-385	10,503	56%	100	81	

Screenshot of Report E: Estimated Need: ELC

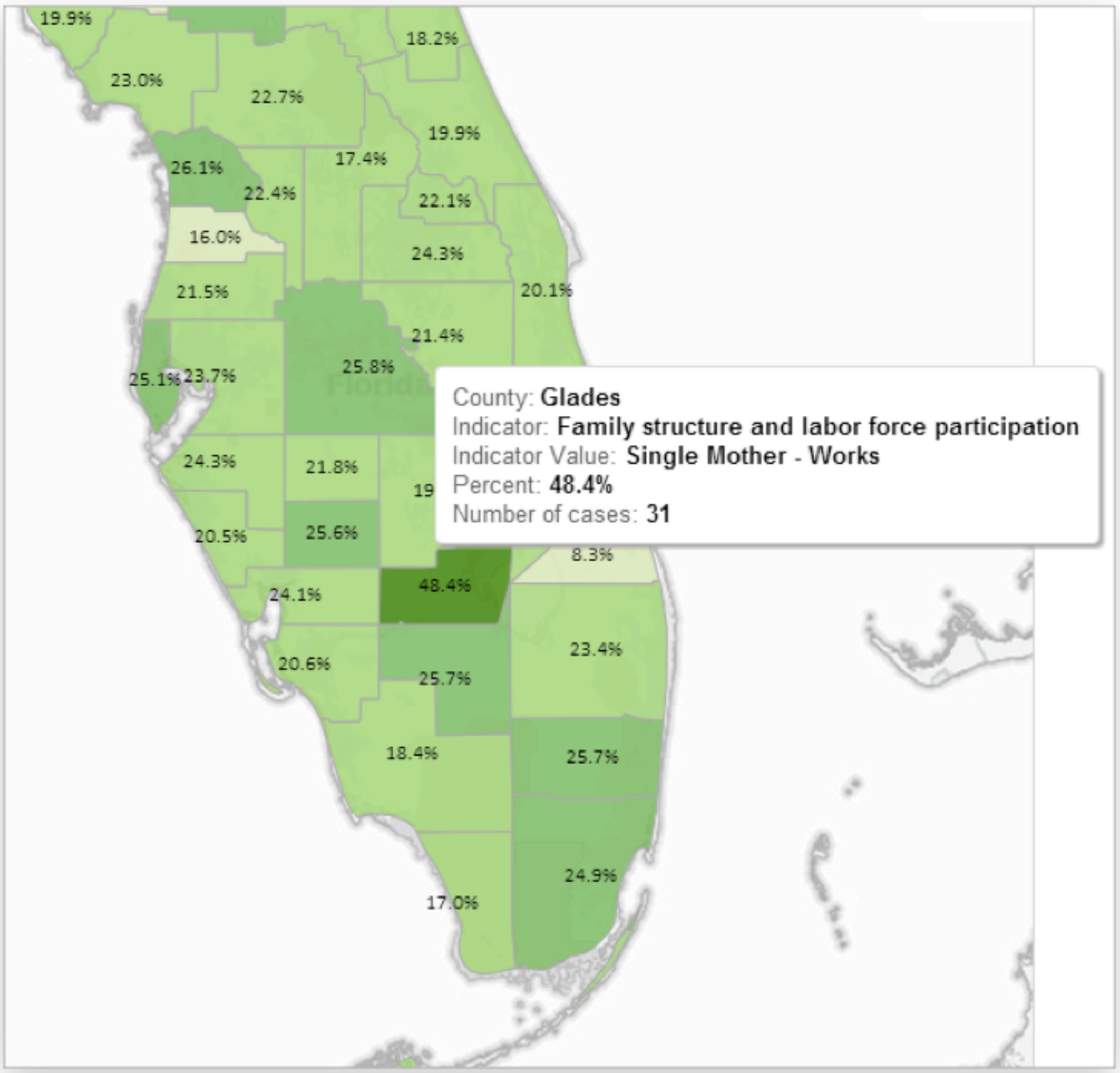
Exiting the Web Portal

To leave the website, click "peds-svc-tableau-oel" in the upper right-hand corner of the web page. Then, from the drop-down menu, choose "Log Off."

Examples

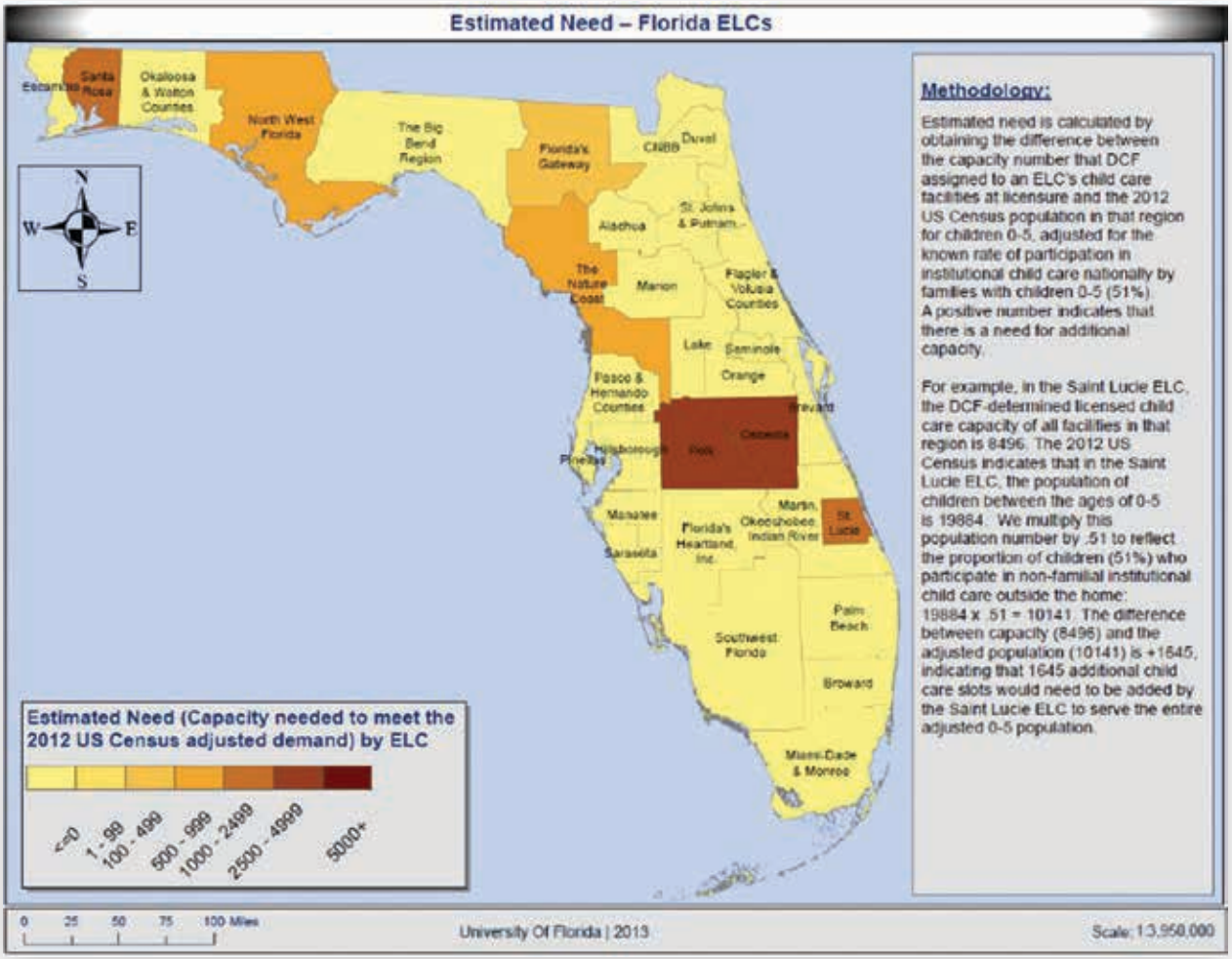
Examples of accessing various maps and reports can be found on the following pages. These are just a sample of the many maps and reports that can be created by using the various portal filters.

Example 1: Highest Percent and Number of Single Working Mothers with Children at School Ready Age by County



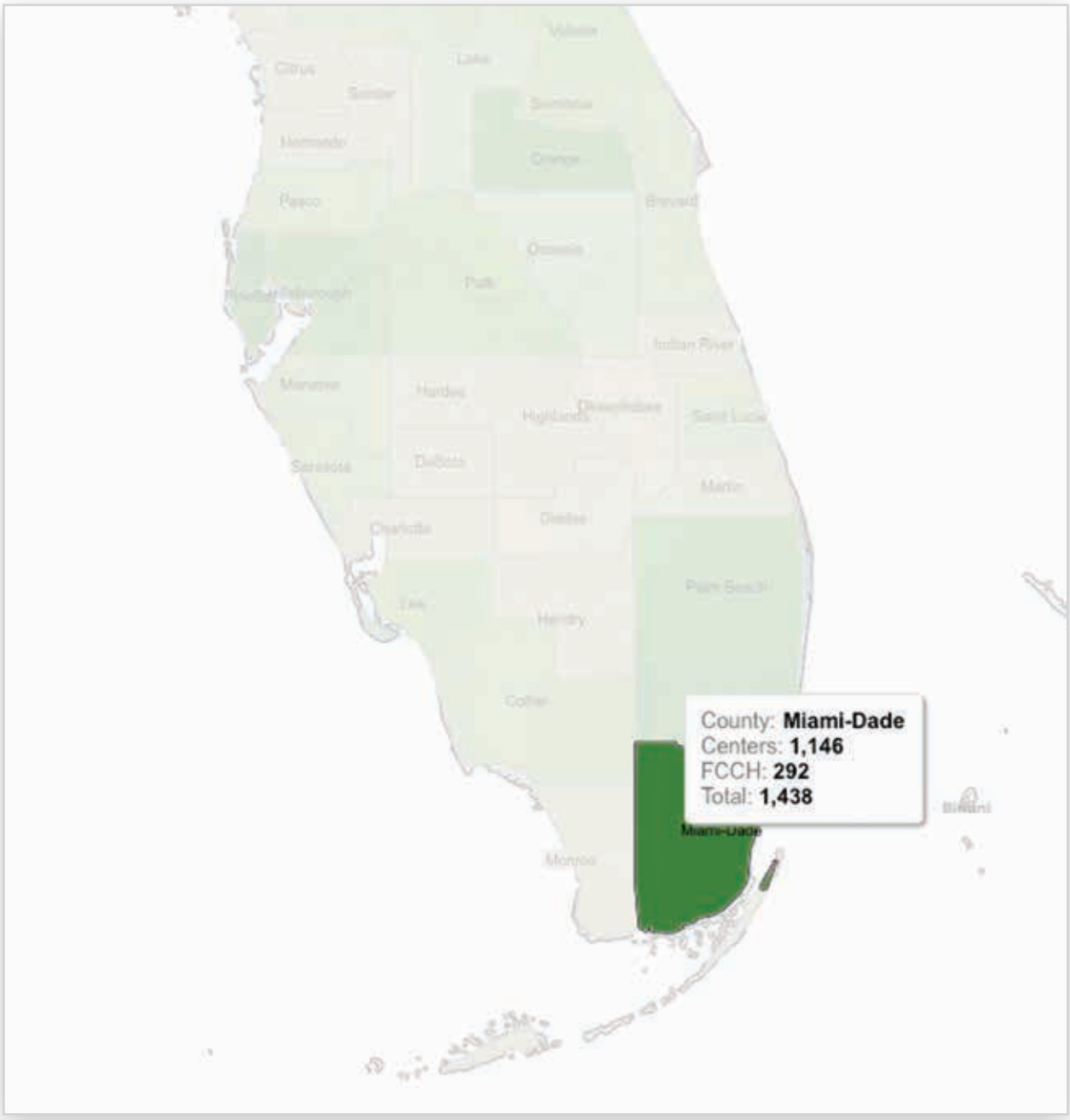
To find the county with the highest percent and number of single working mothers with children at school ready age, select Map B: Percent: County. Next, choose the indicator you would like to display, in this case family structure and labor force participation, from the Filter by Indicator drop-down list. Some indicators have more than one value; e.g., the one for family structure and labor force participation has values of Married — Both works, Single Father — Works, etc. In the graphic above, Single Mother — Works has been selected. Results can be further refined, for instance, children who are 5 years old. To do so, select the desired age group or groups by selecting values from the Filter by Age Groups drop-down list. Then either click or hover the county to display a **Tooltip** with the results.

Example 2: Estimated Need of Child Care Facilities by Early Learning Coalition



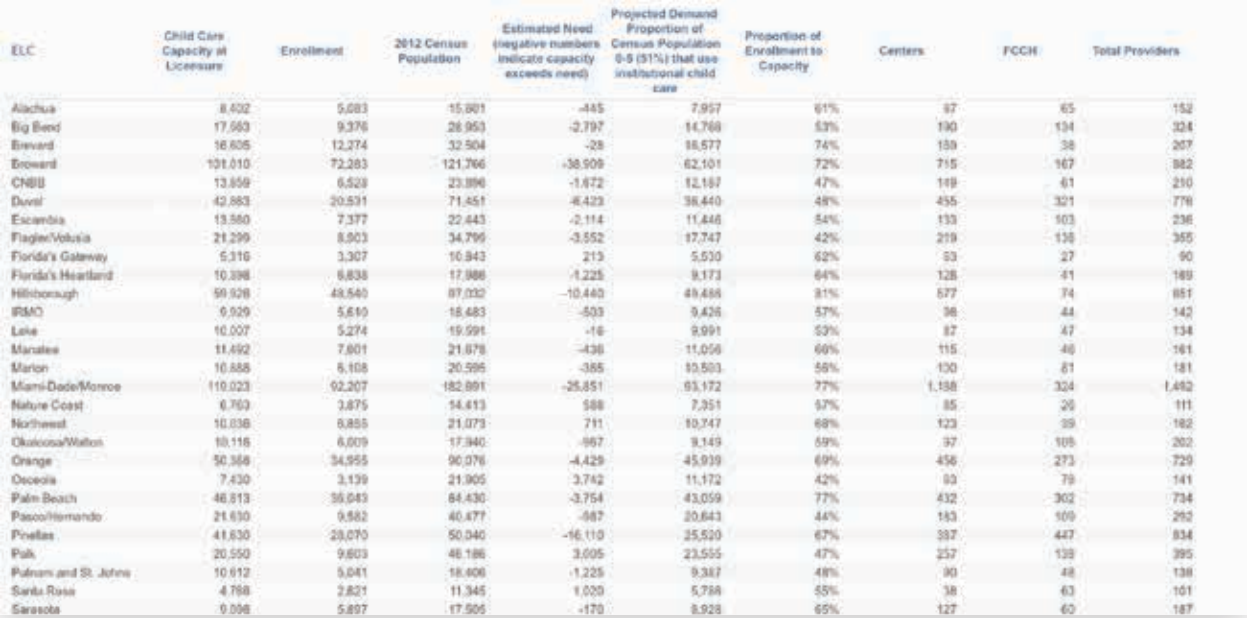
To view the estimated need of child care facilities for an early learning coalition, select the **Map G: Estimated Need: ELC** tab.

Example 3: Number of Providers by County



To obtain the total number of total providers, centers or FCCH for a given county, select the **Map E: Providers: County** tab. Users can view the details of a particular county by clicking on or hovering over the county. That will reveal a **Tooltip** (as seen above). The **Tooltip** will display the county name, total number of providers, centers and family child care home providers (FCCH).

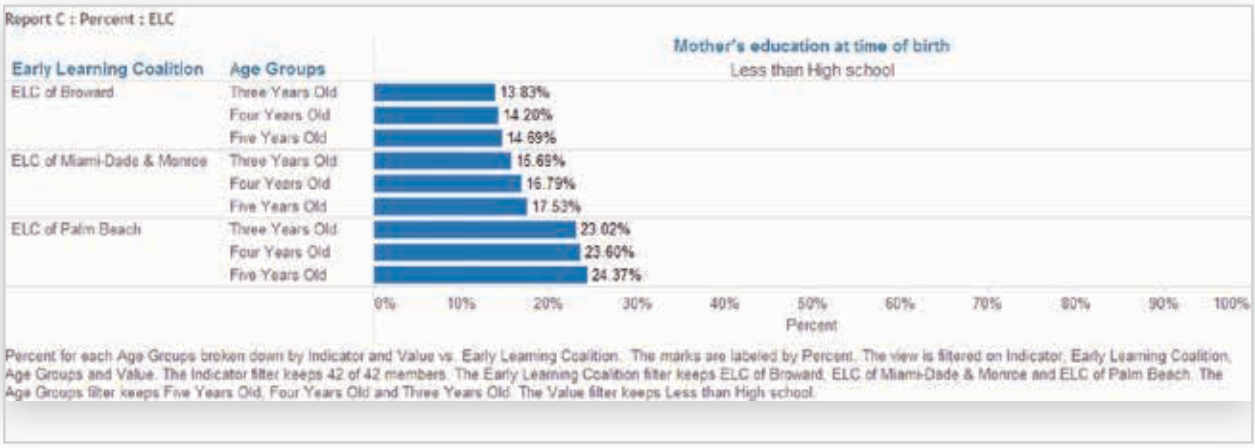
Example 4: Child Care Capacity and Estimated Need by Early Learning Coalition



ELC	Child Care Capacity at Licensure	Enrollment	2012 Census Population	Estimated Need (negative numbers indicate capacity exceeds need)	Projected Demand Proportion of Census Population 0-5 (51%) that use inst/tutional child care	Proportion of Enrollment to Capacity	Centers	FCCH	Total Providers
Alachua	8,402	5,083	15,881	-445	7,957	61%	87	65	152
Big Bend	17,563	9,376	26,953	-2,797	14,766	53%	190	134	324
Brevard	16,605	12,274	32,504	-28	16,577	74%	159	38	267
Broward	101,010	72,283	121,766	-38,909	62,101	72%	715	167	882
CNBB	13,659	6,528	23,896	-1,672	12,187	47%	149	61	210
Duval	42,883	20,531	71,451	-6,423	36,440	48%	455	321	776
Escambia	13,560	7,377	22,443	-2,114	11,446	54%	133	103	236
Flagler/Volusia	21,299	8,903	34,799	-3,552	17,747	42%	219	136	355
Florida's Gateway	5,316	3,307	10,943	213	5,530	62%	53	27	90
Florida's Heartland	10,396	6,838	17,986	-1,225	9,173	64%	128	41	169
Hillsborough	59,926	49,540	97,032	-10,440	49,486	81%	577	74	651
IRMO	9,929	5,610	18,483	-503	9,426	57%	98	44	142
Lake	10,007	5,274	19,991	-16	9,991	53%	87	47	134
Manatee	11,492	7,601	21,978	-436	11,056	66%	115	46	161
Marion	10,888	6,108	20,596	-385	10,503	56%	100	81	181
Miami-Dade/Monroe	110,023	92,207	182,891	-25,851	93,172	77%	1,158	324	1,482
Nature Coast	6,763	3,875	14,413	588	7,351	57%	85	26	111
Northeast	10,036	6,855	21,073	711	10,747	68%	123	39	162
Okaloosa/Walton	10,116	6,009	17,940	-867	9,149	59%	97	105	202
Orange	50,368	34,955	90,076	-4,429	45,939	69%	456	273	729
Osceola	7,430	3,139	21,905	3,742	11,172	42%	93	79	141
Palm Beach	46,813	35,043	84,430	-3,754	43,059	77%	432	302	734
Pasco/Hernando	21,630	9,582	40,477	-587	20,643	44%	183	109	292
Pinellas	41,630	28,070	50,040	-16,110	25,520	67%	397	447	834
Polk	20,550	9,603	46,186	3,005	23,555	47%	257	138	395
Putnam and St. Johns	10,612	5,041	18,406	-1,225	9,387	48%	90	48	138
Santa Rosa	4,768	2,821	11,345	1,020	5,788	59%	38	63	101
Sarasota	9,098	5,897	17,505	-170	8,928	65%	127	60	187

To obtain the capacity of licensed child care facilities, projected demand and enrollment percentage for a particular early learning coalition, select the **Report E: Estimated Need: ELC**. Users can sort the data table on any of the columns to display the data as needed.

Example 5: Comparing Mother's Education at Time of Birth Among Different Early Learning Coalitions



To compare the mother's education at time of birth between different ELCs, select the **Report C: Percent: ELC** tab. Some indicators have more than one value; e.g., the indicator for the mother's education at time of birth has values of Less than High School, High School and Greater than High School. In the graphic above, Less than High School has been selected. To do so, select the desired age groups by selecting values from the **Filter by Age Groups** drop-down list.

