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PREVIEW

IMPACT OF EARLY HEAD START AND COMMUNITY CHILD CARE
PARTNERSHIPS ON QUALITY INFANT AND TODDLER PROGRAMMING

by

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A DISSERTATION

Presented to the Faculty of

The Graduate College at the University of Nebraska

In Partial Fulfillment of Requirements

For the Degree of Doctor of Philosophy

Major: Human Sciences (Family and Consumer Sciences)

Under the Supervision of Professor Pauline Davey Zeece

Lincoln, Nebraska

May, 2005

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DISSERTATION TITLE

Impact of Early Head Start and Community Child Care Partnerships on Quality Infant and
Toddler Programming

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IMPACT OF EARLY HEAD START AND COMMUNITY CHILD CARE PARTNERSHIPS ON QUALITY INFANT TODDLER PROGRAMMING

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University of Nebraska, 2005

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Sixty-four child care partners and eight Early Head Start (EHS) grantees participated in the investigation of the impact of EHS and community child care partnerships on infant/toddler programming. The study investigated effect of center-based and home-based program participation on environment quality in infant/toddler programs, the effect of educational level on program participation related to perceptions of quality improvement, the effect of educational level on partner report of increased knowledge of infant/toddler development, and the effect of educational level on partner perceptions of usefulness of the Environmental Rating Scale (ERS). Quality was measured by the Infant/Toddler Environmental Rating Scale (ITERS), Family Day Care Rating Scale (FDCRS) and the Midwest Child Care Research Consortium Assets (ASSETS). Results of three paired sample t-test showed program improvements in overall (i.e., ASSETS) and center-based (i.e., ITERS) program environmental quality but not in home-based (i.e., FDCRS) programs. Results from three one way ANOVA analyses indicated educational level did not significantly alter child care teachers' responses to partnership- related improvements, knowledge of infant/toddler development, or usefulness of the ERS. Through qualitative analyses, child care partners indicated the greatest benefits of program participation included personal

growth and increased information about child care, children, and families; community building among staff, parents, and other providers; program operational improvement related to sharing materials and educational and financial strategies; and educational growth through a variety of training activities. Greatest challenges centered primarily on being observed, meeting standards set by the partnership, and time constraints.

Limitations of the study and recommendations for future research were discussed.

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Acknowledgements

I would like to thank my committee members for their support and help in the completion of this project. Dr. Pauline Zeece, my advisor, mentor, and friend forever, deserves my great appreciation for all of her time and effort. This project would not be complete if she did not encourage me and guide me in the right direction. The dedication of Dr. Zeece also made me realize one of the most important things about being a professor is the connection that you make with students. Through our connection a true desire for learning occurred. I would like to thank Dr. Susan Churchill for her commitment and flexibility. I would like to thank Dr. James King for the knowledge and insight he contributed to the committee in an outside area. I would also like to thank Dr. John DeFrain for his encouragement in the development and completion of this project.

Special thanks goes to Diane Lewis and Betty Medinger from Nebraska Health and Human Services for their generosity and support through the use of the I/TQI data and to all the EHS and community child care participants who are the real stars of this project.

I would like to thank my mother, Earnestine Brooks, my aunt, Christine Parker, my two sisters, Tiffany Harris and Alecia Harris, and my niece Loretha Brown for being there for me when the pressure was on me and for assuring me that everything would be fine. I thank each of you for supporting me throughout this project.

I would like to thank all of my friends for their support especially Michelle Simpson, who gave me a better appreciation for statistics.

Finally, I would like to God for putting special people in my life and I dedicate this project to Glenda Gipson. Her courageous spirit encouraged me as I worked on this dissertation. The completion of this project was not only for me, but it was for the both of us. I love you and I will see you later.

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PREVIEW

IMPACT OF EARLY HEAD START AND COMMUNITY CHILD CARE PARTNERSHIPS ON QUALITY INFANT AND TODDLER PROGRAMMING

CHAPTER 1

Introduction

In today's society, infants and toddlers need and require a variety of learning experiences in stable and loving environments to thrive in the years ahead. The number of infants and toddlers in child care outside of the family continues to grow (Burchinal, Cryer, Clifford, & Howes, 2002; Burchinal, Roberts, Nabors, & Bryant, 1996; Peisner-Feinberg & Burchinal, 1997). Even though the numbers of young children in child care are increasing, there are still child care programs that lack high quality (Helburn, 1995). Linking all systems that nurture young children and optimizing the chance that such nurturance is high quality becomes important.

The time young children spend away from their parents, cared for by someone else, can be considerable. Eighty percent of young children under the age of six in full time child care spend an average of 40 hours during the work week with their teacher (National Research Council and Institute of Medicine, 2003). There is a need for quality child care because many children spend the majority of their time in child care arrangements and because this a crucial time for the development of a young child (Buell, Hallam, & Beck, 2001; Raikes & Love, 2002).

The community forms linkages for young children in a variety of child care settings outside of the family environment. Parents with children in home-based and center-based child care rely on people that may have no biological relationship to their children. These parents depend on community agencies for the safety and quality care of their children. Experts and advocates suggest that the quality of child care is enhanced

through community collaborations that focus on the provision and maintenance of high quality programs (Buell, Pfister, & Gamel-McCormick, 2002; Ontai, Hinrich, Beard, & Wilcox, 2002).

Purpose of the Study

The purpose of the present study was to investigate the impact of Early Head Start (EHS) and community child care partnerships on quality infant/toddler programming. These partnerships were created through the Infant/Toddler Quality Initiative (I/TQI) sponsored by the Nebraska Department of Health and Human Services (NHHS). Qualifying EHS programs were funded to provide professional development and technical assistance on quality infant/toddler care to neighboring child care providers. Liaisons from EHS programs visited child care providers regularly to provide onsite consultation, materials, supplies, invitations to training, and information about developmentally appropriate curriculum use in home-based and center-based settings (Bogle, 2005).

This study was part of the ongoing evaluation process related to the I/TQI. It specifically investigated program quality as it related to the infant/toddler child care environment and teacher education in the context of the I/TQI. Finally, providers' perception of the partnership and the effects of the I/TQI were examined.

Operational Definitions

For the purpose of this study, the following operational definitions were used:

Accreditation referred to professional standards set by the National Association for the Education of Young Children (NAEYC) used to help raise the quality in early childhood education programs.

ASSETS were 14 characteristics related to quality across various forms of child care programs as identified by the Midwest Child Care Research Consortium (Edwards, Knoche, Raikes, Raikes, Torquati, & Wilcox, 2002).

Center-Based Child Care Programs included child care providers within a center-based setting who contracted to work with EHS grantees in the context of the I/TQI.

Child Care Center Partners were child care providers within the community who contracted to work with EHS grantees in the context of the I/TQI.

Early Head Start (EHS) was a federally funded prevention program that focused on meeting the needs of children (birth to 3), pregnant mothers and families.

Early Head Start Grantees were EHS programs that participate in the study and provided training to child care partners in the context of the I/TQI.

Educational Level was the highest level of participant-reported completed formal education.

Family Day Care Rating Scale (FDCRS) was used to assess the quality of out-of-home group care in a family day care setting (Harms & Clifford, 1989).

Head Start (HS) was a federally funded program to help low income families and their children.

Health and Human Services Agency was a state agency that provided funding for the I/TQI.

Home-Based Child Care Programs included child care providers within a home environment who contracted to work with EHS grantees in the context of the I/TQI.

Infant/Toddler Environmental Rating Scales (ITERS) was used to assess the quality of out-of-home group care for infants and toddlers up to 30 months of age (Harms, Cryer, & Clifford, 1990).

Infant/Toddler Quality Initiative (I/TQI) was the state funded program use to improve the quality of infant/toddler care in Nebraska through community collaborations between EHS programs and their community partners.

Licensed Centers were child care facilities that meet the regulation standards required by the state.

Reliable Raters were trained EHS personnel who were able to obtain consistent scores from the Family Day Care Rating Scale (FDCRS) and the Infant/Toddler Environmental Rating Scales (ITERS).

Training Activities were activities provided by EHS to enhance child care quality. Activities included such topics as curriculum, health and safety, and individual, developmentally appropriate plans for children.