Example 6: Number and Percent of Children Whose Primary Language at Home is English, for a Particular ZIP Code

Indicator	Value	Age Groups						
		Birth To 5	Five To Eight	Birth To 2	Two Years Old	Three Years Old	Four Years Old	Five Years Old
Primary language at home	English	930,854 71.96%	621,697 72.45%	460,068 71.77%	157,876 71.84%	158,535 72.00%	156,657 72.12%	155,620 72.34%
	Spanish or Spanish Creole	281,627 21.77%	183,782 21.42%	140,433 21.91%	48,054 21.87%	47,923 21.76%	47,039 21.66%	46,230 21.49%
	Indo-European	60,832 4.70%	39,212 4.57%	30,462 4.75%	10,378 4.72%	10,323 4.69%	10,140 4.67%	9,893 4.60%
	Asian and Pacific Island	14,565 1.13%	9,762 1.14%	7,215 1.13%	2,461 1.12%	2,481 1.13%	2,447 1.13%	2,443 1.14%
	Other	5,356 0.41%	3,524 0.41%	2,680 0.42%	907 0.41%	899 0.41%	901 0.41%	886 0.41%

To obtain the number and percent of children whose primary language at home is English in a particular ZIP code, select the **Report A: All Levels** tab. Start by selecting either the ELC or county to which the ZIP code belongs from the **Filter by Early Learning Coalition** drop-down list or the **Filter by County** drop-down list. Each filter will display only the areas within that particular ELC or county. The data table will update the results automatically whenever a new filter is applied.

APPENDIX B: POPULATION METHODOLOGY AND SOURCES

One of the objectives of the Early Care and Education Needs Assessment was to accurately estimate the current size, demographic characteristics, and risk factors of children in Florida, from birth through age five. Several statistical models were attempted during the needs analysis.

Methods included the use of multiple-imputation to estimate data on missing enrollments; these methods were ultimately discarded when missing enrollment data was determined to be non-random. Non-randomized data violates centralized assumptions to multiple-imputation, rendering results unreliable. Additional methods employed linear regression to estimate instances of both capacity and enrollment.

These methods provided statistically significant results that adequately explained a sufficient degree of variance in the data as singularities; but when they were integrated with U.S. Census data, the research team employing a systematic review of the results, determined that the data was unreliable due to multiple unexplainable outliers (Rousseeuw & Hubert, 2011). The research team ultimately used a methodology from a similar needs assessment associated with the 2006 California Preschool Technical Assistant Project, a project funded by the David and Lucile Packard Foundation and conducted by the American Institutes for Research and Karen Hill Scott and Company (Muenchow & Scott, 2006).

The Preschool Planning provides guidance for estimating simple unmet need, described as the difference between demand and supply. The research team employed Muenchow and Scott's recommendations to refine demand by incorporating trend data. To establish a more accurate estimate of demand in Florida counties and ELCs, the team used data from the 2010 U.S. Census Survey of Income and Program Participation (SIPP) related to the national rate of participation in non-familial institutional childcare for children between the ages of 0-5 (Childstats.gov, 2013). This refined demand figure was then incorporated into the aforementioned calculation (the difference between demand and supply).

INDICATOR SOURCES

Estimated Count and Percentage of Children by Household Income Based on Percentage of Federal Poverty Level

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

U.S. Census Bureau. (2006-2010). Florida, S1101 Households and Families[Data]. *2006-2010 American Community Survey 5-Year Estimates.* Retrieved from *http://factfinder2.census.gov*

Estimated Count and Percentage of Children by Race/Ethnicity

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Count and Percentage of Children by Mother Age Group

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Count and Percentage of Children by Family Structure and Labor Force Participation Rate

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

U.S. Census Bureau. (2007-2011). Florida, B23007 Presence of own children under 18 years by family type by employment status[Data]. 2007-*2011 American Community Survey 5-Year Estimates.* Retrieved from *http://factfinder2.census.gov*

Estimated Count and Percentage of Children Whose Parents Primarily Work Between the Hours of 6 a.m. and 6 p.m. (Parents' Work Schedule)

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

U.S. Census Bureau. (2006-2010). Florida, S1101 Households and Families[Data]. 2006-*2010 American Community Survey 5-Year Estimates.* Retrieved from *http://factfinder2.census.gov*

U.S. Census Bureau. (2007-2011). Florida, B23007 Presence of Own Children Under 18 Years by Family Type by Employment Status[Data]. 2007-*2011 American Community Survey 5-Year Estimates.* Retrieved from *http://factfinder2.census.gov*

U.S. Census Bureau. (2007-2011). Florida, B08302 Time Leaving Home to go to Work[Data]. 2007-*2011 American Community Survey 5-Year Estimates.* Retrieved from *http://factfinder2.census.gov*

U.S. Census Bureau. (2007-2011). Florida, B08128 Means of Transportation to Work by Class of Worker[Data]. 2007-*2011 American Community Survey 5-Year Estimates.* Retrieved from *http://factfinder2.census.gov*

Estimated Count and Percentage of Children by Primary Language at Home

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

U.S. Census Bureau. (2007-2011). Florida, B16004 Age by Language Spoken at Home by Ability to Speak English for the Population 5 Years and over[Data]. 2007-*2011 American Community Survey 5-Year Estimates.* Retrieved from *http://factfinder2.census.gov*

U.S. Census Bureau. (2007-2011). Florida, S1601 Language Spoken at Home[Data]. 2007-*2011 American Community Survey 5-Year Estimates.* Retrieved from *http://factfinder2.census.gov*

U.S. Census Bureau. (2006-2010). Florida, S1101 Households and Families[Data]. 2006-2010 *American Community Survey 5-Year Estimates.* Retrieved from *http://factfinder2.census.gov*

U.S. Census Bureau. (2007-2017). Florida, B09002 Own Children Under 18 Years by Family Type and Age[Data]. 2007-2011 *American Community Survey 5-Year Estimates.* Retrieved from *http://factfinder2.census.gov*

Estimated Count and Percentage of Children by Population Density (Living in Rural vs. Urban Areas)

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

U.S. Census Bureau. (2010). Florida, H2 Urban and Rural[Data]. *2010 Census Summary File 1*. Retrieved from *http://factfinder2.census.gov*

Estimated Count of Births

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Count and Percentage of Children Born to Mothers Who Were Not Born in the U.S.A.

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Count and Percentage of Children Born to Unmarried Mothers

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Count and Percentage of Children Whose Father is Not on the Birth Certificate

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Count and Percentage of Children by Mother's Education at the Time of Birth

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Number and Percentage of Children Enrolled in Medicaid

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Agency for Health Care Administration. (2007-2012). *Children Medicaid Eligibility.* Unpublished Raw Data.

Estimated Number and Percentage of Children Whose Mother Had Late or No Prenatal Care During Pregnancy

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Number and Percentage of Children Born with Low Birth Weight

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Count and Percentage of Children in Foster Care

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Children And Families. (2007-2012). *Children in Foster Care.* Unpublished Raw Data.

Estimated Count and Percentage of Children Who Died

SOURCES:

ES1rieved from *http://www.floridacharts.com/FLQUERY/Death/DeathCount.aspx*

Estimated Number and Percentage of Children Without Health Insurance

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Agency for Health Care Administration. (2007-2012). *Children Medicaid Eligibility.* Unpublished Raw Data.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

National Survey of Children's Health. NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved from *www.childhealthdata.org*

Estimated Count and Percentage of Children by DCF Maltreatment Investigation Category

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Children And Families. (2007-2012). *Child Abuse and Neglect Investigations.* Unpublished Raw Data.

Estimated Number and Percentage of Children Born Premature (< 37 weeks)

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Number and Percentage of Children Born to Adolescent Mothers (<= 19 years of age)

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Number and Percentage of Children Whose Mother Was Overweight or Obese at the Beginning of Pregnancy

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Number and Percentage of Children Whose Mother Reported Smoking During Pregnancy

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Number and Percentage of Children Born by C-Section

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Number and Percentage of Children Whose Mother Delivered Multiples

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Number and Percentage of Children Whose Mother Participated in the WIC Nutrition Program

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Number and Percentage of Children Whose Mother Had an Inter-Pregnancy Interval of Less than 18 Months

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Number and Percentage of Children Whose Mother Had a High-Risk Pregnancy

SOURCES:

ESRI 2012 Population by Single Year Age and Sex[Data]. (2012). Redlands, CA: Environmental Systems Research Institute.

Florida Department of Health. (2013, June 12). *Florida Birth Query System.* Retrieved from *http://www.floridacharts.com/FLQUERY/Birth/BirthRpt.aspx*

Estimated Number and Percentage of Children Who Are School Ready at Kindergarten Entry Across All Domains of Early Childhood Development and Learning, as Evidenced by Florida's Kindergarten Readiness Screener

SOURCES:

Florida Department of Education. (2013, June 17). Progress Monitoring and Reporting Network. *Florida Kindergarten Readiness Screener.* Retrieved from *https://pmrn.fcrr.org/PMRNWeb/PMRN/(S(lgafs2fjnhl3dv5bu32uhkwb))/Reports/FLKRSReports.aspx*

Estimated Number and Percentage of Children Reading at or Above Proficiency at Third Grade, as Evidenced by the Florida Comprehensive Assessment Test (FCAT)

SOURCES:

Florida Department of Education. (2012). *Florida Comprehensive Assessment (FCAT)* 2.0, Reading, Grades 3-10, Mathematics, Grades 3-8, and Science, Grades 5 and 8. Retrieved from *http://fcat.fldoe.org/mediapacket/2012/default.asp*

Estimated Number and Percentage of Children At or Above Proficiency in Math at Third Grade, as Evidenced by FCAT

SOURCES:

Florida Department of Education. (2012). *Florida Comprehensive Assessment (FCAT)* 2.0, Reading, Grades 3-10, Mathematics, Grades 38, and Science, Grades 5 and 8. Retrieved from *http://fcat.fldoe.org/mediapacket/2012/default.asp*

Estimated Number and Percentage of Children with an Individual Family Service Plan (IFSP)

SOURCES:

Florida Department of Health (DOH) Children's Medical Services (CMS) Early Steps Program for children aged 0-3 and eligible for early interventions services through Florida's implementation of Part C of the Individuals with Disabilities Education Act (IDEA) during 2012. Unpublished Raw Data.

Estimated Number and Percentage of Children with an Individual Educational Plan (IEP)

SOURCES:

National Survey of Children's Health. (2007). Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved from *www.childhealthdata.org.*

Estimated Number and Percentage of Children Who are Homeless

SOURCES:

Florida Department of Children and Families. (2012). *Council report on Homelessness.* Retrieved from *http://www.dcf.state.fl.us/programs/homelessness/docs/2012CouncilReport.pdf*

Estimated Number and Percentage of Children Who are Not Up To Date on Immunizations

SOURCES:

The Annie E. Casey Foundation, KIDS COUNT Data Center. (2013). Retrieved from *http://datacenter.kidscount.org/data/tables/5321-immunization-levels-in-kindergarten#detailed/2/any/false/867,133,38,35,18/any/11838,11839.*

Estimated Number and Percentage of Children Who Do Not Have a Medical Home

SOURCES:

Child and Adolescent Health Measurement Initiative. (2007). National Survey of Children's Health, Data Resource Center for Child and Adolescent Health website. Retrieved from *www.childhealthdata.org/browse/medicalhome*

Child and Adolescent Health Measurement Initiative. (2009-2010). *National Survey of Children with Special Health Care Needs Medical Home State Profile.* Retrieved from *http://childhealthdata.org/browse/medicalhome*

Estimated Number and Percentage of Children with Moderate or Severe Health Problem, by Condition

SOURCES:

National Survey of Children's Health. (2007). *Florida Disparities Snapshot: Children with Special Health Care Needs.* Retrieved from www.childhealthdata.org.

Child and Adolescent Health Measurement Initiative. (2012). *Who Are Children with Special Health Care Needs (CSHCN).* Available from *www.childhealthdata.org*

Estimated Number and Percentage of Children Receiving Physical Health, Mental Health, Dental, Vision, and Developmental Screenings

SOURCES:

National Survey of Children's Health. (2011-2012). Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved from www.childhealthdata.org.

Child and Adolescent Health Measurement Initiative. (2009-2010). NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved from *www.childhealthdata.org*

National Survey of Children's Health. (2011-2012). *Florida Report from the National Survey of Children's Health. NSCH 2011/2012.* Retrieved from *www.childhealthdata.org*

Estimated Number and Percentage of Children Receiving Preventive Dental Care and Dental Care Services

SOURCES:

National Survey of Children's Health. (2011-2012). Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved from *www.childhealthdata.org*

Estimated Number and Percentage of Children with Special Health Care Needs

SOURCES:

National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved from *www.childhealthdata.org*

Florida Department of Health (DOH) Children's Medical Services (CMS). (2012). CMS Network for children aged 0 to 8 enrolled in the CMS Network during 2012, received 06/13/13.

Estimated Number and Percentage of Children with Profound Disabilities

SOURCES:

National Survey of Children with Special Health Care Needs. NS-CSHCN 2005/06. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 07/23/13.

APPENDIX C: CAPACITY METHODOLOGY AND SOURCES

Introduction

This final report describes the development of the capacity estimation for the types of child care settings and arrangements requested for Florida and its early learning coalitions and counties. We hope policy makers and other professionals find the results of this research useful in planning for statewide child care demand and supply, especially for regional comparisons.

In commissioning this research, the Office of Early Learning (OEL) requested practical estimates for understanding which parts of the state have the right mix of child care and education providers for the preschool population, as described in this report. OEL also wanted to know which parts of the state may have an undersupply or oversupply of spaces in five and 10 years.

The method of estimating capacity was adapted to the limitations and advantages of the best available data on child care providers within the sources available for this study, as well as from data downloaded online.

Terminology

In this research, a *provider* refers to one specific location for child care and education. For this purpose, franchise child care services with several branch locations under the same name are considered the same as an unrelated group of individual providers based on location address.

The distinction between a provider and a program is clear for Head Start, which uses the term *program* for more than 101 sponsored Head Start grantees in Florida. These programs support individual providers, who manage the facilities and day-to-day child care and education (providers) for Head Start and possibly other programs. In brief, providers are the organized services that offer direct care to children in this needs assessment study.

Facility refers to a child care facility (center, home, etc.) that has been licensed by the Florida Department of Children and Families.

Capacity is defined here as the maximum number of children who can be accommodated simultaneously at a child care facility, family child care home, or other child care setting. Capacity can also be stated as number of slots or spaces.

Enrollment in this report is the number of children who are currently receiving care and/or educational services at a licensed child care facility. Enrollment numbers were rarely given for specific providers. In the absence of capacity figures from licensed facilities, we used average enrollments from providers of the same type.

Licensing in Florida

Many Florida child care facilities and homes are subject to regulation or licensing under the jurisdiction of the state or self-regulating counties. However, the state recognizes that significant child care activity takes place via other sponsorship, including licensed/unlicensed, registered/ unregistered, and other public and private providers. Thus, this needs assessment includes capacity estimation for all types of providers, where adequate information was available.

These different licensing arrangements are reflected also in the type of the data available and the methods to collect it. While many child care facilities and larger family care homes in the state are licensed by the Florida Department of Children and Families (DCF), five counties administer their own child care regulations: Broward, Hillsborough, Sarasota, Pinellas, and Palm Beach.

Fifteen counties require their family home providers to be licensed, so these areas do not have the DCF category of registered family homes for unlicensed home providers. These counties are Brevard, Broward, Clay, Duval, Hernando, Hillsborough, Manatee, Miami-Dade, Nassau, Palm Beach, Pasco, Pinellas, Polk, Sarasota, and St. Johns.

Capacity

To estimate the state's current capacity for child care (birth to age five), this phase of the needs assessment compiled the total care available, unrestricted with regard to state or county licensing or registration. The research included as many types and locations of child care as could be envisioned, with the exception of informal care — understood to be at-home care by parents or unreimbursed care by extended family and friends.

According to Florida DCF, the total number of children in care on site and while on field trips must not exceed the licensed capacity for a facility.

Inputs to the capacity estimates included:

- Data records provided on request from state agencies (Department of Children and Families and Office of Early Learning)
- Data record sets downloaded from official sites (e.g., Department of Children and Families, Head Start, Florida Department of Education, IDEAdata.org)
- Data records compiled from internet searches of authoritative sites (e.g., websites for Florida counties/school districts, Child Count, U.S. Census, Child Care Aware).

The following data fields are fundamental to any estimation of current capacity by county, coalition, and statewide:

- Unique identifying information for each provider and geographical location (ID code, name, and location address)
- General provider type (e.g., center, family care home)
- Age range (minimum and maximum ages of children the provider can accommodate)
- Maximum number of children in study age range who can be served simultaneously (capacity)
- Total enrollment if given

Additional data fields that could refine capacity calculations and forecasts if available to given areas of the study are:

- Separate provider enrollment information for each specific age group served
- Within age classifications, cross tabulations with child characteristics to reveal special care needs and reflect a provider's capacity to serve children with socioeconomic, academic, physical, or mental challenges
- Staff count number and qualifications
- Additional provider credentials

As expected, the databases from the multiple agencies that contributed data records to this research included different subsets of providers, as well as different assortments of data fields. The data sets were extensively reorganized to maximize the amount of available information for all analyses and to develop a set of unduplicated, unique providers before capacity estimation.

The formula for estimating the capacity of a child care center or family child care home has evolved throughout this research as we learned more about the available data.

The aim of the capacity analysis was to estimate the total number of spaces of individual child care facilities, homes, and other settings for each of the following areas of geography and child care management: counties, early learning coalitions, and statewide.

Depending on specific state and county regulations, the maximum capacity for licensed child care facilities is determined by physical space available, the number of staff persons who will be present, and the age of the children they will care for. For example, Large Family Child Care Homes allow up to 12 children, and Licensed Family Child Care Homes allow up to 10. This study assumes a 10-child maximum for Registered Homes.

Methods

Estimated Capacity
By: Facility, geography, service provision (VPK, Headstart)

Source: All sources for information on Programs, Providers, and other types of care for children of given ages. Florida Department of Children and Families Licensed Data Master Sheet. US Department of Health and Human Services ELCKC 2012 PIR Report.

Age groups: Birth to 5, Birth to 2, 2 years old, 3 years old, 4 years old, 5 years old

Geographies: County, Early Learning Coalition, Statewide

Facility Types: Child care facility, large home, licensed home, mildly ill, nonpublic school, regular home, religious exempt, substantial compliance

Calendar year: Best available 2011-2013 data for estimating capacity

Software: IBM SPSS Statistics, Version 21, ©2012, SAS/JMP Version 10, Microsoft

Access and Excel, 2007-2013 editions.

Assumptions

COUNTIES. Providers are aggregated within their county location. Although children cross county boundaries for child care, this study did not measure these effects; therefore, the capacity estimates are related to the children within the county currently and at future estimation periods.

COALITIONS. Early Learning Coalitions represent one or more counties to support early care and education. For the estimates of maximum provider capacity in terms of child spaces, the capacity of a coalition is the sum of the capacity of its counties. Quality initiatives and assessments often occur at the coalition level.

PROVIDERS. The maximum capacity offered by current child care providers is a function of many economic factors affecting family child care decisions and child care businesses. The availability of jobs, child care costs, and subsidies for qualifying families in poverty are assumed to remain stable for the five- and 10-year forecasts.

FACILITY. In this study, the location of a care facility defines a separate provider record; this is in contrast to the provider's mailing address, program or other financial sponsorship, or home headquarters such as a franchise with separate locations. Each distinct location is a separate provider. With maximum capacity enrollment estimates, it is assumed that a provider has adequate square footage as defined by the Department of Children and Families. It is assumed also that the provider meets health, safety, and any other regulations that are a function of the number of children in care.

STAFF. This study assumes an adequate number of trained staff for supporting the children up to the provider's maximum capacity. Staff availability in terms of career choice and training from a larger perspective could be related to child care capacity but is not a subject of this study.

ENROLLMENT. Actual enrollment as comprehensively collected and regularly reported by the state is one comparison for these estimates, which reflect capacity rather than enrollment. However, enrollment numbers were rarely given for specific providers. In the absence of capacity figures, averages of enrollments from the same provider type are used to estimate capacity. These estimates are derived from information in archived data bases and public sources and will in no way improve on current enrollment statistics methodically collected.

Enrollment

To estimate the state's current enrollment for children who receive care in licensed child care facilities (birth to age five), this phase of the needs assessment compiled the total enrollment reported, without regard to state or county licensing or registration. Research included as many types and locations of child care as could be envisioned, except for informal care — understood to be at-home care by parents or unreimbursed care by extended family and friends.

According to Florida DCF, the total number of children enrolled must not exceed the licensed capacity for a facility.

Inputs to the enrollment estimates included data records provided on request from state agencies (Department of Children and Families and Office of Early Learning).

The following data fields are fundamental to any estimation of enrollment by county, coalition, and statewide:

- Unique identifying information for each provider and geographical location (ID code, name, and location address)
- General provider type (e.g., center, family care home)
- Age range (minimum and maximum ages of children the provider can accommodate)
- Maximum number of children in study age range who can be served simultaneously (capacity)
- Total enrollment if given

Additional data fields that could refine enrollment calculations and forecasts if available to given areas of the study are:

- Separate provider enrollment information for each specific age group served
- Within age classifications, cross tabulations with child characteristics to reveal special care needs and reflect a provider's capacity to serve children with socioeconomic, academic, physical, or mental challenges

Additional data collection methods that could refine enrollment calculations and forecast if available to given areas of the study include Web-based verification of SW-Number/Facility ID Number prior to authorization to input data.

Methods

Estimated Enrollment
By: Facility, geography, service provision (VPK, Headstart)

Source: All sources for information on Programs, Providers, and other types of care for children of given ages. Florida Office of Early Learning VPK Estimating Conference March 5, 2013. US Department of Health and Human Services ELCKC 2012 PIR Report

Age groups: Birth to 5, Birth to 2, 2 years old, 3 years old, 4 years old, 5 years old, 5-8 years old

Geographies: County, Early Learning Coalition, Statewide

Calendar year: Best available 2011-2013 data for estimating enrollment

Software: IBM SPSS Statistics, Version 21, ©2012, SAS/JMP Version 10, Microsoft

Access and Excel, 2007-2013 editions

Assumptions

COUNTIES. Providers are aggregated within their county location. Although children cross county boundaries for child care, this study did not measure these effects; therefore, the capacity estimates are related to the children within the county, both now and in the future.

COALITIONS. Early Learning Coalitions represent one or more counties to support early care and education. For the estimates of maximum provider capacity in terms of child spaces, the capacity of a coalition is the sum of the capacity of its counties. Quality initiatives and assessments often occur at the coalition level.

PROVIDERS. The maximum capacity offered by current child care providers is a function of many underlying economic factors affecting family child care decisions and child care businesses. The availability of jobs, child care costs, and subsidies for qualifying families in poverty are assumed to remain stable for the five- and 10-year forecasts.

FACILITY. In this study, the location of the care facility defines a separate provider record; this is in contrast to the provider's mailing address, program or other financial sponsorship, or home headquarters such as a franchise with separate locations. Each distinct location is a separate provider. With maximum capacity enrollment estimates, it is assumed that a provider has adequate square footage as defined by the Department of Children and Families. It is assumed also that the provider meets health, safety, and any other regulations that are a function of the number of children in care.

STAFF. This study assumes that there is an adequate number of trained staff for supporting the children in care up to the provider's maximum capacity. Staff availability in terms of career choice and training from a larger perspective could be related to child care capacity, but it is not a subject of this study.

SAMPLING. Enrollment numbers were rarely given for specific providers. Averages of provider enrollments from the same provider type are used to estimate enrollment if figures were not provided. This data is not considered 'missing at random,' thus it does not represent a limitation. When possible, data was imputed through linear regression using DCF capacity and private center capacity for a county or ELC as independent variables and estimated enrollment as a dependent variable. The regression equation explains 0.988 percent of the variance in the estimated capacity and was statistically significant at the $p<.001$ level. The following formula was generated for predicting enrollment: $Y = -249.247 + (-.769x^1) + (1.613x^2)$.

ESTIMATION. Enrollment for a facility is computed to assign equal enrollment to every age level that the provider serves, unless the provider specifically designates the age group of the enrollees. For example, a private facility that enrolls ages 3-5 represents three levels. If its total enrollment is 30, and no specific age group enrollments are provided, each age level is attributed 10 enrollees. As a result of the research for this study, it is evident that a large portion of providers do not accurately report enrollments on a regular basis. For example, 7,199 providers are listed in the 2012 data provider-enrollment report. This represents 65.01% of DCF licensed facilities. The majority of the 7,199 providers (94.2%) provide total enrollment data. Few providers (14.9% and 19.4%, respectively) provide specific enrollment related to infants and toddlers.

Needs Analysis

Estimated Need (Simple Unmet Need)

To estimate the state's current unmet needs for children who could potentially receive care at a licensed child care facility (birth to age five), this phase of the needs assessment compares capacity with U.S. Census Survey of Income and Program Participation (SIPP) data for 2012. Estimated need (simple unmet need) is calculated by obtaining the difference between the sum of DCF licensed capacity for child care centers in a specific geography and the 2012 U.S. Census population between the ages of 0-5 for the specific geography, after adjusting for the national rate of participation in institutional child care for children in that age range (51%). A positive number indicates a need for additional capacity.

Methods

Estimated Need By: Geography

Source: Florida Department of Children and Families Licensed Data Master Sheet, U.S. Census Bureau, *Survey of Income and Program Participation*, Retrieved from http://www.census.gov/sipp/access.html;

Facility Types: All childcare facilities

Geographies: County, Early Learning Coalition, Statewide

Calendar year: Best available 2011-2013 data for estimating enrollment

Software: IBM SPSS Statistics, Version 21, ©2012, SAS/JMP Version 10, Microsoft

Access and Excel, 2007-2013 editions

Assumptions

COUNTIES. Providers are aggregated within their county location. Although children cross county boundaries for child care, this study did not measure these effects; therefore, the capacity estimates are related to the children within the county, both now and at future estimation periods.

COALITIONS. Early Learning Coalitions represent one or more counties to support early care and education through their activities. For the estimates of maximum provider capacity in terms of child spaces, the capacity of a coalition is the sum of the capacity of its counties. Quality initiatives and assessments often occur at the coalition level.

FACILITY. In this study, the location of the care facility defines a separate provider record; this is in contrast to the provider's mailing address, program or other financial sponsorship, or home headquarters such as a franchise with separate locations. Each distinct location is a separate provider. With maximum capacity enrollment estimates, it is assumed that a provider has adequate square footage as defined by the Department of Children and Families. It is assumed also that the provider meets health, safety, and any other regulations that are a function of the number of children in care.

PROVIDERS. The maximum capacity offered by current child care providers is a function of many underlying economic factors affecting family child care decisions and child care businesses. The availability of jobs, child care costs, subsidies for qualifying families in poverty are assumed to remain stable for the five- and 10-year forecasts.

STAFF. This study assumes that there is an adequate number of trained staff for supporting the children in care up to the provider's maximum capacity. Staff availability in terms of career choice and training from a larger perspective could be related to child care capacity, but it is not a subject of this study.

SAMPLING. Enrollment numbers were rarely given for specific providers. Averages of provider enrollments from the same provider type are used to estimate enrollment if figures were not provided. This data is not considered 'missing at random,' thus it does not represent a limitation. When possible, data was imputed through linear regression using DCF capacity and private center capacity for a county or ELC as independent variables and estimated enrollment as a dependent variable. The regression equation explains 0.988 percent of the variance in the estimated capacity and was statistically significant at the $p<.001$ level. The following formula was generated for predicting enrollment:
$Y = -249.247 + (-.769x^1) + (1.613x^2)$.

ESTIMATION. Enrollment for a facility is computed to assign equal enrollment to every age level that the provider serves, unless the provide specifically designates the age group of the enrollees. For example, a private facility that enrolls ages 3-5 represents three levels. If its total enrollment is 30, and no specific age group enrollments are provided, each age level is attributed 10 enrollees. As a result of the research for this study, it is evident that a large portion of providers do not accurately report enrollments on a regular basis. For example, 7,199 providers are listed in the 2012 data provider-enrollment report. This represents 65.01% of DCF licensed facilities. The majority of the 7,199 providers (94.2%) provide total enrollment data. Few providers (14.9% and 19.4%, respectively) provide specific enrollment related to infants and toddlers.

DEMAND. A comprehensive review of literature provided substantive data on national participation in licensed child care facilities. No reliable data was available on participation in Florida. This report assumes that demand for licensed child care in Florida equals the national rate.

APPENDIX D: COALITION SURVEYS

Default Question Block

The Office of Early Learning has engaged the University of Florida's Lastinger Center for Learning to complete a statewide needs assessment with funding from Florida's State Advisory Council on Early Childhood Education and Care. This needs assessment will provide important information for coalitions and statewide to help inform early learning investments. Each coalition needs to respond to ensure comprehensive information for each county and coalition.
The results of the needs assessment will be summarized at the county, coalition and state level to inform planning and work in communities. The results will be shared in August-September 2013.

Due to the tight timeline of the project, we need all surveys to be completed no later than June 30th. Following the completion of the survey, coalitions may be contacted for a follow-up interview by the needs assessment study team. The survey should take approximately 45 minutes to 1 hour to complete. All survey information will be retained and hosted on a third party (Qualtrics) server and not on an UF server.

If there are any questions or technical difficulties, please contact Dr. Lisa Langley at 352-273-4106 or langleylisa@coe.ufl.edu

A few things to note about the survey:

- Each text box allows for unlimited length in responses even though the text box might look like only a few words will fit. Please elaborate on those questions that have a text box response area as your answers will greatly inform our work.
- Please use the navigation arrows at bottom of screen to move forward or backward-- don't use back button in the upper left hand corner. You do not have to complete the survey in one sitting. The program will save your responses whenever you click out of the survey. When you want to finish, click back on the link that was included in this email.
- You cannot change your answers once you have come to the end of the survey and clicked the final submission button, but you can change answers prior to the final submission.
- If you have not completed the survey and want to start over, click on the RESTART button at the top of the page.
- You will receive this message once you have successfully completed and submitted your responses: **We thank you for your time spent taking this survey. Your response has been recorded.**

Please complete the survey by Sunday, June 30th. After this date, the survey system will not allow you access to the questions.

In addition to the survey there is a Coalition Program Assessment attachment included with the email that contained the link to this survey. If applicable, you will be directed to complete the attachment according to how you answer the questions about your coalition's program assessments. If your coalition consists of several counties, please be sure to fill in each tabbed sheet of the form. These assessment forms can be completed and returned prior to completing the online survey. Please send these to: Dr. Lisa Langley at langleylisa@coe.ufl.edu
A confirmation email will be sent to you once they are received.

Thank you for assisting us with this very important component of our study.

The University of Florida Lastinger Center for Learning

First, we would like to learn more about any program assessment work you do. Has your Coalition completed program assessments of early learning programs using tools like the CLASS, ERS or similar tools in the past four years?

- ○ Yes. Please complete the **Program Assessment Tool** attachment and return to Dr. Lisa Langley at langleylisa@coe.ufl.edu
- ○ No

How are the scores from the program assessments used? Please describe in the text box below.

How are the program assessments completed?

- ☐ The assessments are completed by assessors employed by the coalition
- ☐ The assessments are completed by assessors on individual contracts with the coalition
- ☐ The assessments are completed by an organization on contract with the coalition. If so, please name the organization below:
- ☐ Other. Please explain below:

Have you analyzed the relationship between your program quality assessments and children's outcomes?

- ○ Yes.
- ○ No.

How are the program assessment results stored?

- ○ Our coalition has a license for a commercial software solution that stores program assessment results. Please list the name of the system in the text box below.
- ○ Our coalition has developed our own strategy using an existing program (Excel, Access) to store program assessment results. Please describe in the text box below.
- ○ We keep paper records only
- ○ Other. Please describe in the text box below..

Are these program assessments part of a specific quality initiative?

- ○ Yes, they are part of a local Quality Rating Improvement System.
- ○ Yes, they are part of a non-QRIS quality initiative. Please explain in the text box below
- ○ No, these assessments are not part of a specific quality initiative

Please respond to the questions below.

How many centers are participating?	
How many family child care providers are participating?	
How many Head Start programs are participating?	
How many school-based programs are participating?	

How do centers or family child care homes request to have an assessment conducted? Please explain in the text box below.

How often are programs assessed?

- ○ Annually
- ○ Every 18 months
- ○ Every 24 months
- ○ It depends on the program. Please explain in the text box below.
- ○ Other. Please explain in the text box below.

Next we would like to learn more about the ways your coalition supports programs. Does your coalition provide any program improvement support?

- ○ Yes
- ○ No

If your coalition provides program improvement support, what support is available? Please fill in support options below.

- [ ] TEACH scholarships. Please indicate the number of scholarships given annually below.
- [ ] Other professional development scholarships. Please indicate the number of scholarships given annually below
- [ ] WAGES stipends. Please indicate the number of stipends given annually.
- [ ] Grants for materials for classrooms/family child care homes. Please indicate the number of grants given annually.
- [ ] Grants for facility improvements of centers or family child care homes. Please indicate the number of grants given annually below.
- [ ] Technical assistance. Please indicate the number of programs that receive technical assistance annually below.
- [ ] Specialized training. Please describe in the text box below.
- [ ] Other. Please describe in the text box below.

Are there any expectations of providers who receive these program supports? Please explain in the text box below.

Next, we are interested in learning more about partnerships your coalition has with other organizations. Does your coalition have partnership(s) have with local school district(s)?

- ○ Yes
- ○ No

Please list the name of the school district in the text box below. (If you have multiple partnerships, you will be given the opportunity to provide us this information after this set of questions).

Please describe the focus of the partnership in the text box below.

Please describe goals of the partnership in the text box below.

Please complete the applicable questions below:

Please list the funding amount from your ELC.	
Please list the funding amount from partner agency (if known).	
How many children are served through this partnership?	
How many families are served through this partnership (if different)?	
How many providers are served through this partnership?	

Do you have a partnership with a second school district? *(If you have more than two partnerships please include more information on these partnerships at the end of the survey.)*

- ○ Yes
- ○ No

Please describe the focus of the partnership in the text box below.

Please describe goals of the partnership in the text box below.

Please complete the applicable questions below:

Please list the funding amount from your ELC.	
Please list the funding amount from partner agency (if known).	
How many children are served through this partnership?	
How many families are served through this partnership (if different)?	
How many providers are served through this partnership?	

Does your coalition have partnership(s) with your local Head Start or Early Head Start grantee(s)?

- ○ Yes
- ○ No

Please list the Head Start/Early Head Start Organization in the text box below. (If you have multiple partnerships with your local Head Start or Early Head Start grantees, you will be given the opportunity to provide us this information after this set of questions).

Please describe the focus of the partnership in the text box below.

Please describe the goals of the partnership in the text box below.

Please complete the applicable questions below:

Please list the funding amount from your ELC.	
Please list the funding amount from partner agency (if known).	
How many children are served through this partnership?	
How many families are served through this partnership (if different)?	
How many providers are served through this partnership?	

Do you have a partnership with a second Head Start/Early Head Start Organization? *(If you have more than two partnerships please include more information on these partnerships at the end of the survey).*

- ○ Yes. Please list the name of the Head Start/Early Head Start Organization in the text box below.
- ○ No

Please describe the focus of the partnership in the text box below.

Please describe the goals of the partnership in the text box below.

Please complete the applicable questions below:

Please list the funding amount from your ELC.	
Please list the funding amount from partner agency (if known).	
How many children are served through this partnership?	
How many families are served through this partnership (if different)?	
How many providers are served through this partnership?	

Does your coalition have partnerships with your local First Steps program?

- ○ Yes
- ○ No

Please list the First Steps Organization in the text box below. (If you have multiple partnerships with First Steps Organizations, you will be given the opportunity to provide us this information after this set of questions).

Please describe the focus of the partnership in the text box below.

Please describe the goals of the partnership in the text box below.

Please complete the applicable questions below:

Please list the funding amount from your ELC.	
Please list the funding amount from partner agency (if known).	
How many children are served through this partnership?	
How many families are served through this partnership (if different)?	
How many providers are served through this partnership?	

Do you have a partnership with a second First Steps Organization? *(If you have more than two partnerships please include more information on these partnerships at the end of the survey).*

- ○ Yes. Please list the name of the second First Steps Organization in the text box below.
- ○ No

Please describe the focus of the partnership in the text box below.

Please describe the goals of the partnership in the text box below.

Please complete the applicable questions below:

Please list the funding amount from your ELC.	
Please list the funding amount from partner agency (if known).	
How many children are served through this partnership?	
How many families are served through this partnership (if different)?	
How many providers are served through this partnership?	

Does your coalition have a partnership with your local FDLRS program (serving children age 3-5 with special needs)?

- ○ Yes
- ○ No

Please list the name of the FDLRS program in the text box below. (If you have multiple partnerships with local FDLRS programs, you will be given the opportunity to provide us this information after this set of questions).

Please describe the focus of the partnership in the text box below.

Please describe the goals of the partnership in the text box below.

Please complete the applicable questions below:

Please list the funding amount from your ELC.	
Please list the funding amount from partner agency (if known).	
How many children are served through this partnership?	
How many families are served through this partnership (if different)?	
How many providers are served through this partnership?	

Do you have a partnership with a second FDLRS program? *(If you have more than two partnerships please include more information on these partnerships at the end of the survey).*

- ○ Yes. Please the name of the second FDLRS program in the text box below:
- ○ No

Please describe the focus of the partnership in the text box below.

Please describe the goals of the partnership in the text box below.

Please complete the applicable questions below:

Please list the funding amount from your ELC.	
Please list the funding amount from partner agency (if known).	
How many children are served through this partnership?	
How many families are served through this partnership (if different)?	
How many providers are served through this partnership?	

Does your coalition have a partnership with your local home visiting program(s)?

- ○ Yes
- ○ No

Please list the name of the local home visiting program in the text box below. (If you have multiple partnerships with local home visiting programs, you will be given the opportunity to provide us this information after this set of questions).

Please describe the focus of the partnership in the text box below.

Please describe the goals of the partnership in the text box below.

Please complete the applicable questions below:

Please list the funding amount from your ELC.	
Please list the funding amount from partner agency (if known).	
How many children are served through this partnership?	
How many families are served through this partnership (if different)?	
How many providers are served through this partnership?	

Do you have a partnership with a second local home visiting program? *(If you have more than two partnerships please include more information on these partnerships at the end of the survey).*

- ○ Yes. Please list the name of the second local home visiting program in the text box below:
- ○ No

Please describe the focus of the partnership in the text box below.

Please describe the goals of the partnership in the text box below.

Please complete the applicable questions below:

Please list the funding amount from your ELC.	
Please list the funding amount from partner agency (if known).	
How many children are served through this partnership?	
How many families are served through this partnership (if different)?	
How many providers are served through this partnership?	

Does your coalition have a partnership with a local provider association(s)?

- ○ Yes
- ○ No

Please list the name of the local provider association in the text box below. (If you have multiple partnerships with local provider associations, you will be given the opportunity to provide us this information after this set of questions).

Please describe the focus of the partnership in the text box below.

Please describe the goals of the partnership in the text box below.

Please complete the applicable questions below:

Please list the funding amount from your ELC in the text box below.	
Please list the funding amount from partner agency (if known).	
How many children are served through this partnership?	
How many families are served through this partnership (if different)?	
How many providers are served through this partnership?	

Do you have a partnership with a second local provider association? *(If you have more than two partnerships please include more information on these partnerships at the end of the survey).*

- ○ Yes. Please list the second local provider association in the text box below:
- ○ No

Please describe the focus of the partnership in the text box below.

Please describe the goals of the partnership in the text box below.

Please complete the applicable questions below:

Please list the funding amount from your ELC in the text box below.	
Please list the funding amount from partner agency (if known).	
How many children are served through this partnership?	
How many families are served through this partnership (if different)?	
How many providers are served through this partnership?	

Do you have partnerships with any other community partners?

- ○ Yes
- ○ No

Please list the name of the community partner in the text box below. (If you have multiple partnerships with community partners you will be given the opportunity to provide us this information after this set of questions).

Please describe the focus of the partnership in the text box below.

Please describe the goals of the partnership in the text box below.

Please complete the applicable questions below:

Please list the funding amount from your ELC.	
Please list the funding amount from partner agency (if known).	
How many children are served through this partnership?	
How many families are served through this partnership (if different)?	
How many providers are served through this partnership?	

Do you have a partnership with a second community partner? *(If you have more than two partnerships please include more information on these partnerships at the end of the survey).*

- ○ Yes. Please list the name of the second community partner in the text box below:
- ○ No

Please describe the focus of the partnership in the text box below.

Please describe the goals of the partnership in the text box below.

Please complete the applicable questions below:

Please list the funding amount from your ELC.	
Please list the funding amount from partner agency (if known).	
How many children are served through this partnership?	
How many families are served through this partnership (if different)?	
How many providers are served through this partnership?	

Do you provide funding for any other program improvement activities? If your coalition does not provide funding please proceed to the next question. If yes, please select all that apply below:

- [ ] No
- [ ] Support for Gold Seal Accreditation. Please explain support provided below.
- [ ] Support to improve the quality of infant/toddler care. Please explain support provided below.
- [ ] Support to improve the quality of VPK programs. Please explain support provided below.
- [ ] Other quality improvement work. Please explain support provided below.
- [ ] Pay for local training for providers. Please describe training paid for below.
- [ ] Sponsor conferences in our community for providers at no to minimal cost.
- [ ] Pay for providers to attend conferences in our community.
- [ ] Pay for providers to attend conferences outside of our community.
- [ ] Pay for provider association dues.
- [ ] Other. Please explain below.

Is there anything else you would like to share about your quality investments, your measurement of program or children's outcomes, or the partnerships you have with other early childhood initiatives?

Is there anything else you would like to share about your coalition's partnerships?

Who is the primary point of contact for this survey? Please list their name, position, phone number and email below.

Please type in the name of the coalition you represent in the text box below.

We will be conducting follow up interviews with a representative number of coalitions. If your coalition is selected for a follow up interview, whom should we contact to interview and learn more about your quality investments and your coalition partnerships? Please list name, coalition, position, phone number and email below.

Thank you very much for your time.

If there are any questions, please contact Dr. Lisa Langley at 352-273-4106 or langleylisa@coe.ufl.edu

Default Question Block

WE PROMISE THIS IS OUR LAST SURVEY!

Thank you again for participating in our initial needs assessment survey. We are conducting this follow up survey to obtain more information on your coalition's program assessment plans, child assessments and waiting lists. Each coalition needs to respond to ensure comprehensive information for each county and coalition.

Due to the tight timeline of the project, we need all surveys to be completed no later than Wednesday, July 24th. The survey should take 15-30 minutes to complete.