Hypotheses

This study examined data from the 2004 evaluation data of the I/TQI. Overall, the study investigated the effects of center-based and home-based program participation on environment are quality in infant/toddler programs, the effect of educational level on program participation outcomes related to quality improvement, the effect of educational level on participant report on increased knowledge of infant/toddler development, and the effect of educational level on participant perceptions of useful of the ERS as a result of participation in the I/TQI.

The following hypotheses were studied:

Overall Program Quality

1. There is a significant difference in pretest and posttest center-based program environment quality as measured by overall ITERS scores (Appendix A, Question 21).
2. There is a significant difference in pretest and posttest home-based program environment quality as measured by overall FDCRS scores (Appendix A, Question 22).
3. There is a significant difference in beginning year and ending year of center-based and home-based child care providers quality indicators as measured by ASSETS Total Scores (Appendix C).

Education

4. There is a significant difference between reported education level of the child care partner and the self-reported increase of quality of care as a result of I/TQI participation (Appendix D, Questions 7 and 13).
5. There is a significant difference between reported education level of the child care partner and the self-reported increase in knowledge about infants/toddlers as a result of I/TQI participation (Appendix D, Questions 7 and 14).
6. There is a significant difference between reported education level of the child care partner and self-reported the usefulness of the ERSs as a result of I/TQI participation (See Appendix D, Question 7 and 17).

Qualitative Inquiry

The broad purpose or the grand tour question of the qualitative section of this study was to understand the nature of child care partners' experiences, the meanings attach to these experiences, and to develop a better understanding of the role education and training played in relationship to these experiences.

Thus, the following questions were considered when reviewing data collected from the open-ended items contained within the I/TQI program evaluation.

1. What are the child care partner self-reported greatest benefit from program participation? Is this related to the educational level of the child care partners (Appendix D, Question 7 and 20)?
2. What are the child care partner self-reported greatest challenges from program participation? Is this related to the educational level of the child care partner (Appendix D, Question 7 and 21)?
3. What are the most helpful self-reported training opportunities reported by the child care partners (Appendix D, Question 18)?
4. What are the least helpful self-reported training opportunities reported by the child care partners (Appendix D, Question 19)?

Table 1 illustrates each hypothesis, appendix location, item(s) used and analyses.

Table 1

Hypotheses, Appendix Location, Question Location, and Analyses

Hypothesis	Appendix	Question	Analysis
1	(A) EHS I/TQI Self Evaluation Form	21. Infant/Toddler Environmental Rating Scales (Pretest and Posttest Overall Score)	Paired-Sample T-Test
2	(A) EHS I/TQI Self Evaluation Form	22. Family Day Care Rating Scale (Pretest and Posttest Overall Score)	Paired-Sample T-Test
3	(C) Midwest Child Care Research Consortium ASSETS	Overall Score	Paired-Sample T-Test
4	(D) I/T Partner Questionnaire	7. Highest level of completed education 13. My EHS Partner has helped me to increase the quality of care and education I provide to infants and toddlers	Analysis of Variance (ANOVA)
5	(D) I/T Partner Questionnaire	7. Highest level of completed education 14. My participation in the I/TQI has helped me to further my knowledge about infants/toddlers	Analysis of Variance (ANOVA)
6	(D) I/T Partner Questionnaire	7. Highest level of completed education 17. The Environment Rating Scale was useful to me	Analysis of Variance (ANOVA)
Qualitative 1	(D) I/T Partner Questionnaire	7. Highest level of completed education 20. What has been the greatest benefit you received from participating in the I/TQI	MAXqda
Qualitative 2	(D) I/T Partner Questionnaire	7. Highest level of completed education 21. What has been the greatest challenge you have experience from participating in the I/TQI	MAXqda
Qualitative 3	(D) I/T Partner Questionnaire	7. Highest level of completed education 18. Which training or activity has been the most helpful during the project?	MAXqda
Qualitative 4	(D) I/T Partner Questionnaire	7. Highest level of completed education 19. Which training or activity has been the least helpful to you during the project	MAXqda

Theoretical Base

A conceptual framework theory for understanding relationships between infants and toddlers, the family, and society was developed by Urie Bronfenbrenner (1979, 1994). He suggested that an individual develops within a context or ecology. Bronfenbrenner's views were based on the idea that society is a part of the ecology of human development. His theory of development initially identified four systems of environmental influence: microsystem, mesosystem, exosystem, and macrosystem. The chronosystem was later added as a fifth system.