If there are any questions or technical difficulties, please contact Dr. Lisa Langley at 352-273-4106 or langleylisa@coe.ufl.edu

A few things to note about the survey:

- Each text box allows for unlimited length in responses even though the text box might look like only a few words will fit. Please elaborate on those questions that have a text box response area as your answers will greatly inform our work.
- Please use the navigation arrows at bottom of screen to move forward or backward-- don't use back button in the upper left hand corner. You do not have to complete the survey in one sitting. The program will save your responses whenever you click out of the survey.
- When you want to finish, click back on the link that was included in this email. You cannot change your answers once you have come to the end of the survey and clicked the final submission button, but you can change answers prior to the final submission.
- If you have not completed the survey and want to start over, click on the RESTART button at the top of the page.
- You will receive this message once you have successfully completed and submitted your responses: **We thank you for your time spent taking this survey. Your response has been recorded.**

Please complete the survey by Wednesday, July 24th. After this date, the survey system will not allow you access to the questions.

In addition to the survey there is an Assessment Score attachment included with the email that contained the link to this survey. If your coalition consists of several counties, please be sure to fill in each tabbed sheet of the form. These assessment forms can be completed and returned prior to completing the online survey. Please send these to: Dr. Lisa Langley at langleylisa@coe.ufl.edu by Wednesday, July 24th. A confirmation email will be sent to you once they are received.

Thank you for assisting us with this last survey component of our study.

The University of Florida Lastinger Center for Learning

First, we would like to learn more about your coalition program assessment plans.

Approximately how many PreK CLASS assessments does your coalition plan to complete in the next 12 months?

Approximately how many Toddler CLASS assessments does your coalition plan to complete in the next 12 months?

Approximately how many ECERS-R assessments does your coalition plan to complete in the next 12 months?

Approximately how many ITERS-R assessments does your coalition plan to complete in the next 12 months?

Approximately how many FCCERS-R assessments does your coalition plan to complete in the next 12 months?

Approximately how many SACERS assessments does your coalition plan to complete in the next 12 months?

How often are programs assessed?

Are these program assessments part of a specific quality initiative?

Are you using Teaching Strategies GOLD?

- Yes
- No

How many centers are using GOLD?

How many family child care homes are using GOLD?

How many GOLD child records have been recorded in the last year?

What support is provided for programs to use GOLD?

Next, we would like to learn more about your local coalition's waiting list.

What is the total number of children on your waiting list?

On average, how long is a child on a waiting list before they receive school readiness funds?

Are there age groups (e.g. infants, toddlers, etc.) and/or child populations (e.g., children with special needs) that are difficult to find care for within your coalition?

- ○ Yes. If so, what are they?
- ○ No

Next we would like to learn more about any child assessments conducted by your coalition.

Does your coalition conduct any formal child assessments? (These are assessments conducted by independent reliable observers. Please do not include information on observational measures like Teaching Strategies Gold).

- ○ Yes. If so, what tools do you use? Please list below.
- ○ No

Annually, approximately how many children receive each assessment? Please list assessment and number assessed below.

Who conducts the assessments?

How are the children selected?

Which population(s) of children receive the assessment? (e.g., children receiving school readiness funds, etc.)

Finally, we would like to get your impressions on a few issues.

What is your perception of the impact of market rates have on quality?

What is your perception of the impact of current market rates have on the supply of care within your coalition for children who receive school readiness funds?

Is there anything else you would like to share about your coalition's assessment plans, child assessments or waiting lists?

Is there anything else you would like to share about your coalition's assessment plans, child assessments or waiting lists?

What is the name of your coalition?

Who is the primary point of contact for this survey? Please list their name, position, phone number and email below.

Thank you again for your time and willingness to participate in our study. The results of the needs assessment will be summarized at the county, coalition and state level to inform planning and work in communities. The results will be shared Fall 2013.

If there are any questions, please contact Dr. Lisa Langley at 352-273-4106 or langleylisa@coe.ufl.edu

APPENDIX E: COALITION ASSESSMENT TOOLS AND SCORES

COALITION & COUNTY: EXAMPLE	SCHOOL YEAR		
Program Assessment Tools	**2010-11**	**2011-12**	**2012-13**
Pre-K CLASS for preschool age children			
Age levels assessed:			
# classrooms assessed:			
Are scores/report available? (y/n)			
Toddler CLASS for children 18-36 months			
Age levels assessed:			
# classrooms assessed:			
Are scores/report available? (y/n)			
Early Childhood Environment Rating Scale (ECERS or ECERS-R for preschool children)			
Age levels assessed:			
# classrooms assessed:			
Are scores/report available (y/n)			
Infant-Toddler Environment Rating Scale (ITERS or ITERS-R for infants and toddlers)			
Age levels assessed:			
# classrooms assessed:			
Are scores/report available (y/n)			
School-Age Environment Rating Scale (SACERS for school-age children)			
Age levels assessed:			
# classrooms assessed:			
Are scores/report available (y/n)			
FCCERS-R for family child care homes			
Age levels assessed:			
# classrooms assessed:			
Are scores/report available (y/n)			
Other 1: Please specify			
Age levels assessed:			
# classrooms assessed:			
Are scores/report available (y/n)			
Other 2: Please specify			
Age levels assessed:			
# classrooms assessed:			
Are scores/report available (y/n)			
Other 3: Please specify			
Age levels assessed:			
# classrooms assessed:			
Are scores/report available (y/n)			
Other 4: Please specify			
Age levels assessed:			
# classrooms assessed:			
Are scores/report available (y/n)			
Modification of Quality Measures?	If you have used one of the standard Quality Measures in a different way customized for your own use, please attach an explanation of how you have employed it in this specific county or your coalition.		

COALITION & COUNTY: EXAMPLE	2012-13
Pre-K CLASS (please insert average scores for each domain)	
Emotional Support	
Classroom Organization	
Instructional Support	
Toddler CLASS (please insert average scores for each domain)	
Emotional and Behavioral Support	
Engaged Support for Learning	
Infant-Toddler Environment Rating Scale – Revised (ITERS-R) (please insert average subscale scores and overall scores)	
Space and Furnishings	
Personal Care Routines	
Listening and Talking	
Activities	
Interaction	
Program Structure	
Parents and Staff	
OVERALL SCORE	
Early Childhood Environment Rating Scale – Revised (ECERS-R) (please insert average subscale scores and overall scores)	
Space and Furnishings	
Personal Care Routines	
Language-Reasoning	
Activities	
Interaction	
Program Structure	
Parents and Staff	
OVERALL SCORE	
School-Age Care Environment Rating Scale (SACERS) (please insert average subscale scores and overall scores)	
Space and Furnishings	
Health and Safety	
Activities	
Interactions	
Program Structure	
Special Needs Supplementary Items	
OVERALL SCORE	
Family Child Care Environment Rating Scale – Revised (FCCERS-R) (please insert average subscale scores and overall scores)	
Space and Furnishings	
Personal Care Routines	
Listening and Talking	
Activities	
Interaction	
Program Structure	
Parents and Provider	
OVERALL SCORE	

APPENDIX F: RELATIONSHIP BETWEEN NEEDS AND COMMUTING PATTERNS

There is a statistically significant negative relationship ($r = –0.722$, $p < 0.01$) between the estimated need and the number of out-of-county commuters in Florida, meaning that the estimated need for child care decreases as the number of commuters traveling to worksites outside of their county of residence increases.

Using U.S. Census Metropolitan and Micropolitan data, we derived estimates on commuting behaviors in Florida counties (U.S. Census Bureau, 2013). The average Florida county has an estimated 22,896 (SD = 31,951, range = 768–189,451) commuters, or about 30.67% (SD = 16.5, range = 5.54–64.3%) of the working population. Many of the counties with negative estimated needs are associated with large populations of commuters. In other words, commuters out of county consider options to choose among child care options near their workplace or residence.

While it should not be inferred that this data is causal, the analysis does provide evidence for an hypothesis generated by the research team prior to engaging in data analysis. The counties identified as "high need" (those with an estimated need of 500 or more) provide evidence of a greater-than-average proportion of the working population commuting out of county (mean = 37.12, SD = 14.43, range = 11.92–52.90%). While the difference between 'high need' counties and the rest of the counties is not statistically significant ($p = 0.079$), the trend is notable.

APPENDIX G: UNDERSTANDING THE RELATIONSHIP BETWEEN U.S. CENSUS BUREAU VARIABLES AND ESTIMATED NEEDS

U.S. Census Bureau data for children between the ages of 0 and 5, gathered and organized by the University of Florida Family Data Center, was regressed in a stepwise manner against the estimated needs for each county. The stepwise equation included 42 independent variables (which range from age and gender to level of insurance and income) and one dependent variable (need).

Fifteen significant models were produced; the selected model below explains 95.3 percent of the variance in need with the dependent variable and is statistically significant ($p = < 0.01$). Meaning, the nine identified variables are highly predictive of the estimated needs for childcare in a specific geography.

	Unstandardized Coefficients		Standardized Coefficients		
Model	**B**	**Std. Error**	**Beta**	**t**	**Sig.**
Constant	-270.194	268.067		-1.008	0.318
LifeMode = Older Populations	-0.644	0.091	-0.730	-7.094	0.000
LifeMode = High Income	-0.700	0.162	-0.430	-4.335	0.000
LifeMode = Families	0.675	0.145	0.582	4.665	0.000
LifeMode = Singles	-1.888	0.316	-1.021	-5.983	0.000
Mothers with a High-School Education	-1.149	0.165	-1.880	-6.955	0.000
Married Households, Neither Spouse Working	3.796	0.978	0.544	3.882	0.000
Working Single Fathers	1.350	0.328	1.151	4.115	0.000
Uninsured Population	0.562	0.124	0.287	4.526	0.000
Mothers with Less Than High-School Education	1.176	0.155	1.013	7.602	0.000

Below are descriptions of the identified statistically significant variables, along with their association (positive or negative) with the dependent variable (need). Each of the nine identified variables interacts with the dependent variable (estimated need) in a different manner.

Some of the variables are positively related: As they increase, the estimated need in a geographic area also increases; conversely, as these variables decrease, need also decreases. Other variables are negatively related: indicating that as these variables increase, estimated need decreases, and as the variables decrease, estimated need increases.

The first four demographic categories below are derived from a tapestry segmentation developed by ESRI to describe groups within geographic areas.

- **LifeMode = Older Populations:** Although incomes within this group cover a wide range, the median is $41,334, attributable mostly to retirement income or Social Security payments. Younger, more affluent seniors, freed of childrearing responsibilities, are traveling and relocating to warmer climates. Settled seniors are looking forward to retirement and remaining in their homes. Residents in some of the older, less-privileged segments live alone and collect Social Security and other benefits. Their choice of housing depends on their income. They may reside in single-family homes, retirement homes, or high-rises. Their lifestyles may be as diverse as their circumstances, but senior markets do have common traits. Golf is their favorite sport; they play it and watch golf on TV. They read newspapers daily and prefer to watch news shows on television. This variable is negatively related to need. That is, as Older Populations increase, estimated need decreases (ESRI, 2013).
- **LifeMode = High Income:** Residents of the seven High-Income neighborhoods are affluent and well educated. They represent approximately 12 percent of all U.S. households but generate nearly 25% of total U.S. income. Employment in high-paying positions, such as professional or managerial occupations, explains the group's median household income of $100,216. Most households are families with married couples who live in affluent neighborhoods. Although this is one of the least ethnically diverse groups in the United States, it is one of the fastest-growing, increasing by more than 2 percent annually since 2000. Residents of the high-income demographic are affluent and active — financially, civically, and physically. They participate in a wide variety of public activities and sports, and they travel extensively. This variable is negatively related to need. That is, as this variable increases, estimated need decreases (ESRI, 2013).
- **LifeMode = Families:** Youth, family life, and the presence of children are the common characteristics across the Families demographic. The group is also ethnically diverse: More than 30 percent of the residents are of Hispanic descent. The neighborhoods are composed predominantly of homeowners in single-family homes. Most households include married couples with children who contribute to the group's large household size, averaging more than 3.09 persons per household. Their lifestyle reflects their youth and family orientation — buying infants' and children's clothing and toys, and visiting theme parks and zoos. This variable is positively related to need: As this variable increases, estimated need increases (ESRI, 2013).
- **LifeMode = Singles:** These Singles prefer city life. Many are young, just starting out in more densely populated U.S. neighborhoods; others are well-established singles who have no home ownership or child-rearing responsibilities. Second only to High Income, residents of this group tend to be well-educated, working professionals who are either attending college or already hold a degree. Their incomes reflect their employment experience, ranging from a low median of $39,234 among the newest households to approximately $84,612 among established singles. Home ownership is approximately 28 percent. Contrary to modern migration patterns that flow away from the largest cities, these residents are moving into major cities such as New York, Chicago, Washington, D.C., Boston, Los Angeles, and San Francisco. With considerable discretionary income and few commitments, their lifestyle is urban, including the best of city life — dining out, attending plays and concerts, and visiting museums — and, for a break from constant connectivity, extensive travel both domestically and abroad. This variable is negatively related to need: As this variable increases, estimated need decreases (ESRI, 2013).
- **Mothers with a High School Education:** The population within a geographic region that has obtained a high school diploma or equivalent (GED). This variable is negatively related to need: As it increases, estimated need decreases.
- **Married Households, Neither Spouse Working:** The population within a geographic region that consists of individuals in a married household in which neither spouse is currently employed. This variable is positively related to need; that is, as this variable increases, estimated need increases.

- **Working Single Fathers:** The population within a geographic region that consists of individuals in a single-parent household headed by a father who is currently employed. This variable is positively related to need: As this variable increases, estimated need increases.
- **Uninsured Population:** The population within a geographic region that consists of individuals who do not have health insurance. This variable is positively related to need; that is, as this variable increases, estimated need increases.
- **Mothers with Less Than High School Education:** Mothers who have not obtained a high school diploma or equivalent (GED). This variable is negatively related to need, so that as the variable increases, estimated need decreases.

References

ESRI (2013). Tapestry segmentation reference guide. Redlands, CA: ESRI. Retrieved 9/5/2013 from *http://www.esri.com/library/brochures/pdfs/tapestry-segmentation.pdf*

US Census Bureau (2013). Metropolitan and micropolitan: Other metropolitan and micropolitan statistical areas resources. Accessed 9/5/2013 from *http://www.census.gov/population/metro/data/other.html*

APPENDIX H: SEVEN INDICATORS FOR WHICH ONLY STATEWIDE PERCENTAGES WERE OBTAINABLE

Indicator Number	Indicator Name	Percentage of Children 0-5	Comment
9a	Estimated count and Percentage of Children with an Individual Educational Plan (IEP) — non-CSHCN	0.9	
9b	Estimated count and Percentage of Children with an Individual Educational Plan (IEP) — CSHCN	9.5	
30	Estimated number and percentage of children who do not have a medical home	36.3	
31	Estimated number and percentage of children without health insurance	7.6	
33a	Estimated number and percentage of children receiving physical health, mental health, dental, vision, and developmental screenings — 1 or more medical preventive health visits	86.9	
33b.1	Estimated number and percentage of children receiving physical health, mental health, dental, vision, and developmental screenings — needed mental health services and got them	63.5	2-5 year olds
33b.2	Estimated number and percentage of children receiving physical health, mental health, dental, vision, and developmental screenings — needed mental health services and did not get them	36.5	2-5 year olds
33c	Estimated number and percentage of children receiving physical health, mental health, dental, vision, and developmental screenings — 1 or more preventive dental visits	40.8	
33d	Estimated number and percentage of children receiving physical health, mental health, dental, vision, and developmental screenings — vision screening	37.9	
33e	Estimated number and percentage of children receiving physical health, mental health, dental, vision, and developmental screenings — developmental screening	24	
33x	Estimated number and percentage of children receiving physical health, mental health, dental, vision, and developmental screenings — both medical and dental visits	52.1	
35	Estimated number and percentage of children receiving preventative dental care and dental care services	40.8	duplicated in 33c
36a	Estimated number and percentage of children with special health care needs	9.3	
36a	by condition, ADD, ADHD	7.6	2-5 years; 1.2 % had the condition at some point, but not currently
36b	by condition, allergies	38.8	2-5 years; 7.6 % had the condition at some point, but not currently
36c	by condition, Anxiety problems	6.6	2-5 years; 1.0 % had the condition at some point, but not currently
36d	by condition, Arthritis, joint problems	3.3	2-5 years; 0.5 % had the condition at some point, but not currently
36e	by condition, Asthma	46.2	2-5 years; 5.0 % had the condition at some point, but not currently
36f	by condition, Asperger's, pervasive developmental disorder, autism spectrum disorder		2-17 years; 2.4 % had the condition at some point, but not currently

Indicator Number	Indicator Name	Percentage of Children 0-5	Comment
36g	by condition, Behavioral or conduct problems	8.1	2-5 years; 0.0 % had the condition at some point, but not currently
36h	by condition, Anemia/Sickle Cell		2-17 years; 2.4 % had the condition at some point, but not currently
36i	by condition, Cerebral Palsy		0-17 years; 0.2% had the condition at some point, but not currently
36j	by condition, Cystic Fibrosis		0-17 years; 0.1 % had the condition at some point, but not currently
36k	by condition, Depression	0.1	2-5 years; 1.1 % had the condition at some point, but not currently
36l	by condition, Developmental Delay	24.9	2-5 years; 4.3 % had the condition at some point, but not currently
36m	by condition, head injury, concussion, traumatic brain injury		0-17 years; 3.8 % had the condition at some point, but not currently
37	Estimated number and percentage of children with profound disabilities		1.5% for ages 0 to 3, 3.0% on ages 4-7 qualified on the CSHCN for functional limitations due to health condition

APPENDIX I: REPORT EXAMPLE OF ALL INDICATORS BY COALITION

Final Report: Estimate of current size, demographic characteristics, and risk factors of children birth to 5 in Florida
ELC: ELC of Alachua, County: All, ZipCode: All

		Age Groups						
Indicator	**Value**	Birth To 5	Five To Eight	Birth To 2	Two Years Old	Three Years Old	Four Years Old	Five Years Old
All children	All children	16,763 100.00%	10,199 100.00%	8,687 100.00%	2,866 100.00%	2,791 100.00%	2,648 100.00%	2,637 100.00%
Household income based on percentage of federal poverty level (family of 4 with income of $23,050)	< 50%	2,823 16.84%	1,724 16.90%	1,236 14.23%	484 16.89%	469 16.80%	441 16.65%	441 16.72%
	50%-100%	3,647 21.76%	2,228 21.85%	1,597 18.38%	625 21.81%	606 21.71%	570 21.53%	569 21.58%
	100%-150%	3,045 18.17%	1,849 18.13%	1,333 15.34%	522 18.21%	506 18.13%	476 17.98%	475 18.01%
	150%-200%	3,483 20.78%	2,123 20.82%	1,525 17.55%	597 20.83%	579 20.75%	545 20.58%	544 20.63%
	> 200%	5,855 34.93%	3,612 35.42%	2,563 29.50%	1,003 35.00%	974 34.90%	916 34.59%	914 34.66%
Race/Ethnicity	White, non-Hispanic	8,222 49.05%	4,871 47.76%	4,365 50.25%	1,462 51.01%	1,324 47.44%	1,290 48.72%	1,247 47.29%
	Black, non-Hispanic	4,736 28.25%	2,885 28.29%	2,431 27.98%	806 28.12%	839 30.06%	727 27.45%	738 27.99%
	Asian, non-Hispanic	989 5.90%	594 5.82%	513 5.91%	162 5.65%	169 6.06%	145 5.48%	160 6.07%
	Hispanic, any race	1,298 7.74%	823 8.07%	625 7.19%	197 6.87%	215 7.70%	227 8.57%	214 8.12%
	Mixed race, non-Hispanic	243 1.45%	169 1.66%	120 1.38%	37 1.29%	34 1.22%	37 1.40%	49 1.86%
	Other race, non-Hispanic	113 0.67%	58 0.57%	71 0.82%	11 0.38%	12 0.43%	13 0.49%	17 0.64%
Mother's age group at time of birth	<=19	1,382 8.24%	943 9.25%	618 7.11%	232 8.09%	269 9.64%	250 9.44%	235 8.91%
	20-29	8,347 49.79%	5,147 50.47%	4,309 49.60%	1,455 50.77%	1,395 49.98%	1,304 49.24%	1,334 50.59%
	30-35	4,328 25.82%	2,450 24.02%	2,373 27.32%	713 24.88%	678 24.29%	645 24.36%	641 24.31%
	36-42	1,464 8.73%	840 8.24%	777 8.94%	255 8.90%	245 8.78%	227 8.57%	215 8.15%
	>42	90 0.54%	43 0.42%	54 0.62%	19 0.66%	9 0.32%	14 0.53%	11 0.42%
Family structure and labor force participation	Married - Both Works	6,251 37.29%	3,797 37.23%	2,737 31.51%	1,071 37.37%	1,040 37.26%	978 36.93%	976 37.01%
	Married - One Works	2,876 17.16%	1,727 16.93%	1,259 14.49%	493 17.20%	478 17.13%	450 16.99%	449 17.03%
	Married - None Works	217 1.29%	132 1.29%	95 1.09%	37 1.29%	36 1.29%	34 1.28%	34 1.29%
	Single Father- No Work	167 1.00%	102 1.00%	73 0.84%	28 0.98%	27 0.97%	26 0.98%	26 0.99%
	Single Father - Works	875 5.22%	528 5.18%	383 4.41%	150 5.23%	145 5.20%	137 5.17%	136 5.16%
	Single Mother - No Work	709 4.23%	412 4.04%	310 3.57%	121 4.22%	118 4.23%	111 4.19%	110 4.17%
	Single Mother - Works	4,274 25.50%	2,585 25.35%	1,871 21.54%	732 25.54%	711 25.47%	668 25.23%	667 25.29%
Parents primarily work between the hours of 6am and 6pm	Yes - Working Daytime	6,775 40.42%	4,105 40.25%	2,966 34.14%	1,161 40.51%	1,127 40.38%	1,060 40.03%	1,058 40.12%
Primary language at home	English	14,997 89.46%	9,170 89.91%	7,759 89.32%	2,561 89.36%	2,498 89.50%	2,372 89.58%	2,367 89.76%
	Spanish or Spanish Creole	1,063 6.34%	629 6.17%	554 6.38%	181 6.32%	177 6.34%	169 6.38%	164 6.22%

*** Please note: Empty values -** If there is an empty column (space) for an indicator on the report, then there was no data available for that indicator at that geographic level.

Prepared for the Office of Early Learning
by the University of Florida Childhood Needs Assessment Partnership
Contract #C1013-Deliverable 2.4

Final Report: Estimate of current size, demographic characteristics, and risk factors of children birth to 5 in Florida
ELC: ELC of Alachua, County: All, ZipCode: All

		Age Groups						
Indicator	**Value**	Birth To 5	Five To Eight	Birth To 2	Two Years Old	Three Years Old	Four Years Old	Five Years Old
Primary language at home	Indo-European	207 1.23%	130 1.27%	107 1.23%	35 1.22%	35 1.25%	34 1.28%	34 1.29%
	Asian and Pacific Island	349 2.08%	205 2.01%	180 2.07%	57 1.99%	56 2.01%	56 2.11%	55 2.09%
	Other	69 0.41%	37 0.36%	39 0.45%	13 0.45%	12 0.43%	10 0.38%	9 0.34%
Children with an Individual Family Service Plan (IFSP)	Yes - IFSP			71 0.82%	112 3.91%	108 3.87%		
Living in rural area	Yes - Rural	3,273 19.53%	2,111 20.70%	1,705 19.63%	561 19.57%	544 19.49%	512 19.34%	511 19.38%
Living in urban area	Yes - Urban	12,339 73.61%	7,333 71.90%	6,427 73.98%	2,115 73.80%	2,053 73.56%	1,930 72.89%	1,927 73.08%
Births in 2012	Births in 2012	2,879 17.17%	11,024 108.09%	2,879 33.14%	2,879 100.45%	2,879 103.15%	2,879 108.72%	2,879 109.18%
Mother not born in the USA	Yes - Not born in USA	2,489 14.85%	1,541 15.11%	1,274 14.67%	406 14.17%	408 14.62%	389 14.69%	415 15.74%
Unmarried mothers	Yes - Unmarried Mother	6,777 40.43%	4,067 39.88%	3,496 40.24%	1,139 39.74%	1,164 41.71%	1,093 41.28%	1,020 38.68%
Father is not on the birth certificate	Yes - Father not on certificate	2,029 12.10%	1,208 11.84%	1,028 11.83%	276 9.63%	343 12.29%	359 13.56%	293 11.11%
Mother's education at time of birth	Greater than High school	10,267 61.25%	6,013 58.96%	5,503 63.35%	1,743 60.82%	1,658 59.41%	1,546 58.38%	1,572 59.61%
	High school	3,375 20.13%	2,048 20.08%	1,735 19.97%	609 21.25%	579 20.75%	545 20.58%	511 19.38%
	Less than High school	1,959 11.69%	1,361 13.34%	889 10.23%	324 11.30%	357 12.79%	349 13.18%	351 13.31%
Not enrolled in Medicaid	Yes - No Medicaid	7,960 47.49%	4,332 42.47%	4,607 53.03%	1,324 46.20%	1,209 43.32%	1,055 39.84%	1,157 43.88%
Crime index in neighborhood	Normal	13,194 78.71%	8,020 78.64%	6,852 78.88%	2,245 78.33%	2,174 77.89%	2,087 78.81%	2,080 78.88%
	High	2,868 17.11%	1,692 16.59%	1,490 17.15%	490 17.10%	500 17.91%	446 16.84%	433 16.42%
Health care spending in neighborhood	Low	4,706 28.07%	2,302 22.57%	2,616 30.11%	834 29.10%	788 28.23%	678 25.60%	625 23.70%
	Normal	9,493 56.63%	6,094 59.75%	4,806 55.32%	1,580 55.13%	1,567 56.14%	1,532 57.85%	1,588 60.22%
	High	1,862 11.11%	1,315 12.89%	920 10.59%	320 11.17%	318 11.39%	323 12.20%	300 11.38%
Education spending in neighborhood	Low	972 5.80%	635 6.23%	500 5.76%	164 5.72%	169 6.06%	132 4.98%	170 6.45%
	Normal	12,616 75.26%	7,385 72.41%	6,610 76.09%	2,164 75.51%	2,090 74.88%	1,989 75.11%	1,930 73.19%
	High	2,474 14.76%	1,692 16.59%	1,232 14.18%	407 14.20%	415 14.87%	412 15.56%	413 15.66%
Unemployment in neighborhood	Low	2,568 15.32%	1,597 15.66%	1,362 15.68%	453 15.81%	410 14.69%	411 15.52%	383 14.52%
	Normal	11,565 68.99%	6,925 67.90%	5,984 68.88%	1,953 68.14%	1,946 69.72%	1,823 68.84%	1,815 68.83%
	High	1,929 11.51%	1,191 11.68%	996 11.47%	329 11.48%	318 11.39%	299 11.29%	315 11.95%
Neighborhood population annual compound growth rate	Low	354 2.11%	180 1.76%	489 5.63%	64 2.23%	66 2.36%	60 2.27%	39 1.48%
	Normal	12,961 77.32%	7,875 77.21%	6,356 73.17%	2,063 71.98%	2,170 77.75%	2,096 79.15%	1,987 75.35%

*** Please note: Empty values -** If there is an empty column (space) for an indicator on the report, then there was no data available for that indicator at that geographic level.

Prepared for the Office of Early Learning
by the University of Florida Childhood Needs Assessment Partnership
Contract #C1013-Deliverable 2.4

Final Report: Estimate of current size, demographic characteristics, and risk factors of children birth to 5 in Florida
ELC: ELC of Alachua, County: All, ZipCode: All

		Age Groups						
Indicator	**Value**	Birth To 5	Five To Eight	Birth To 2	Two Years Old	Three Years Old	Four Years Old	Five Years Old
Neighborhood population annual compound growth rate	High	2,747 16.39%	1,657 16.25%	1,497 17.23%	608 21.21%	438 15.69%	377 14.24%	487 18.47%
Tapestry Life Mode groups	High Income	1,134 6.76%	680 6.67%	591 6.80%	194 6.77%	188 6.74%	177 6.68%	177 6.71%
	Singles	940 5.61%	553 5.42%	489 5.63%	161 5.62%	156 5.59%	147 5.55%	146 5.54%
	Older Populations	1,275 7.61%	793 7.78%	664 7.64%	218 7.61%	212 7.60%	199 7.52%	199 7.55%
	Families	795 4.74%	484 4.75%	414 4.77%	136 4.75%	132 4.73%	124 4.68%	124 4.70%
Mother had late or no prenatal care during pregnancy	Yes - No prenatal care or late care (began in third trimester)	731 4.36%	419 4.11%	397 4.57%	106 3.70%	113 4.05%	113 4.27%	107 4.06%
Born with low birth weight	Yes - Low Birth Weight	1,382 8.24%	856 8.39%	690 7.94%	208 7.26%	243 8.71%	227 8.57%	218 8.27%
In foster care	Yes - Foster Care	92 0.55%	55 0.54%	57 0.66%	17 0.59%	11 0.39%	8 0.30%	16 0.61%
Homeless	Homeless	461 2.75%	277 2.72%	202 2.33%	79 2.76%	76 2.72%	72 2.72%	72 2.73%
Deaths in 2012	Deaths in 2012	25 0.15%	4 0.04%	20 0.23%		2 0.07%	1 0.04%	0 0.00%
Children up-to-date on their immunizations	Yes - Immunizations							2,223 84.30%
Children without health insurance	Yes - No Health Insurance	-778 -4.64%	-1,033 -10.13%	-3,677 -42.33%	-172 -6.00%	-195 -6.99%	-388 -14.65%	-257 -9.75%
Maltreatment (alleged victims in an open child investigation)	Yes - Maltreatment	80 0.48%	63 0.62%	37 0.43%	12 0.42%	20 0.72%	6 0.23%	17 0.64%
Born premature (< 37 weeks)	Yes - Premature	1,972 11.76%	1,278 12.53%	970 11.17%	333 11.62%	353 12.65%	347 13.10%	326 12.36%
Born to adolescent mothers (<= 19 years of age)	Yes - Adolescent	1,382 8.24%	941 9.23%	618 7.11%	232 8.09%	269 9.64%	250 9.44%	235 8.91%
Mother was overweight or obese at beginning of pregnancy	Yes - Overweight/obese	7,070 42.18%	4,132 40.51%	3,787 43.59%	1,216 42.43%	1,161 41.60%	1,076 40.63%	1,053 39.93%
Mother reported smoking during pregnancy	Yes - Smoking reported	1,175 7.01%	711 6.97%	605 6.96%	193 6.73%	182 6.52%	208 7.85%	176 6.67%
Born by C-Section	Yes - C-Section	4,804 28.66%	2,884 28.28%	2,507 28.86%	806 28.12%	810 29.02%	746 28.17%	741 28.10%
Mother delivered mulitples	Yes - Multiples	548 3.27%	320 3.14%	284 3.27%	85 2.97%	74 2.65%	104 3.93%	83 3.15%
Mother participated in the WIC nutrition program	Yes - Participated in WIC	7,003 41.78%	4,181 40.99%	3,645 41.96%	1,236 43.13%	1,223 43.82%	1,085 40.97%	1,050 39.82%
Mother had an inter-pregnancy interval of less than 18 months	Yes - IPI < 18 months	3,673 21.91%	2,282 22.37%	1,848 21.27%	609 21.25%	643 23.04%	590 22.28%	585 22.18%
Mother had a high risk pregnancy	Yes - High risk pregnancy	1,768 10.55%	1,030 10.10%	949 10.92%	324 11.30%	306 10.96%	253 9.55%	263 9.97%
School ready at kindergarten entry across all domains	Yes - Ready		5,022 49.24%					1,918 72.73%
Child proficient in reading at third grade (FCAT)	Yes - Reading proficient		1,145 45.03%					
Child proficient in math at third grade (FCAT)	Yes- Math proficient		1,134 44.59%					

*** Please note: Empty values -** If there is an empty column (space) for an indicator on the report, then there was no data available for that indicator at that geographic level.

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Contract #C1013-Deliverable 2.4

APPENDIX J: REPORT EXAMPLE OF ESTIMATED NEED BY COUNTY

Report D : Estimated Need : County

County	Child Care Capacity at licensure	Proportion of Enrollment to Capacity	2012 Census Population (Age: 0-5)	Estimated Need (negative numbers indicate capacity exceeds need)	Projected Demand Proportion of Census Population 0-5 (51%) that use institutional child care	Enrollment
Alachua	8,402	5,083	15,601	-445	7,957	61%
Baker	936	646	2,342	258	1,194	69%
Bay	6,555	4,261	12,332	-266	6,289	65%
Bradford	841	513	1,998	178	1,019	61%
Brevard	16,605	12,274	32,504	-28	16,577	74%
Broward	101,010	72,283	121,766	-38,909	62,101	72%
Calhoun	303	136	1,074	245	548	45%
Charlotte	4,737	2,962	6,726	-1,307	3,430	63%
Citrus	2,886	1,847	6,574	467	3,353	64%
Clay	9,299	4,835	14,618	-1,844	7,455	52%
Collier	13,925	8,898	20,307	-3,568	10,357	64%
Columbia	3,460	2,249	5,168	-824	2,636	65%
Desoto	1,144	439	2,690	228	1,372	38%
Dixie	211	103	1,073	336	547	49%
Duval	42,863	20,551	71,451	-6,423	36,440	48%
Escambia	13,560	7,377	22,443	-2,114	11,446	54%
Flagler	2,349	940	5,764	591	2,940	40%
Franklin	255	173	699	101	356	68%
Gadsden	1,290	658	3,919	709	1,999	51%
Gilchrist	317	238	1,077	232	549	75%
Glades	248	176	820	170	418	71%
Gulf	588	215	759	-201	387	37%
Hamilton	301	135	938	177	478	45%
Hardee	1,453	913	2,711	-70	1,383	63%
Hendry	1,553	961	3,581	273	1,826	62%
Hernando	6,819	2,387	10,226	-1,604	5,215	35%
Highlands	3,064	1,834	5,859	-76	2,988	60%
Hillsborough	59,926	48,540	97,032	-10,440	49,486	81%
Holmes	638	257	1,368	60	698	40%
Indian River	4,704	2,881	7,892	-679	4,025	61%
Jackson	1,035	406	3,156	575	1,610	39%
Jefferson	336	192	949	148	484	57%
Lafayette	211	98	613	102	313	47%
Lake	10,007	5,274	19,591	-16	9,991	53%
Lee	18,723	11,082	39,067	1,201	19,924	59%
Leon	13,311	7,055	18,429	-3,912	9,399	53%
Levy	1,542	987	2,769	-130	1,412	64%
Liberty	339	149	559	-54	285	44%
Madison	601	331	1,422	124	725	55%
Manatee	11,492	7,855	21,678	-436	11,056	68%
Marion	10,888	6,097	20,595	-385	10,503	56%
Martin	4,075	2,166	7,428	-287	3,788	53%
Miami-Dade	116,780	91,088	178,955	-25,513	91,267	78%
Monroe	2,243	1,009	3,736	-338	1,905	45%
Nassau	2,783	1,280	4,938	-265	2,518	46%
Okaloosa	8,832	5,123	13,925	-1,730	7,102	58%
Okeechobee	1,150	587	3,163	463	1,613	51%
Orange	50,368	34,955	90,076	-4,429	45,939	69%
Osceola	7,430	3,139	21,905	3,742	11,172	42%
Palm Beach	46,813	36,043	84,430	-3,754	43,059	77%
Pasco	14,811	6,961	30,251	617	15,428	47%
Pinellas	41,630	28,070	50,040	-16,110	25,520	67%
Polk	20,550	9,603	46,186	3,005	23,555	47%
Putnam	2,774	1,609	5,524	43	2,817	58%
Saint Johns	7,838	3,527	12,882	-1,268	6,570	45%
Saint Lucie	8,496	4,967	19,884	1,645	10,141	58%
Santa Rosa	4,766	2,621	11,345	1,020	5,786	55%
Sarasota	9,098	5,897	17,505	-170	8,928	65%
Seminole	18,967	13,100	28,258	-4,555	14,412	69%
Sumter	1,807	831	2,920	-318	1,489	46%
Suwannee	894	554	3,122	698	1,592	62%
Taylor	962	645	1,499	-198	764	67%

2012 Census Population (Age: 0-5), Child Care Capacity at licensure, Enrollment, Estimated Need (negative numbers indicate capacity exceeds need), Projected Demand Proportion of Census Population 0-5 (51%) that use institutional child care and Proportion of Enrollment to Capacity broken down by County.

Report D : Estimated Need : County

County	Child Care Capacity at licensure	Proportion of Enrollment to Capacity	2012 Census Population (Age: 0-5)	Estimated Need (negative numbers indicate capacity exceeds need)	Projected Demand Proportion of Census Population 0-5 (51%) that use institutional child care	Enrollment
Union	450	185	1,001	61	511	41%
Volusia	18,950	8,963	29,035	-4,142	14,808	47%
Wakulla	724	348	2,176	386	1,110	48%
Walton	1,284	912	4,015	764	2,048	71%
Washington	662	364	1,685	197	859	55%

2012 Census Population (Age: 0-5), Child Care Capacity at licensure, Enrollment, Estimated Need (negative numbers indicate capacity exceeds need), Projected Demand Proportion of Census Population 0-5 (51%) that use institutional child care and Proportion of Enrollment to Capacity broken down by County.

APPENDIX K: REPORT EXAMPLE OF ESTIMATED NEED BY COALITION

Report E : Estimated Need : ELC

ELC	Child Care Capacity at licensure	Proportion of Enrollment to Capacity	2012 Census Population	Estimated Need (negative numbers indicate capacity exceeds need)
Alachua	8,402	5,083	15,601	-445
Big Bend	17,563	9,376	28,953	-2,797
Brevard	16,605	12,274	32,504	-28
Broward	101,010	72,283	121,766	-38,909
CNBB	13,859	6,528	23,896	-1,672
Duval	42,863	20,531	71,451	-6,423
Escambia	13,560	7,377	22,443	-2,114
Flagler/Volusia	21,299	8,903	34,799	-3,552
Florida's Gateway	5,316	3,307	10,843	213
Florida's Heartland	10,398	6,638	17,986	-1,225
Hillsborough	59,926	48,540	97,032	-10,440
IRMO	9,929	5,610	18,483	-503
Lake	10,007	5,274	19,591	-16
Manatee	11,492	7,601	21,678	-436
Marion	10,888	6,108	20,595	-385
Miami-Dade/Monroe	119,023	92,207	182,691	-25,851
Nature Coast	6,763	3,875	14,413	588
Northwest	10,036	6,855	21,073	711
Okaloosa/Walton	10,116	6,009	17,940	-967
Orange	50,368	34,955	90,076	-4,429
Osceola	7,430	3,139	21,905	3,742
Palm Beach	46,813	36,043	84,430	-3,754
Pasco/Hernando	21,630	9,582	40,477	-987
Pinellas	41,630	28,070	50,040	-16,110
Polk	20,550	9,603	46,186	3,005
Putnam and St. Johns	10,612	5,041	18,406	-1,225
Santa Rosa	4,766	2,621	11,345	1,020
Sarasota	9,098	5,897	17,505	-170
Seminole	18,967	13,100	28,258	-4,555
Southwest	34,449	21,507	63,775	-1,924
St. Lucie	8,496	4,967	19,884	1,645

2012 Census Population, Centers, Child Care Capacity at licensure , Proportion of Enrollment to Capacity, Estimated Need (negative numbers indicate capacity exceeds need), FCCH, Projected Demand Proportion of Census Population 0-5 (51%) that use institutional child care, Enrollment and Total Providers broken down by ELC.

Report E : Estimated Need : ELC

ELC	Projected Demand Proportion of Census Population 0-5 (51%) that use institutional child care	Enrollment	Centers	FCCH
Alachua	7,957	61%	87	65
Big Bend	14,766	53%	190	134
Brevard	16,577	74%	169	38
Broward	62,101	72%	715	167
CNBB	12,187	47%	149	61
Duval	36,440	48%	455	321
Escambia	11,446	54%	133	103
Flagler/Volusia	17,747	42%	219	136
Florida's Gateway	5,530	62%	63	27
Florida's Heartland	9,173	64%	128	41
Hillsborough	49,486	81%	577	74
IRMO	9,426	57%	98	44
Lake	9,991	53%	87	47
Manatee	11,056	66%	115	46
Marion	10,503	56%	100	81
Miami-Dade/Monroe	93,172	77%	1,168	324
Nature Coast	7,351	57%	85	26
Northwest	10,747	68%	123	39
Okaloosa/Walton	9,149	59%	97	105
Orange	45,939	69%	456	273
Osceola	11,172	42%	63	78
Palm Beach	43,059	77%	432	302
Pasco/Hernando	20,643	44%	183	109
Pinellas	25,520	67%	387	447
Polk	23,555	47%	257	138
Putnam and St. Johns	9,387	48%	90	48
Santa Rosa	5,786	55%	38	63
Sarasota	8,928	65%	127	60
Seminole	14,412	69%	157	69
Southwest	32,525	62%	303	193
St. Lucie	10,141	58%	86	71

2012 Census Population, Centers, Child Care Capacity at licensure , Proportion of Enrollment to Capacity, Estimated Need (negative numbers indicate capacity exceeds need), FCCH, Projected Demand Proportion of Census Population 0-5 (51%) that use institutional child care, Enrollment and Total Providers broken down by ELC.

Report E : Estimated Need : ELC

ELC	Total Providers
Alachua	152
Big Bend	324
Brevard	207
Broward	882
CNBB	210
Duval	776
Escambia	236
Flagler/Volusia	355
Florida's Gateway	90
Florida's Heartland	169
Hillsborough	651
IRMO	142
Lake	134
Manatee	161
Marion	181
Miami-Dade/Monroe	1,492
Nature Coast	111
Northwest	162
Okaloosa/Walton	202
Orange	729
Osceola	141
Palm Beach	734
Pasco/Hernando	292
Pinellas	834
Polk	395
Putnam and St. Johns	138
Santa Rosa	101
Sarasota	187
Seminole	226
Southwest	496
St. Lucie	157

2012 Census Population, Centers, Child Care Capacity at licensure , Proportion of Enrollment to Capacity, Estimated Need (negative numbers indicate capacity exceeds need), FCCH, Projected Demand Proportion of Census Population 0-5 (51%) that use institutional child care, Enrollment and Total Providers broken down by ELC.