The microsystem defines the relationship between the person and his or her environment in a certain setting. The most immediate and earliest influence is the family, along with local neighborhood or community institutions such as the school, religious institutions, peer groups, and (in some instances) Early Head Start programs. If EHS is considered part of a child care partner's microsystem, it could theoretically invite, permit or inhibit engagement in sustained, progressively more complex interactions with, and activity in, the immediate child care environment (Bronfenbrenner, 1994).

Interrelationships among two or more settings comprise the mesosystem. According to Bronfenbrenner (1994), this system is an intermediate level of influences, such as social institutions (e.g., state government and its agencies). In this study, the mesosystem might involve linkages between home influences of children and families using child care, home influences of child care workers or EHS grantees, and/or child care NHHS and EHS programs themselves. In other words, a "mesosystem is a system of microsystems" (p. 1646).

The exosystem refers to one or more settings that do not involve the development of the person as an active participant (Bronfenbrenner, 1994). This system has subtle consequences for children in child care settings, because the activities taking place may not directly affect children or adults, but may indirectly influence processes within the immediate setting occupied by a person. Thus, for a child, this may involve the relationship between the home and EHS or the child care setting-or even the relationship between an EHS program and a child care program.

The macrosystem contains all of the subsystems that exists or could exist within the culture or subculture as a whole (Bronfenbrenner, 1994). Within the macrosystem are the “overarching pattern of micro-, meso-, and exosystem characteristic of a given culture or subculture, with particular reference to the belief systems, bodies of knowledge, material resources, customs, life-styles, opportunity structures, hazards, and life course options that are embedded in each of these broader systems” (p. 1450). Bronfenbrenner presents this level as representing a cultural blueprint. Information culturally framed about quality child care and its impact on children and society may be couched in theoretical terms related to this level.

The later addition of the chronosystem addresses consistency or changes over the life span (Eamon, 2001). It focuses on characteristics of the person and of the environment in which that person lives. Thus, the addition of the chronosystem into the ecological system theory could be related to the child’s child care environment and the changes that occur. For example, over time changes occur in the child’s environment if a parent is not satisfied with his or her child care arrangements. The chance of a child having more than one child care provider also increases due to staff turnover, staff

burnout or low wages and this creates a new environment for that child (Eamon).

Environmental changes that affect provider consistency make a difference in the quality of care provided.

The ecological systems theory acknowledged that there are multiple influences related to child outcomes (Bronfenbrenner & Crouter, 1983). Child care environment is one such major influence. Children within child care systems are affected not only by the child care system but also by the community (Zigler & Muenchow, 1992), including Head Start programs, child care programs, and all possible linkages they create. Children and teachers in a wide variety of contexts (NICHD Early Child Care Research Network, 1999) see child care in the broader sense as an environment that provides opportunities for sensitive caregiving, nutrition, safety, and learning.

Significance of the Study

The study of the impact of community partnerships on quality care had significant implications for researchers, teachers, parents, and children. This study was important for several reasons.

Collaborative community partnerships with infant/toddler child care providers and EHS were developed through a state sponsored grant to improve the quality of care for young children. The understanding of these collaborative efforts may have maintained and strengthened program effectiveness (Ontai et al., 2002; Ramey, 1999). Results of the study may be extended and integrated within the I/TQI. The types of training, (e.g., education, specialized training) within the partnerships among EHS and child care partners were also important to this study. Understanding the influences of educational level may inform the development of future training choices and technical assistance.

Insight into the effects of education on performance may extend quality. Finally, a focus on the perception of the child care partners of the benefits/challenges of the partnership, as it relates to child care quality, may have demonstrated to researchers, policy makers, and program planners how community partnerships are better formed, supported, and maintained.

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