APPENDIX L: RATING PROCESS FOR EACH QRIS

There are three ways to calculate QRIS scores:

***Block**: All requirements at each level must be met to move to the next star level*

***Points**: Programs receive points in each standard area; total points determines star rating*

***Hybrid**: Combination of Block and Points to determine star rating; all standards for each level on some standards must be met, and other standards provide points*

The details for each QRIS are provided below the table.

	Broward	Duval	Flagler-Volusia	Hills-borough	Miami-Dade	Palm Beach	Pinellas	Polk	Sarasota	South-west
Block							X			
Points				X		X			X (current)	
Hybrid	X	X	X		X			X	X (new)	X

Broward: *Quality Counts* is the voluntary quality rating improvement system administered by the Early Learning Coalition of Broward County. The standards were revised effective January 2013. Plans to integrate teacher effectiveness (as determined by the Classroom Assessment Scoring System [CLASS] tool) and child outcomes (as determined by a nationally researched based assessment tool) into the standards will occur during FY 2013-2014.

1. A star rating is computed for each domain:

- Learning Environment — ECERS-R, ITERS-R, FCCERS-R: 40%
- Professional Qualifications: 20%
- Ratios-Group Sizes: 10%
- Curriculum: 15%
- Family Engagement/Administration: 7.5%
- Administration: 7.5%

a. Star levels are determined through documentation for the items in each domain.

b. Each star level builds on the prior level — all items in a level must be reached in order to move up, with the exception of Professional Development and Qualifications, in which the individual components will be averaged.

c. Each domain is weighted by the percentage noted above, based on research on the impact on quality of that domain.

d. Up to three bonus points may be awarded: one point if at least 25 percent of teachers have a bachelor's degree in early childhood education/child development, two points if 50 percent meet this requirement, and one point if there is a designated staff person (in addition to the director) who has a bachelor's degree and at least 18 credits in ECE who oversees the center's educational program for at least 50 percent of the time.

2. The individual star ratings for each of the domain areas are multiplied by the weight factor and added together to determine total points earned.

3. Each program's star rating is determined by total points (4-12 points, 1 star; 13-24 points, 2 stars; 25-36 points, 3 stars; 37-42 points, 4 stars; 43-53 points, 5 stars). An early care and education program can score a 0 in any domain if it does not meet minimal requirements. All domain scores would be added as usual and divided by the number of domains (including the one that scored a 0).

4. Programs that are accredited by APPLE, COA, NAC, and NAEYC enter the system at a level 3. To earn more than 3 stars, programs must be assessed on the CLASS and other domains of the QRIS Protocol, but they can skip the Learning Environment assessment by the ERS. Each program's star rating is determined by total points (2-7 points, 1 star; 8-15 points, 2 stars; 16-22 points, 3 stars; 23-26 points, 4 stars; 27-33 points, 5 stars).

Duval: *Guiding Stars of Duval* is the voluntary quality rating improvement system administered by the Early Learning Coalition of Duval. The standards were recently revised and made final in June 2013. This information reflects the new standards, which will take effect in 2013-2014.

Programs must comply with DCF licensing requirements. Probationary status or other DCF violations are evaluated for points deduction or temporary suspension from participation in Guiding Stars.

The ratings break down by focus area:

- Program Personnel (12.5 points, 25% of total):
  - Staff Child Ratio and Group Size (2.5 points, 5% of total — all items in each level must be reached to get to the next level)
  - Staff Qualifications and Professional Development (20 points, 20% of total)
- Program Management (10 points, 20% of total)
  - Business Practices (5 points, 10% of total)
  - Family Engagement (5 points, 10% of total)
- Program Content (27.5 points, 55% of total)
  - Classroom: General Program Quality (2.5 points, 5% of total)
  - Curriculum and Assessment (10 points, 20% of total)
  - Teacher-Child Interaction (15 points, 30% of total)
- Bonus points: Programs can get up to 6 bonus points, one for each item: percentage of teachers with bachelors' degrees; curriculum specialist; accreditation; CW-EEP (Child Welfare — Early Education Partnership — serving foster care children) Certification; parent involvement — meaningful engagement/advisory board, etc.; use of authentic/reliable valid child assessment (Work Sampling, TS Gold, High Reach, GRO, ASQs)

Programs receive points for each area. Ratings are determined by total points (4-12 points, 1 star; 13-24 points, 2 stars; 25-36 points, 3 stars; 37-44 points, 4 stars; 45 points or above, 5 stars).

Flagler-Volusia: The ELC of Flagler Volusia administers the voluntary QRIS.

Programs are rated as follows:

- For each of the five standards areas, there are specific requirements for 1 to 5 stars.
- For each standard, programs identify the star level they meet and document this for each standard. For example, a program may meet star level 3 standards on child screening and assessment, curriculum and family engagement, and it may meet star level 4 standards for professional development and program administration.
- These five numbers are added up (e.g., 3+3+3+4+4=17) and divided by five (e.g., 17/5=3.4).

- Programs then add any bonus points they may have received:
  - Screening and Assessment: At least one IEP/IFSP on file, staff follows through on plan with activities recommended by other professionals: 0.5 bonus point
  - Curriculum: Curriculum specialist with degree, including 18 hours of ECE, who spends 50% time overseeing education component of program: 0.5 bonus point
  - Professional development: Family child care provider or 25% of teachers have associate degrees (.5 bonus point) or bachelor's degrees or higher (1 bonus point) in ECE
  - Program administration: Risk management/separation of duties system in place: 0.5 bonus point

Assuming a program receiving bonus points for Screening and Assessment and Curriculum: 3.4+1=4.4.

- The total score is rounded up or down for the final star rating (e.g., 4.4=4 stars).

Hillsborough: *Quality Counts for Kids* is the voluntary QRIS for Hillsborough County administered by the Early Learning Coalition of Hillsborough County.

All legally operating centers, family child care homes and school-age-only programs in Hillsborough County are eligible to participate if they:

- Have been operating for at least one year prior to application;
- Have not been referred to the Florida Department of Law Enforcement (FDLE) for investigation for fraud connected with the School Readiness Program and/or the Voluntary Prekindergarten Program;
- Have been in good standing for 1 year and are currently in good standing with the Hillsborough County Child Care Licensing Program. (Being in good standing means the program is not under any administrative action. Enrollment priority is given to programs that serve children who are receiving subsidies through the School Readiness Program. In addition, programs must be committed to the quality improvement process.)

Center-based programs are awarded 'star level' designations based on the number of points a program receives for meeting quality-specific standards. Center standards address Curriculum and Instructional Assessment, Family Engagement, Learning Environment, Program Administration, Ratio and Group Size, Screening and Identification of Special Needs, and Staff Qualifications.

Family Child Care Homes are awarded "star level" designations based on the number of points each home receives in quality-specific standards. Those standards address Business Administration, Curriculum and Instructional Assessment, Family Engagement, Learning Environment, Provider Qualifications, Screening and Identification of Special Needs, and Provider as Employer (may not be applicable).

Each rating is determined by total points (7-18 points, 1 star; 19-28 points, 2 stars; 29-38 points, 3 stars; 39-48 points, 4 stars; 49-60 points, 5 stars). Programs must receive at least one point in each of the 7 standard areas. To receive a designation of 3, 4 or 5 stars, the program must receive at least one point for each ERS tool used to assess the program.

Miami-Dade: *Quality Counts* is the voluntary QRIS for Miami-Dade County administered by the Early Learning Coalition of Miami-Dade/Monroe. The coalition recently revised the QRIS standards for Quality Counts. This information reflects the new standards.

QRIS ratings are determined through a combination of a block and point system.

- Star 1: Meet all Star 1 requirements of Staff Qualifications and Learning Environment; earn two points on all other standards
- Star 2: Meet all Star 2 requirements of Staff Qualifications and Learning Environment; earn four points on all other standards
- Star 3: Meet all Star 3 requirements of Staff Qualifications and Learning Environment; earn six points on all other standards

- Star 4: Meet all Star 4 requirements of Staff Qualifications and Learning Environment; earn eight points on all other standards
- Star 5: Meet all Star 5 requirements of Staff Qualifications and Learning Environment; earn ten points on all other standards
- Maximum of four bonus points possible: one point for director with a graduate degree in early childhood education (ECE) or child development (CD) or graduate degree out of field with 18 credits in ECE/CD; one point for each lead teacher with bachelor degree in ECE of CD or bachelor degree out of field with 18 credits in ECE/CD; one point for each assistant teacher with an associate degree in ECE/CD or an associate degree out of field with 18 credits in ECE/CD; current Gold Seal accreditation

Palm Beach: Palm Beach County is revising the QRIS standards and the overall way QRIS will work in the community. This information reflects the current standards, which are expected to be phased out around January 2014. The new standards were being refined at the time of this report.

Programs provide different types of evidence for each standard, and each standard area receives a different weight: Learning Environment (40%), Staff Qualifications/Professional Development (20%), Staff to Child Ratio and Group Size (10%), Curriculum (15%), Program Administration (7.5%), and Family Engagement (7.5%).

Programs receive points for each standard. The cumulative points determine a program's star rating.

- 1 star: 4-12.99 points
- 2 stars: 13-24.99 points
- 3 stars: 25-36.99 points
- 4 stars: 37-42.99 points
- 5 stars: 43-50 points

Pinellas: The Tier program is a voluntary QRIS for Pinellas County administered by ELC of Pinellas. The county has a dual goal of improving the quality of school readiness providers and increasing the number of Gold Seal accredited programs. The program has three tiers, each with its own standards and incentives upon completion.

- *Tier 1 — Program Review Tool*: Providers must score a minimum of a 3.0 on the local Program Review Tool. Providers who have not received a program review within the calendar year can request one. Those who do not meet Coalition standards will be asked to complete goals within 90 days, and follow-up technical assistance will be provided. A subsequent Program Review will be conducted. Once a score of 3.50 or higher is achieved and all other local criteria are met, the provider may move to Tier 2. (Incentive upon completion)
- *Tier 2 — CLASS (TBD)*: Providers who score 3.5 or higher on the Program Review Tool are assessed utilizing the CLASS Program Assessment Tool. If a passing score is not achieved, technical assistance will be provided to support improvements as identified by the assessment. A CLASS assessment will then be conducted. Once a passing score is achieved and all other local criteria are met, the provider may move to Tier 3. (Incentive upon completion)
- *Tier 3 — Accreditation Assistance:* Providers who obtain a passing score on the CLASS and have met all other local criteria will be strongly encouraged to apply for accreditation. Assistance and encouragement from the staff to do so will be infused into the technical assistance delivery. Providers will receive training, coaching, and financial incentives to apply for Gold Seal Accreditation. SR Providers who are currently Gold Seal may receive technical assistance and financial incentives in the maintenance thereof. Two options are available for accreditation assistance.

- AAP: (Accreditation Assistance Project): For providers who fall in the high-need areas identified by the project funded through local children's council.
- QIC: Quality Improvement Continuum to include completion incentives.

Polk: The Quality Rating Improvement System for the Early Learning Coalition of Polk County rates programs as follows:

- Ratio and Group Size: 10%
- Curriculum, Screening and Assessment: 20%
- Learning Environment: 20%
- Staff Qualifications: 15%
- Professional Development: 15%
- Business Practices: 10%
- Family Involvement: 10%

The seven items are equal in point value (1-5) and are then weighted as outlined above. Partial points can be awarded for all areas except ratios and group size and learning environment. Overall scores that end in 0.50-0.99 will receive a half-star (e.g., score of 3.78 = 3.5 stars). No numbers are rounded (e.g., score of 3.48 = 3 stars; score of 3.99 = 3.5 stars).

Sarasota: *Look for the Stars* is the voluntary quality rating improvement system for Sarasota County, administered by the Early Learning Coalition of Sarasota County. The coalition is revising the standards for Look for the Stars. The information in this table reflects current standards before revision; the expected (but not yet final) changes on the Learning Environment standard are noted in the table.

Programs receive points for each of the following areas:

- Learning Environment: 25 points (50% of rating)
  - ERS Scores: 15 points
  - Ratios and Group Size: 5 points
  - Curriculum and Child Assessment: 5 points
- Staff Qualifications and Professional Development: 15 points (30% of rating)
  - Staff Qualifications: 10 points
  - Professional Development: 5 points
- Family Involvement and Engagement: 5 points (10% of rating)
- Administrative and Business Practices: 5 points (10% of rating)
- Bonus points (up to three points possible)
  - "Criteria to consider for possible bonus points, providing paid release time due teachers, training reimbursement for teachers, % of staff with BA or higher in ECE/CD, and commitment to children with challenging behavior."

Rating determined by total points (12 points or less, 1 star; 13-24 points, 2 stars; 25-34 points, 3 stars; 35-44 points, 4 stars; 45-50 points, 5 stars).

Southwest: The Early Learning Coalition of Southwest Florida recently revised the QRIS standards for Southwest Florida Stars. This information reflects the new standards.

The ratings break down by focus area:

Programs earn points in each of the standard areas. Star Level 1 = 2 points; Star Level 2 = 4 points; Star Level 3 = 6 points; Star Level 4 = 8 points; Star Level 5 = 10 points.

All areas are worth 10 points, with some weighted more heavily.

- Learning Environment: worth 10 points, then weighted 3x (up to a total of 30 points).
- Health and Safety: worth 10 points, then weighted 2x (up to a total of 20 points).
- Screening, Assessment, and Curriculum: worth 10 points, then weighted 2x (up to a total of 20 points).
- Learning Environment: CLASS/ERS: 30%.
- Health/Safety/Ratios: 20%.
- Screening/Assessment/Curriculum: 20%.
- Professional Development and Staff Qualifications: 10%.
- Family and Community Relationships: 10%.
- Professional Responsibility: 10%.

APPENDIX M: ANNOTATED BIBLIOGRAPHY

Alliance for Early Childhood Finance. (2013). *Examples/models of shared services alliances.* *http://www.earlychildhoodfinance.org/shared-services/examplesmodels*

This website provides links to case studies of different shared services alliances throughout the country. The summaries provide information on the organization, the participating alliance members, and the outcomes to date of each of the alliances.

B.U.I.L.D. Initiative. (2013). *Current status of quality rating and improvement systems (QRIS).* *http://www.buildinitiative.org/TheIssues/EarlyLearning/QualityQRIS.aspx*

The BUILD Initiative's QRIS National Learning Network helps BUILD states and others develop and improve their QRIS. The network provides direct technical assistance to states for their planning and implementation efforts; brings state leaders, technical assistance providers, advocates and researchers together to share QRIS knowledge; publishes the latest QRIS research; hosts an ongoing webinar series on innovative QRIS practices; maintains a comprehensive sister website with QRIS information and resources; and provides additional and targeted learning opportunities to state QRIS leaders.

Barnett, W. S. (2003). *Low wages = low quality: Solving the real preschool teacher crisis* (Policy Brief No. 3). New Brunswick, NJ: National Institute for Early Education Research.

Recruiting and retaining good teachers ranks as one of the most significant roadblocks to solving the preschool quality crises facing the country. Evidence points to the low wages and benefits offered to preschool teachers as the single most important factor in hiring and keeping good teachers. This policy brief examines what is known about the connection between inadequate teacher compensation and preschool quality and offers recommendations to improve quality through improvements in compensation and retention. Recommendations include the following: (a) Head Start could raise teacher qualifications and compensation to the level of K-12 education in public schools with only modest annual increases in funding; (b) state prekindergarten programs must have enough funds to ensure adequate and comparable pay in public school and private contracted programs; and (c) state policies to subsidize the supply of good preschool teachers will succeed in the long run only if other state policies also support adequate pay and benefits.

Bracken, B. (2007). *Bracken School Readiness Assessment - 3rd edition (BSRA-3).* *https://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8033-078*

Brief and easy to administer, the Bracken School Readiness Assessment, Third Edition (BSRA-3) helps determine if a child is ready for school. As a family of products in concept development, the Bracken assessments differ in focus and item type. In the BBCS-3:R, the child simply points to a correct picture. This is a nonverbal task. In the BBCS-E, the child verbally responds to stimulus items. The BSRA-3 is a school readiness screener; it evaluates just 5 areas of the full BBCS assessments. Together, they are a powerful set of tools for a child's concept formation and academic success.

Bryant, D., Maxwell, K., Taylor, K., Poe, M., Peisner-Feinberg, E., & and Bernier, K. (2003). *Smart Start and preschool child care quality in NC: Change over time and relation to children's readiness.* Chapel Hill, NC: FPG Child Development Institute.

The primary goal of Smart Start is to ensure that all children enter school healthy and prepared to succeed. Smart Start has funded a variety of technical assistance (TA) activities to improve child care, including on-

site technical assistance; quality improvement and facility grant; teacher education scholarships; license upgrades; teacher salary supplements; and higher subsidies for increased child care quality or increased teacher education levels. This study included 110 preschool child-care programs that were part of previous observational studies of North Carolina child- care quality between 1994 and 1999. The study measured the quality of classroom practices and the center's level of participation in Smart Start-funded TA activities in the preceding year. From these classrooms, 512 preschoolers were assessed for their language, literacy, numeracy, and social-emotional skills. Findings suggested three main conclusions: (a) between 1993 and 2002, child care quality in this sample steadily and significantly increased; (b) participation in Smart Start-funded activities was significantly positively related to the quality of child care; and (c) children who attended higher-quality centers scored significantly higher than children in lower-quality centers on measures of skills and abilities deemed important for kindergarten success. Although the study cannot identify which Smart Start TA activities have been most effective at improving quality, it does show that Smart Start-funded activities are significantly related to preschool classroom quality. Classroom quality was significantly, positively related to children's outcomes, over and above the effects of gender, income, and ethnicity.

Burchinal, M., Howes, C., & Kontos, S. (2002). Structural predictors of child care quality in child care homes. *Early Childhood Research Quarterly, 17*(1), 87-105.

Child care homes are the most common type of child care in the U.S. for very young children who receive regular non-parental care. Compared to center-based care, much less is known about relations between structural and process quality within this type of care. Further, professional associations have developed guidelines based on number and ages of the children in the child care home, but these have been empirically examined. We asked two questions in secondary analyses of two large studies of over 300 child care homes. First, we identified the structural dimensions that best predicted global quality. Regression analyses replicated previously reported finding that caregiver training, but not ratio, was the structural characteristic that most consistently predicted observed global quality. Next, we compared observed quality of care in child care homes as a function of the professional association's guidelines regarding group size weighted by age of the children. No reliable association between quality of care and ratio guidelines obtained. These findings suggest that parents and policy makers should rely more heavily on characteristics such as caregiver training or education than on group size or child:adult ratios as they make decisions about child care homes, at least among settings in which group sizes are small to moderate.

Burchinal, M., Vandergrift, N., Pianta, R., & Mashburn, A. (2010). Threshold analysis of association between child care quality and child outcomes for low-income children in pre-kindergarten programs. *Early Childhood Research Quarterly, 25*(2), 166-176.

Over the past five decades, the federal government and most states have invested heavily in providing publicly funded child care and early education opportunities for 3- and 4-year-old children from low-income families. Policy makers and parents want to identify the level or threshold in quality of teacher–child interaction and intentional instruction related to better child outcomes to most efficiently use child care to improve school readiness. Academic and social outcomes for children from low-income families were predicted from measures of teacher–child interactions and instructional quality in a spline regression analysis of data from an 11-state pre-kindergarten evaluation. Findings suggested that the quality of teacher–child interactions was a stronger predictor of higher social competence and lower levels of behavior problems in higher than in lower quality classrooms. Further, findings suggested that quality of instruction was related to language, reading, and math skills more strongly in higher quality than in lower quality classrooms. These findings suggest that high-quality classrooms may be necessary to improve social and academic outcomes in pre-kindergarten programs for low-income children.

Burchinal, P., Kainz, K., Cai, K., Tout, K., Zaslow, M., Martinez-Beck, I., & Rathgeb, C. (2009). *Early care and education quality and child outcomes* (Policy Brief No.1).Washington, DC: Office of Planning, Research and Evaluation.

This document summarizes key research studies on the relationship between early learning quality and child outcomes.

Chapel Hill Training-Outreach Project. (2013). *The Early Learning Accomplishment Profile (E-LAP).* *http://chtop.org/Products/LAP-System/The-Early-Lap.htm*

The Early Learning Accomplishment Profile (E-LAP) provides a systematic method for observing the skill development of children functioning in the birth to 36 month age-range. The purpose of this criterion-referenced assessment is to assist teachers, clinicians, and parents in assessing individual development. The Early LAP contains a hierarchy of 414 developmental skills arranged in chronological sequence in six domains of development: gross motor, fine motor, cognition, language, self-help, and social-emotional.

Chapel Hill Training-Outreach Project. (2013). *The Learning Accomplishment Profile - diagnostic edition (LAP-D).* *http://chtop.org/Products/LAP-System/The-LAP-D.html*

The Learning Accomplishment Profile - Diagnostic Edition (LAP-D) provides a systematic method for observing children functioning in the 30-72 month age-range. The purpose of this norm-referenced assessment is to assist teachers, clinicians, and parents in assessing individual skill development in four major developmental domains (each contains two subscales): gross motor, fine motor, cognitive, and language. The results of the LAP-D can be used to generate a complete picture of a child's developmental progress so that individualized, developmentally-appropriate activities can be planned and implemented. This assessment is designed for children with typical and atypical development.

Chapel Hill Training-Outreach Project. (2013). *The Learning Accomplishment Profile: 3rd edition overview*. *http://chtop.org/Products/LAP-System/The-LAP-3.html*

The third edition of the Learning Accomplishment Profile provides a systematic method for observing the skill development of children functioning in the 36-72 month age-range. The purpose of this criterion-referenced assessment is to assist teachers, clinicians, and parents in assessing individual development. The LAP-3 contains a hierarchy of 383 developmental skills arranged in chronological sequence in six domains of development: gross motor, fine motor, pre-writing, cognitive, language, self-help, and personal/social.

Children Now. *Improving young children's success: California's race to the top early learning challenge*. *http://files.eric.ed.gov/fulltext/ED539824.pdf*

California is one of only nine winning states to be awarded a highly competitive federal Race to the Top - Early Learning Challenge (RTT-ELC) grant from the U.S. Department of Education and U.S. Department of Health and Human Services. The objective of this four-year grant is to improve the quality of early learning programs and close the achievement gap for vulnerable young children, including those who are low-income, English learners, and children with disabilities or developmental delays. California's $53 million grant, administered by the California Department of Education (CDE), implements a unique approach that builds upon California's local and statewide successes to create sustainable capacity at the local level through 17 Regional Leadership Consortia in 16 counties united by a common end goal: Ensure that children in California have access to high quality programs so that they thrive in their early learning settings and succeed in kindergarten and beyond.

Clarke-Stewart, K. A., Vandell, D. L., Burchinal, M., O'Brien, M., & McCartney, K. (2002). Do regulable features of child-care homes affect children's development? *Early Childhood Research Quarterly, 17*(1), 52-86. doi: *http://dx.doi.org/10.1016/S0885-2006(02)00133-3*

Data from the NICHD Study of Early Child Care were used to assess whether regulable features of child-care homes affect children's development. Child-care homes selected were those in which there were at least two children and the care provider received payment for child care (ns=164 when the study children were 15 months old, 172 at 24 months, and 146 at 36 months). Caregivers who were better educated and had received more recent and higher levels of training provided richer learning environments and warmer and more sensitive caregiving. Caregivers who had more child-centered beliefs about how to handle children also provided higher quality caregiving and more stimulating homes. In addition, when settings were in compliance with recommended age-weighted group size cut-offs, caregivers provided more positive caregiving. Quality of care was not related to caregivers' age, experience, professionalism, or mental health, or to the number of children enrolled in the child-care home or whether the caregivers' children were present. Children with more educated and trained caregivers performed better on tests of cognitive and language development. Children who received higher quality care, in homes that were more stimulating, with caregivers who were more attentive, responsive, and emotionally supportive, did better on tests of language and cognitive development and also were rated as being more cooperative. These findings make a case for regulating caregivers' education and training and for requiring that child-care homes not exceed the recommended age-weighted group size.

Clifford, R. M., Reszka, S. S., & Rossbach, H. G. (2010). *Reliability and validity of the early childhood environment rating scale*. Chapel Hill, NC: FPG Child Development Institute, University of North Carolina at Chapel Hill.

This paper explores the reliability and validity evidence currently available for the ECERS-R.

Cooperative Educational Service Agency 5. (2012). *Portage Overview*. *https://sites.google.com/a/cesa5.org/portage-project/home*

The Portage Project, first funded in 1969, continues to be a leader in the development of educational curricula and materials for young children and is committed to creating and enhancing quality programs which promote the development and education of all children through services, materials, and advocacy.

Cryer, D. (2013). *Developing and maintaining reliability on the environment rating scales*. *http://www.ersi.info/PDF/Developing%20and%20Maintaining%20Reliability%20on%20the%20Environment%20Rating%20Scales.pdf*

Many states and other groups that are using the Environment Rating Scales (ERS) need to train large numbers of people to reliability. However, training a large group to reliability is a substantial task, requiring days of work, and a commitment of staff as well as resources. This document represents the plan to be used in "high stakes" observations (those observations where ERS scores are used to determine a program's status or funding).

Curby, T. W., Brock, L., & Hamre, B. (2013). Teachers' emotional support consistency predicts children's achievement gains and social skills. *Early Education and Development, 24*, 292-309. doi:10.1080/10409289.2012.665760

This study examined teachers' emotional support in classrooms and how it relates to children's' outcomes in preschool and kindergarten. Findings suggest that more consistent emotional support was related to better academic and social outcomes, emphasizing the potentially important role of consistency in children's school experiences.

Downer, J., Lopez, M., Grimm, K., Hamagami, A., & Pianta, R. (2012). Observations of teacher-child interactions in classrooms serving Latinos and dual language learners: Applicability of the Classroom Assessment Scoring System in diverse settings. *Early Childhood Research Quarterly, 27*, 21-32. doi:10.1016/j.ecresq.2011.07.005

With the rising number of Latino and dual language learner (DLL) children attending Pre-K and the importance of assessing the quality of their experiences in those settings, this study examined the extent to which a commonly used assessment of teacher–child interactions, the Classroom Assessment Scoring System (CLASS), demonstrated similar psychometric properties in classrooms serving ethnically and linguistically diverse children as it does in other classrooms. Specifically, this study investigated: (1) whether CLASS observations of teacher–child interactions are organized in three domains across classrooms with varying ethnic and language compositions (measurement invariance) and (2) the extent to which CLASS-assessed teacher–child interactions (emotional support, classroom organization, and instructional support) predict children's social, math, and literacy outcomes equally well for Latino and DLL children (predictive validity). CLASS observations of teacher–child interactions were conducted in 721 state-funded Pre-K classrooms across 11 states. Direct assessments and teacher ratings of social, math, and literacy outcomes were collected for four randomly selected children in each classroom. CLASS observations factored similarly across Pre-K classrooms with different Latino and DLL compositions and predicted improvements in school readiness regardless of a child's Latino or DLL status. Results suggest CLASS functions equally well as an assessment of the quality of teacher–child interactions in Pre-K settings regardless of the proportion of Latino children and/or the language diversity of the children in that setting.

Early, D. M., Bryant, D. M., Pianta, R. C., Clifford, R. M., Burchinal, M. R., Ritchie, S.,…Barbarin, O. (2006). Are teachers' education, major, and credentials related to classroom quality and children's academic gains in pre-kindergarten? *Early Childhood Research Quarterly, 21*(2), 174-195. doi:10.1016/j.ecresq.2006.04.004

To date, few studies of state-funded pre-kindergarten have fully addressed questions about the association between teachers' education, major, and credentials with classroom quality or children's academic gains. The current paper uses data from the National Center for Early Development and Learning's (NCEDL) Multi-State Study of Pre-Kindergarten, involving 237 pre-kindergarten classrooms and over 800 children, randomly selected from six states with well-established state-funded pre-kindergarten programs. The study includes multiple days of classroom observation, direct child assessments of children's early academic skills in the fall and spring of the pre-kindergarten year, and questionnaires from teachers. For the current paper, teachers' education has been operationalized in three different ways (years of education, highest degree, and bachelor's versus no bachelor's). Additionally, the paper considers the role of college major, state teaching certification, and CDA credential. Consistent with findings in the K-12 literature, this study finds few associations between any of the measures of education, major, or credentials and classroom quality or children's outcomes. Teachers' education, regardless of how it is operationalized, is linked to gains in children's math skills across the Pre-K year, and the CDA credential is linked to children's gains in basic skills; however, education, training, and credentialing are not consistently related to classroom quality or other academic gains for children.

Early, D. M., Maxwell, K. L., Burchinal, M., Alva, S., Bender, R. H., Bryant, D., …Zill, N. (2007). Teachers' education, classroom quality, and young children's academic skills: Results from seven studies of preschool programs. *Child Development, 78*(2), 558-580. doi:10.1111/j.1467-8624.2007.01014.x

In an effort to provide high-quality preschool education, policymakers are increasingly requiring public preschool teachers to have at least a bachelor's degree, preferably in early childhood education. Seven major studies of early care and education were used to predict classroom quality and children's academic outcomes

from the educational attainment and major of teachers of 4-year-olds. The findings indicate largely null or contradictory associations, indicating that policies focused solely on increasing teachers' education will not suffice for improving classroom quality or maximizing children's academic gains. Instead, raising the effectiveness of early childhood education likely will require a broad range of professional development activities and supports targeted toward teachers' interactions with children.

First Things First. *Measuring quality in early childhood education* (Policy Brief No. Q2). Phoeniz, AZ: First Things First.

First Things First examines the need for a quality rating and improvement system, and how Quality First can standardize and help improve early child care in Arizona

Florida Department of Children and Families. (2013). *Gold seal quality care program: A side-by-side comparison of Florida approved accreditation associations.* *http://ccrain.fl-dcf.org/documents/-99/388.pdf#page=1*

A side-by-side comparison of Florida Gold Seal Quality Care approved accreditation associations.

Florida Legislature Office of Program Policy Analysis and Government Accountability (OPPAGA). (2013). *Relationship between gold seal, QRIS ratings, and kindergarten readiness outcomes* [Presentation]. *http://www.oppaga.state.fl.us/monitordocs/presentations/P13-09.pdf*

A presentation report of the relationship between Gold Seal, QRIS Ratings, and Kindergarten Readiness Outcomes in the State of Florida.

Frank Porter Graham Child Development Institute. (2013). *About environment rating scales.* *http://ers.fpg.unc.edu/about-environment-rating-scales*

There are four environment rating scales, each designed for a different segment of the early childhood field. These scales are designed to assess process quality in an early childhood or school age care group. Process quality consists of the various interactions that go on in a classroom between staff and children; staff, parents, and other adults; among the children themselves; and the interactions children have with the many materials and activities in the environment, as well as those features, such as space, schedule, and materials that support these interactions. Process quality is assessed primarily through observation and has been found to be more predictive of child outcomes than structural indicators such as staff to child ratio, group size, cost of care, and even type of care, for example child care center or family child care home (Whitebook, Howes & Phillips, 1995).

Fuller, B., Gasko, J., & Anguiano, R.. (2010). *Lifting Pre-K quality: Caring and effective teachers.* *http://www.elcmdm.org/Knowledge%20Center/reports/Fullerhighquality.pdf*

Report detailing the Pre-K quality problem, then reporting on the new science that points to effective ways of raising quality and boosting results for children.

Guo, S. B., Piasta, S. B., Justice, L. M., & Kaderavek, J. N. (2010). Relations among preschool teachers' self-efficacy, classroom quality, and children's language and literacy gains. *Teaching and Teacher Education, 26*(4), 1094-1103. doi:10.1016/j.tate.2009.11.005

This study examined the relations among preschool teachers' self-efficacy (n = 67), classroom quality (instructional and emotional support), and children's (n = 328) gains in print awareness and vocabulary knowledge over an academic year in the US. Results indicated that teachers' self-efficacy and classroom quality served as significant and positive predictors of children's gains in print awareness but not vocabulary

knowledge. However, results also showed a significant interaction among teachers' self-efficacy, classroom quality, and vocabulary gains. For children of teachers with higher levels of self-efficacy, higher levels of classroom quality (emotional support) were associated with higher vocabulary gains.

Hamre, B. K., Goffin, S. G., & Kraft-Sayre, M. (2009). Classroom Assessment Scoring System (CLASS) implementation guide: Measuring and improving classroom interactions in early childhood settings. *http://www.teachstone.org/about-the-class/*

This report discusses the ways in which the Classroom Assessment Scoring System© (CLASS: Pianta, La Paro, & Hamre, 2008) can help states, counties, districts, and programs take steps toward improving the quality of early childhood education (ECE) and teachers' interactions with children. First, an overview of the CLASS is presented. Then, a conceptual framework is introduced that can guide states and others in systematically using the CLASS and creating a coordinated approach for improving teacher-child interactions. The report also provides answers to practical questions about how best to implement and coordinate use of the CLASS as part of program quality improvement and evaluation and monitoring systems. The report concludes with a brief discussion of other important issues, such as use of the CLASS in settings with diverse populations of children.

Helburn, S., Culkin, M. L., Morris, J., Mocan, N., Howes, C. P., L., Bryant, D., …Rustici, J. (1995). Cost, quality, and child outcomes in child care centers. Denver, CO: Department of Economics, University of Colorado at Denver.

Conducted at a time when increasing numbers of the nation's young children are in child care and when the American public is concerned about children's readiness for school, the Cost, Quality, and Child Outcomes Study provides the first comprehensive econometric and psychometric analysis of child care and children's outcomes. The study was designed to examine the relationships among the costs of child care and the nature and effects of children's child care experiences. Cost and quality data were collected through visits to 50 non-profit and 50 for-profit centers in each of four states: California, Colorado, Connecticut, and North Carolina. Trained data collectors conducted interviews with and distributed questionnaires to center directors, teachers, and parents; they also observed two randomly chosen classrooms in each center. Data were then collected on 826 children from preschool classrooms visited earlier. The study found that while child care varies widely within and between states and sectors of this industry, most child care is mediocre in quality, sufficiently poor to interfere with children's emotional and intellectual development. Market forces constrain the cost of child care and at the same time depress the quality of care provided to children. It costs somewhat more to provide good quality care than to produce poor quality care; however, higher costs are not obviously reflected in parent fees, which are relatively similar in centers of different quality. Based on the findings, the following recommendations were made: (a) launch efforts to educate parents on identifying high quality programs; (b) implement higher state standards; (c) increase investments in child care staff; and (d) assure adequate financing and support of child care.

Howes, C., Burchinal, M., Pianta, R., Bryant, D., Early, D., Clifford, R., & Barbarin, O. (2008). Ready to learn? Children's pre-academic achievement in pre-kindergarten programs. *Early Childhood Research Quarterly, 23*(1), 27-50. doi:10.1016/j.ecresq.2007.05.002

We examined children's growth in school-related learning and social skills over the pre-kindergarten (pre-k) year in state-funded programs designed to prepare children for kindergarten. We expected that children's gains in academic and social skills could be attributed to variations in the structural and classroom

process dimensions of program quality. Nearly 3000 (n = 2800) children were randomly selected, four per classroom, from approximately 700 randomly selected, state-funded pre-kindergarten classrooms in eleven states. Enrollment in Pre-K appeared related to gains in academic skills. Children showed larger gains in academic outcomes when they experienced higher-quality instruction or closer teacher–child relationships. Gains were not related to characteristics of the child or program (i.e., ratio, teacher qualifications, and program location and length). These findings have implications for a range of state and local policy and program development efforts as well as for theories of contextual influences on development.

Hughes-Belding, K., Hegland, S., Stein, A., Sideris, J., & Bryant, D. (2012). Predictors of global quality in family child care homes: Structural and belief characteristics. *Early Education and Development, 23*(5), 697-712. doi:10.1080/10409289.2011.574257

With a substantial number of young children receiving care in family child care settings, an examination of the characteristics, both structural and attitudinal, that predict program quality is warranted. The current study examines gaps in the research by examining both structural characteristics and provider beliefs that influence observed global quality in family child care homes. Results of this study suggest that belief characteristics can predict the quality of family child care homes above and beyond structural characteristics alone. Practice or Policy: Providing support to help all providers understand appropriate developmental expectations for children and how to effectively guide children is critical for quality improvement efforts. In addition, providing support to decrease job stress and improve professional motivation is highlighted.

Kalifeh, P., Clements, M., & Esposito, B. (2013). Florida's gold seal quality care policy study 2013. Tallahassee, FL: The Children's Forum.

This study examined the differences in observed quality between Gold Seal and non-Gold Seal programs in 1,760 early childhood center-based and home-based settings yielding 3,506 assessments in 11 Florida counties over a two year period from 2010-2012. Observable quality was measured by the Environment Rating Scales (ERS), a valid and reliable set of instruments for measuring quality in early childhood settings. The study also examined the differences between programs accredited by one of 11 accrediting associations approved under Gold Seal and observed quality as measured by the Environment Rating Scales. Findings showed that Gold Seal programs scored higher on measures of quality than non-Gold Seal programs and differences were statistically significant, although the differences were relatively modest. These results suggest that while Florida's Gold Seal programs scored slightly higher than non-Gold Seal programs on the ERS, overall program quality in the majority of programs was minimally adequate in the state.

Kaplan Early Learning. (2012). *DECA Overview*. *http://www.kaplanco.com/store/trans/productDetailForm.asp?PID=41009*

The Devereux Early Childhood Assessment (DECA) is a nationally normed assessment of within-child protective factors in preschool children aged two to five. The DECA is an easy-to-use assessment system with a 10-minute administration time. This assessment tool evaluates the effectiveness of individual child and program-wide interventions; provides developmentally appropriate strategies to foster resilience; effectively screens for emotional and behavioral concerns; emphasizes a team approach among professional and family members; and meets programs' varying needs by allowing for flexible implementation. DECA meets Head Start and IDEA requirements for strength-based assessment as well as APA and NAEYC assessment guidelines.

Kelley, P., & Camilli, G. (2007). The impact of teacher education on outcomes in center-based education programs: A meta-analysis. *http://nieer.org/resources/research/TeacherEd.pdf*

A key question for early childhood education policy is the extent to which classroom quality could be improved by raising requirements for teacher educational qualifications. Studies generally find a positive relationship between teachers' educational attainment and classroom quality, but conventional reviews do not provide estimates of outcomes that are comparable across studies. This meta-analysis was conducted to provide a quantitative synthesis of research findings on the relationship of teacher educational attainment and measures of classroom quality and child development in center-based early childhood care and education (ECE) settings. The primary focus of this study was whether completion of a bachelor's degree has a positive impact on ECE outcomes. The analysis indicated that effects on quality outcomes from teachers with a bachelor's degree (the treatment group) were significantly different from those teachers with less education (the comparison group).

Kreader, J. L., Ferguson, D., & Lawrence, S.. (2005). Infant and toddler child care quality [Research Brief No. 2]. *Child Care and Early Education Research Connections*. *http://www.nccp.org/publications/pdf/text_626.pdf*

The research summarized in this policy brief identifies factors that tend to predict higher quality within arrangement types — family child care, center care, and relative care — and describes the range of quality found in each type.

Locasale-Crouch, J., Konold, T., Pianta, R., Howes, C., Burchinal, M., Bryant, D., …Barbarin, O. (2007). Observed classroom quality profiles in state-funded pre-kindergarten programs and associations with teacher, program, and classroom characteristics. *Early Childhood Research Quarterly, 22*(1), 3-17. doi:10.1016/j.ecresq.2006.05.001

This paper describes in detail multi-dimensional profiles of observed quality across 692 classrooms in 11 states representing 80% of these available programs and examines teacher, program, and classroom characteristics associated in these profiles. Cluster analysis enabled the detection of patterns that fit profiles of high and low overall emotional and instructional support along with "mid-range" patterns in which emotional support is somewhat higher than instructional support. Associations between teacher characteristics and program characteristics were generally not significant. However, the poorest quality profile was associated with classroom poverty level, suggesting that the children who need the highest quality educational experiences have teachers who are struggling the most to provide it.

Mashburn, A. J., Pianta, R., Hamre, B. K., Downer, J. T., Barbarin, O., Bryant, D., …Howes, C. (2008). Measures of classroom quality in prekindergarten and children's development of academic, language, and social skills. *Child Development, 79*(3), 732-749. doi: 10.1111/j.1467-8624.2008.01154.x

This study examined development of academic, language, and social skills among 4-year-olds in publicly supported prekindergarten (pre-k) programs in relation to 3 methods of measuring Pre-K quality, which are as follows: (a) adherence to 9 standards of quality related to program infrastructure and design, (b) observations of the overall quality of classroom environments, and (c) observations of teachers' emotional and instructional interactions with children in classrooms. Participants were 2,439 children enrolled in 671 Pre-K classrooms in 11 states. Adjusting for prior skill levels, child and family characteristics, program characteristics, and state, teachers' instructional interactions predicted academic and language skills and teachers' emotional interactions predicted teacher-reported social skills. Findings suggest that policies, program development, and professional development efforts that improve teacher-child interactions can facilitate children's school readiness.

Massachusetts Department of Early Education and Care. (2012). *Center and school based standards.* *http://www.eec.state.ma.us/docs1/board_materials/20101214_qris_standards_ctr_based.pdf*

This summary outlines the standards for the voluntary quality rating improvement system in the state of Massachusetts.

McKenzie, B. (2013). *County to county commuting flows: 2006-2010. (ACS-20).* *http://www.census.gov/hhes/commuting/*

This summary of county to county commuting flows documents cross-county commuting patterns and the percentage of individuals that commute across county lines.

National Association of Child Care Resource and Referral Agencies. (2008). *What do parents think about child care? Findings from a series of focus groups* (NACCRRA Publication No. 02-2650). *http://www.naccrra.org/sites/default/files/publications/naccrra_publications/2012/whatdoparentsthinkaboutchildcare-focusgroup.pdf*

This summary of findings from focus groups across the country summarized family experiences and thoughts about child care.

National Center on Child Care Quality Improvement. *Statewide QRIS profile: Rhode Island.* *https://occqrisguide.icfwebservices.com/files/111109_RI_QRIS_Profile_0.pdf*

BrightStars is a five-level quality rating and improvement system. All licensed child care centers, licensed family child care homes, and approved preschools in Rhode Island are eligible to participate in BrightStars. Licensed school-age programs will be able to participate in 2011. BrightStars is managed by the Rhode Island Association for the Education of Young Children. Rhode Island KIDS COUNT coordinates and supports the evaluation of BrightStars.

National Institute of Child Health and Human Development Early Child Care Research Network. (1996). Characteristics of infant child care: Factors contributing to positive caregiving. *Early Childhood Research Quarterly, 11*(3), 269-306.

At 6 months of age, 576 infants were observed during 2 half-days in five types of nonmaternal child care (centers, child care homes, in-home sitters, grandparents, and fathers). Settings were assessed in terms of their structural characteristics (group size, child-adult ratio, physical environment) and caregivers' characteristics (formal education, specialized training, child care experience, and beliefs about child rearing). In addition, caregivers' interactions with infants were observed. Caregivers were rated as providing more positive caregiving when group sizes and child-adult ratios were smaller and when caregivers held less-authoritarian beliefs about child rearing. Significant differences were associated with type of care arrangement. Child-adult ratios and group sizes were largest in centers and smallest in informal in-home care (with fathers, grandparents, and in-home sitters); specialized training was highest in centers. Small group sizes, low child-adult ratios, caregivers' nonauthoritarian child-rearing beliefs, and safe, clean, and stimulating physical environments were consistently associated with positive caregiving behaviors within each of these different types of settings.

National Institute of Child Health and Human Development Early Child Care Research Network. (2000). Characteristics and quality of child care for toddlers and preschoolers. *Applied Developmental Science, 4*(3), 116-135. doi:10.1207/S1532480XADS0403_2

In this article, we use data from the National Institute of Child Health and Human Development (NICHD) Study of Early Child Care (NICHD Early Child Care Research Network, 1996, 1997, 1998, 1999) to answer 3 questions. The first question is: What structural features and caregiver characteristics predict more positive caregiver behavior in child care for 1- to 3-year-old children? Positive caregiving was assessed in 5 types of care (centers, child-care homes, and care provided by in-home sitters, grandparents, and fathers) when children in the NICHD study were 15, 24, and 36 months of age (Ns = 612, 630, and 674). Across ages and types of care, positive caregiving was more likely when child-adult ratios and group sizes were smaller, caregivers were more educated, held more child-centered beliefs about childrearing, and had more experience in child care, and environments were safer and more stimulating. The second question is: What differences in caregiving are associated with the type of child care and the child's age? The highest level of positive caregiving was provided by in-home caregivers, including fathers and grandparents, caring for only 1 child, closely followed by home-based arrangements with relatively few children per adult. The least positive caregiving was found in center-based care with higher ratios of children to adults. By 36 months of age, the significance of child-adult ratio decreased, and in-home arrangements became less positive. The third question is: What is the overall quality of child care for 1- to 3-year-olds in the United States? Observed positive caregiving was determined to be "very uncharacteristic" for 6% of the children in the NICHD sample, "somewhat uncharacteristic" for 51%, "somewhat characteristic" for 32%, and "highly characteristic" for 12%. An extrapolation to the quality of care in the United States was derived by applying NICHD observational parameters, stratified by maternal education, child age, and care type, to the distribution of American families documented in the National Household Education Survey (Hofferth, Shauman, Henke, & West, 1998). Positive caregiving was extrapolated to be "very uncharacteristic" for 8% of children in the United States ages 1 to 3 years, "somewhat uncharacteristic" for 53%, "somewhat characteristic" for 30%, and "highly characteristic" for 9%.

National Institute of Child Health and Human Development Early Child Care Research Network. (2002). Child-Care Structure →Process →Outcome: Direct and indirect effects of child-care quality on young children's development. *Psychological Science, 13*(3), 199-206. doi:10.1111/1467-9280.00438

With data from the NICHD Study of Early Child Care, we used structural equation modeling to test paths from structural indicators of child-care quality, specifically caregiver training and child-staff ratio, through a process indicator to child outcomes. There were three main findings: (a) quality of maternal caregiving was the strongest predictor of cognitive competence, as well as caregivers' ratings of social competence; (b) quality of nonmaternal caregiving was associated with cognitive competence and caregivers' ratings of social competence; and (c) there was a mediated path from both caregiver training and child-staff ratio through quality of nonmaternal caregiving to cognitive competence, as well as to caregivers' ratings of social competence, that was not accounted for entirely by family variables. These findings provide empirical support for policies that improve state regulations for caregiver training and child-staff ratios.

Newborg, J. (2013). *Battelle developmental inventory™, second edition (BDI-2™).* *http://www.riverpub.com/products/bdi2/*

The Battelle Developmental Inventory, 2nd Edition is a developmental test given to individual children, ages birth to 7 years, 11 months. It is designed to measure developmental strengths of children with and without disabilities and is also meant to screen children considered to be at risk for developmental delays, to assist with the development of Individualized Family Service Plans (IFSP) and Individualized Education Plans (IEP), and to monitor short and long-term progress in children.

North Dakota Growing Futures. (2012). *Early childhood rating & improvement system pilot: STAR framework 2012.* *http://ndc.ndgrowingfutures.org/files/pdf/STARFramework.pdf*

This document contains the quality framework for the Early Childhood Rating & Improvement System Pilot. This framework helps you chart your progress in providing children with the experiences they need to be prepared for school and life. Progress is charted on a one-to-five STAR rating scale. Each STAR level is an important step toward best practice in early learning. Programs are assessed using 7 standards: physical activity and nutrition; safe and healthy learning environment; teaching and learning; professional development; relationships and interactions; family partnerships; and program administration.

Office of Child Care Administration for Children and Families. *Quality rating and improvement system resource guide: Standards and criteria.* *http://www.acf.hhs.gov/programs/occ/qris/resource/wwwroot/index.cfm?do=question&sid=3&qid=268*

This section includes information about categories of standards and criteria used to assign ratings; approaches states have used to organize the standards and assign ratings; ways states have incorporated other state, federal, and national standards into their QRIS; the inclusion of specific program types and groups of children into QRIS standards; and the use of environment rating scales (ERS) and other program assessment tools.

Office of Planning Research & Evaluation. (2010). *Classroom Assessment Scoring System (CLASS) Toddler and Pre-K. from Administration for Children and Families Archives.* *http://archive.acf.hhs.gov/programs/opre/ehs/perf_measures/reports/resources_measuring/res_meas_impj.html*

The Classroom Assessment Scoring System (CLASS) is an observation tool for assessing child care classroom quality among classrooms with infants (Infant CLASS), toddlers 15 to 36 months old (Toddler CLASS), preschoolers (CLASS Pre-K), and students in kindergarten through grade 12 (CLASS K-3, CLASS Upper Elementary, and CLASS Secondary). Using a common metric and vocabulary, the Toddler CLASS and CLASS Pre-K standardize the description of the quality of the classroom environment across the early childhood period. Researchers may use the two measures to study classroom quality by focusing on administrators in order to assess their accountability to stakeholders and to undertake program planning and evaluation and by focusing on programs in order to provide teachers with feedback on improved instructional quality.

Parent Aware. (2012). *Parent aware quality checklist*. *http://www.parentawareratings.org/files/PA%20Quality%20Checklist%20CCC.pdf*

Parent Aware is Minnesota's voluntary quality rating improvement system.

Peisner-Feinburg, E. (2004). *Child care and its impact on young children's development.* *http://www.child-encyclopedia.com/documents/Peisner-FeinbergANGxp.pdf*

As the labor force participation rates for mothers of young children have risen over the past few decades, so has the use of child care, including both child care centers and family child care homes. A substantial majority of young children now regularly experience child care prior to their entry into school: rates of care for preschool-aged children are now higher than for infants and toddlers. Recent estimates indicate that nearly two-thirds of all 3- to 5-year-old children in the United States attend some form of regular child care prior to kindergarten. Given these high child care usage rates, both parents and professionals have sought to understand the impact of these experiences on children's cognitive and social development.

Phillips, D., Mekos, D., Scarr, S., McCartney, K., & Abbott–Shim, M. (2000). Within and beyond the classroom door: Assessing quality in child care centers. *Early Childhood Research Quarterly, 15*(4), 475-496. doi: *http://dx.doi.org/10.1016/S0885-2006(01)00077-1*

This study reports data from a multisite study of typical center-based child care and children's development regarding (a) associations among quality of care defined by structural features, process indicators, and compliance with state regulations; (b) variation in quality based on the stringency of state child care regulations and center compliance; and (c) specific quality indicators that show especially strong links to children's experiences in child care. Findings confirmed prior evidence regarding the importance of ratios, teacher training, and group size for high quality classroom processes, but demonstrated the more significant contribution of teacher wages and parent fees. Both structural and process measures of quality varied with the location of the center in a state with more or less stringent child care regulations. The results indicate the importance of incorporating economic and regulatory considerations into future studies of childcare quality.

Phillipsen, L. C., Burchinal, M. R., Howes, C., & Cryer, D. (1997). The prediction of process quality from structural features of child care. *Early Childhood Research Quarterly, 12*(3), 281-303. doi: *http://dx.doi.org/10.1016/S0885-2006(97)90004-1*

The purpose of this study was to identify structural characteristics of center child care that are associated with observed child care quality from a large multi-state project. Hierarchical regressions examined the relations between quality of care and selected characteristics of the lead caregiver, classroom, center, and director. Nonprofit and for-profit centers (228 infant/toddler and 521 preschool classrooms) were randomly sampled in four states. Interviews, questionnaires, and observations were used to assess structural and process quality. Overall, process quality was higher in states with more stringent child care regulations, nonprofit centers, and preschool classrooms. In infant/toddler classrooms, process quality was higher in classrooms with moderately experienced and better-paid teachers, and more experienced directors. In preschool classrooms, process quality was higher in classrooms with teachers with more education, a moderate amount of experience, and higher wages. The findings suggest the need to increase the stringency of state child care regulations and to rearrange the budgets of child care programs.

Pianta, R., Howes, C., Burchinal, M., Bryant, D., Clifford, R. M., Early, D. M., & Barbarin, O. (2005). Features of pre-kindergarten programs, classrooms, and teachers: Do they predict observed classroom quality and child–teacher interactions? *Applied Developmental Science, 9*(3), 144-159. doi: 10.1207/s1532480xads0903_2

This study draws from the National Center for Early Development and Learning's Multi-State Pre-Kindergarten Study to examine the extent to which program, classroom, and teacher attributes of the program ecology predict observed quality and teacher-child interactions in a sample of 238 classrooms representing 6 states' pre-kindergarten programs. Quality was assessed observationally at the global level and for specific teaching practices. Quality was lower in classrooms with more than 60% of the children from homes below the poverty line, when teachers lacked formal training (or a degree) in early childhood education, and held less child-centered beliefs. Program and teacher attributes were statistically significant, albeit quite modest, predictors of observed quality. Location of the program in a school building, child-staff ratio, and length of day had no relation to quality. State-level factors not attributable to the teacher, program, and classroom factors examined accounted for the majority of explained variance in observed quality. Results suggest that the association between distal features of programs and teachers and quality in pre-kindergarten is more similar to elementary school settings than to child care settings and that quality appears most closely related to proximal teacher and child characteristics.

Pianta, R., La Paro, K., & Hamre, B. (2008). *Classroom Assessment Scoring System, Pre-K manual*. Baltimore, MD: Brookes Publishing Co.

This observational tool assesses classroom quality based on teacher-student interactions rather than the physical environment or a specific curriculum. Assesses classroom emotional and instructional environments and targets efforts to improve academic outcomes for young learners.

Quality Initiatives Research and Evaluation Consortium. (2012). *Validating quality rating and improvement systems* [Webinar]. *http://www.slideshare.net/chrismgreene/qris-validation-webinar*

This webinar provided an overview of strategies and promising practices to validate quality rating improvement systems.

PRO-ED Inc. (2012). *TOPEL: Test of Preschool Early Literacy*. *http://www.proedinc.com/customer/productView.aspx?ID=4020*

The *Test of Preschool Early Literacy (TOPEL)* is a theoretically sound instrument designed to identify preschoolers who are at risk for literacy problems; therefore, allowing early intervention. It is easy to administer; early childhood educators, special educators, psychologists, diagnosticians, and other professionals who are interested in examine skills related to early literacy can administer the test. It provides valid and reliable raw scores, standard scores, and percentiles. The normative sample consists of 842 preschool-aged children (3 to 5 years), residing in 12 states. The TOPEL has three principle uses:

1. **Identification:** Results from the TOPEL subtests are useful for documenting a child's print, oral vocabulary, and phonological awareness ability

2. **Documentation of Progress:** Federal statutes, state laws, and/or school district policies at times require documentation of progress

3. **Research:** Educators can use this instrument to determine intervention-related change or to select students for research participation.

Rigby, E., Ryan, R. M., & Brooks-Gunn, J. (2007). Child care quality in different state policy contexts. *Journal of Policy Analysis and Management, 26*(4), 887-908. doi: 10.1002/pam.20290

Using data from the Child Care Supplement to the Fragile Families and Child Wellbeing Study, we test associations between the quality of child care and state child care policies. These data, which include observations of child care and interviews with care providers and mothers for 777 children across 14 states, allow for comparisons across a broader range of policy regimes and care settings than earlier research on this topic. Using multilevel linear and logistic models, we found that more generous subsidy policies (that is, greater investment, higher income eligibility) were positively associated with the quality of care in nonprofit child care centers, as well as with the use of center care. The stringency of regulations (that is, teacher education requirements, teacher-child ratios/thresholds) was also associated with both quality and type of care, but in more complex ways. Higher teacher training requirements were positively associated with the quality of both family child care and nonprofit centers, while more stringent regulations decreased the number of children attending center care. No links were found between state policies and the quality of for-profit center care. The implications for policy makers, advocates, and policy analysts are discussed.

Smart Beginnings Virginia Peninsula. (2012). *Virginia Star Quality Initiative.* *http://www.smartbeginningsvp.org/vsqi-providers.html*

The Virginia Star Quality Initiative was created to provide a consistent way to distinguish the level of quality in early care and education programs, allowing parents to make more informed choices when selecting child care. The star rating acts as a consumer education tool to improve information available to families.

T.E.A.C.H. Early Childhood® Florida. (n.d.). *Teacher education and compensation helps: T.E.A.C.H. scholarships.* *http://www.teach-fl.com/about.php*

The T.E.A.C.H. program works with 48 colleges, universities and vocational technical schools throughout the state as well as 14 community-based training institutions. Under management of the Forum, the Florida T.E.A.C.H. Early Childhood® Scholarship Program serves as an umbrella for a variety of educational scholarship opportunities for people working in early care and education programs including family child care homes. Since 1998, more than 22,000 scholarships have been awarded. The turnover rate for these T.E.A.C.H. program participants is less than 8%.

Teachstone. (2013). What is the CLASS tool? *http://www.teachstone.org/about-the-class/*

The Classroom Assessment Scoring System™ (CLASS™) is an observational tool that provides a common lens and language focused on what matters — the classroom interactions that boost student learning. Data from CLASS™ observations are used to support teachers' unique professional development needs, set school-wide goals, and shape system-wide reform at the local, state, and national levels.

The Center for Educational Measurement and Evaluation (2011). Teaching strategies gold® assessment system: Technical summary. *http://www.teachingstrategies.com/content/pageDocs/GOLD-Tech-Summary-8-18-2011.pdf*

Teaching Strategies GOLD® is an authentic observation-based assessment system for children from birth through kindergarten. The system may be implemented with any developmentally appropriate curriculum. It blends ongoing observational assessment for all areas of development and learning with performance tasks for selected predictors of school success in the areas of literacy and numeracy. Teaching Strategies GOLD® can be used to assess all children, including English-language learners, children with disabilities, and children who demonstrate competencies beyond typical developmental expectations.

Thornburg, K. R., Mayfield, W. A., Hawks, J. S., & Fuger, K. L. (2009). *The Missouri quality rating system school readiness study.* Columbia, MO: Center for Family Policy & Research.

The purpose of this study is to determine the extent to which Missouri QRIS ratings are associated with measurable gains in children's school readiness.

Tout, K., Star, R., Soli, M., Moodie, S., Kirby, G., & Boller, K. (2010). *Compendium of quality rating systems and evaluations.* Washington, DC: Child Trends.

The Compendium of Quality Rating Systems and Evaluations is the first product of the QRS Assessment and is intended to serve as a rich resource for the other tasks in the QRS Assessment which include a multi case in depth study, secondary analysis of existing QRS data, an analytic paper, and a toolkit for designing research and evaluation of QRS. The Compendium is intended to be a source of detailed information about QRS that can be compared, analyzed and used to generate hypotheses or research questions that can

be addressed in the other QRS Assessment tasks. Work on the QRS Assessment is informed by an expert panel convened for the project that provides guidance and input on the primary tasks and products. The Compendium contains two different types of information about QRS. The first section presents descriptive information obtained by examining 26 QRS nationwide. Cross-QRS matrices are included to simplify the information and to facilitate a review across states. The second section contains individual profiles of the 26 QRS in which data were collected for the QRS Assessment. Data were collected from July to October, 2009 and were finalized in early 2010.

University of Florida Lastinger Center for Learning. (2012). *CLASS Early Implementer Study: Final Report.* Gainesville, FL: Lastinger Center for Learning.

The Early Implementation Study was designed to test different supports for building CLASS capacity. The study included a baseline assessment, a short professional development intervention, and a post-assessment administered four months following the intervention. A total of 182 teachers from 11 programs in of Florida's 31 early learning coalitions participated. The study findings indicated that a short-term investment in professional development for early childhood educators can produce significant improvements on the CLASS.

Vu, J. A., Jeon, H. J., & Howes, C. (2008). Formal education, credential, or both: Early childhood program practices. *Early Education and Development, 19*(3), 479-504. Doi:10.1080/10409280802065379

This study is intended to widen the debate around the bachelor's degree (BA) as preparation for early childhood teaching when head teachers possess various levels of credentials and education. We examined classroom quality and teacher involvement in 231 classrooms sponsored by 122 different agencies, staffed and supervised by teachers and program directors who had varying levels of credentials within the California Child Development Permit. We found that not only teachers' education and credential level but also the credential level of the program director, as well as auspice, predicted classroom quality. In private, nonprofit programs as well as Head Start/general child care programs, teacher BAs did predict classroom quality, but when classrooms were sponsored by school districts and the state, preschool program teacher BAs were not as predictive of classroom quality. Practice or Policy: These findings point to the importance of considering not only teachers' education, but also the effects of supervision and auspice when examining the influences of variations in professional development on classroom quality.

Washington State Department of Early Learning, & Washington Early Achievers. (2013). Early Achievers, Washington's quality rating and improvement system standards: A framework to support positive child outcomes. *http://www.del.wa.gov/publications/elac-qris/docs/EA_Quality_Standards.pdf*

This document summarizes the standards for the QRIS for the state of Washington.

Whitebook, M., & Ryan, S. (2011). *Degrees in context: Asking the right questions about preparing skilled and effective teachers of young children* (Policy Brief No. 22). New Brunswick, NJ: NIEER.

The authors assert that equally important to teacher credentialing is the consideration of a) the nature of the education teachers receive en route to degrees, b) supports for ongoing learning, and c) the effects of workplace environment on teaching practice. They conclude that in order to resolve the mismatch between the expectations for early childhood professionals (and the quality and relevance of available preparation, supports for on the job learning, and compensation and benefits provided to them), we must generate new policy solutions that both expect and require more of teachers while also rewarding the early childhood workforce with employment practices and salaries commensurate with their education.

Whitebook, M., & Sakai, L. (2003). Turnover begets turnover: an examination of job and occupational instability among child care center staff. *Early Childhood Research Quarterly, 18*(3), 273-293. doi:10.1037/a0033494

Over half of child care center teaching staff (n=149) and a third of directors (n=71) interviewed in 1996 had left their centers by 2000. The demographic and professional profiles of those who left and stayed at their centers were similar. Among those who left, only half continued to work in child care. Highly trained teaching staff were more likely to leave their jobs if they earned lower wages, worked in a climate with less stability of highly trained co-workers, and worked with a greater percentage of teaching staff who did not have a bachelor's degree. Directors were more likely to leave if they earned lower wages. The study extends previous research by revealing the links among the characteristics and stability of the teaching staff as a whole and the retention of highly trained teachers. It also underscores the multi-faceted benefits resulting from paying higher wages to all staff.

NOTES

THE UNIVERSITY OF FLORIDA LASTINGER CENTER

An education innovation incubator, the Lastinger Center harnesses the University of Florida's intellectual resources to partner with educational organizations to research, design, build and field-test models that transform teaching, improve learning and promote healthy child development. Housed at the UF College of Education, the Lastinger Center blends the latest research with best practices to build award-winning learning systems. It won the US Department of Education's 2011 Investing in Innovation (i3) grant, the 2011 Florida Association for Staff Development's award for the state's top professional development program, and the Association of Teacher Educators' 2011 award for the country's top teacher education partnership program.

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