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Building a Community-Wide Early Learning System: White Center at Baseline

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EXECUTIVE SUMMARY

As the nation focuses increasingly on educational accountability and the performance of public schools, policymakers, educators, and concerned parents are taking stock of the developmental milestones children must reach before they enter kindergarten and are seeking ways to ensure that children come to school prepared to succeed. In the state of Washington, public and private partners have come together to improve early learning opportunities for young children and support systems that can improve children's readiness for school.

THE EARLY LEARNING INITIATIVE

In 2006, the Bill & Melinda Gates Foundation (BMGF) launched the Early Learning Initiative (ELI), a 10-year strategy for improving the school readiness of Washington State's children. To achieve this goal, BMGF is engaged in a statewide public-private partnership to implement the initiative's three main components:

1. Development of in-depth, high-quality, community-wide early learning initiatives in two demonstration communities in Washington State

2. Enhancement of statewide systems that support early learning

3. Support for implementation of promising practices in Washington State communities

Public-private partnership is central to BMGF's strategy for achieving these goals. In 2006, as momentum for supporting early learning was building throughout the state, BMGF joined with other private funders and state officials to form Thrive by Five Washington: The Washington Early Learning Fund (Thrive). In tandem with the formation of Thrive, BMGF identified two Washington communities to serve as demonstration sites—White Center, an unincorporated area just outside Seattle, and East Yakima, a community in central Washington. After BMGF made its selection, groups of community stakeholders in each location identified the Educational Services Districts (ESDs) that serve these communities—Puget Sound ESD in White Center and ESD 105 in East Yakima—to serve as intermediaries for ELI planning and implementation.

In January 2007, Thrive took on the lead role in overseeing and supporting the planning process in each demonstration community. Current plans are for Thrive to continue in this role—working with the intermediary in each community to refine their business plans and develop detailed strategies for implementation, coordinating funding, and providing ongoing oversight and support. Thrive will seek to coordinate the activities taking place in White Center and East Yakima with other initiatives throughout the state.

THE EARLY LEARNING INITIATIVE EVALUATION

Mathematica Policy Research, Inc. (MPR), along with its partner, the University of Washington College of Education, is conducting the ELI evaluation under contract to BMGF. We have designed the evaluation to meet three overarching goals established by BMGF:

1. Provide information for continuous improvement in the services offered in the demonstration communities

2. Provide information to inform state policy and the development of best practices

3. Assess the effects of long-term investment in early learning systems

The design of the ELI evaluation consists of four main analytic components that together will accomplish these goals: (1) an in-depth implementation study, (2) a kindergarten readiness study, (3) short-term impact studies, and (4) a long-term impact study.

This report, the first in a series of analyses of ELI implementation in the demonstration sites, examines the White Center community at baseline and the ELI planning process that took place there in 2006–2007. It is based on three main data sources: (1) a baseline site visit to White Center conducted in June 2007; (2) a network survey fielded in conjunction the site visit; and (3) observations of licensed child care settings, center director/family child care provider interviews, and lead teacher surveys conducted from June through October 2007.

HOW THIS REPORT CAN BE USED

This baseline report provides an initial snapshot of the White Center community—including family strengths and needs, availability of services, quality of child care services, and WCELI planning activities—before implementation begins. The detailed picture of the community presented here equips WCELI planners with information that can help them understand community strengths, needs, and priorities. In addition, the report can be used by planners as a tool for adjusting implementation as warranted to ensure that areas of need are targeted for support and that identified service gaps are addressed. Future rounds of implementation study data collection and reporting can be used by program planners to assess progress and inform ongoing efforts to improve WCELI services.

MAIN FINDINGS

The White Center community is an unincorporated community in King County, Washington, southwest of Seattle and just north of the city of Burien. It comprises two adjacent neighborhoods with similar characteristics—White Center and Boulevard Park. According to U.S. Census data, these neighborhoods contain 32,000 residents, including 2,500 children under age 5. These neighborhoods are rich in cultural and ethnic diversity, and many residents report a strong sense of community. At the same time, substantial proportions of young children face significant challenges—such as poverty, living with a single parent, and limited English language skills—that put them at greater risk of being unprepared for kindergarten in comparison to their peers throughout King County.

The report examines findings in three areas: (1) the early care and education service delivery system in White Center at baseline, including the quality of licensed child care; (2) the WCELI planning process; and (3) the community's goals, expectations, and concerns about WCELI implementation. Below we highlight the main findings in each of these areas.

Overview of Early Care and Education in White Center

The availability of early care and education services for White Center families with young children was limited at baseline. In particular, community members reported an insufficient supply of preschool services; licensed child care, especially for infants and toddlers and during nonstandard work hours; and parent education and family support programs. Common barriers to accessing services involved language, culture, long waiting lists for services, limited access to transportation, eligibility requirements, and fear and distrust of government agencies and service providers. Key findings about White Center's service delivery system at baseline are:

- Preschool services offered in White Center include Highline Head Start, two part-day summer preschool programs, and several other part-time options. Few full-day, full-year preschool enrollment spaces are available in the White Center.

- Services for pregnant women, parent education, and family support services are also limited. First Steps provides limited home visits to Medicaid-eligible pregnant women and new mothers. WIC provides supplemental foods, referrals, and nutrition education. Family Connections provides case management and referral services to selected families with kindergartners.

- The supply of licensed child care in or just outside White Center included 17 child care centers and 66 family child care homes. Total center enrollment included about 200 infants and toddlers and 800 preschoolers. Family child care providers were licensed to care for about 550 children.

- The quality of licensed child care in White Center ranged from minimal to good.

White Center at Baseline: Highlights

- Community members' top two priorities for the White Center Early Learning Initiative (WCELI) are increasing public awareness about the importance of early learning and providing universal access to early learning services.
- The quality of child care in White Center ranges from minimal to good.
- Few full-day, full-year preschool enrollments spaces exist in White Center. Most preschools operate part-day from four to five days a week, either during the school year or the summer only.
- Pregnant women and parents with young children in White Center have only limited access to parent education and home visiting services.
- Levels of coordination and communication among White Center service providers are low. Programs are more likely to have administrative relationships than service relationships in which they exchange referrals and coordinate services for specific families and children.

- Child Care Resources provides training and professional development support for early learning professionals through limited technical assistance and State Training and Registry System training workshops. Highline Head Start provides a range of training and professional development support for its staff. Community college courses are available in other areas of King County.
- Levels of communication and coordination among White Center service providers were fairly low at baseline; communication about planning and administrative issues was more frequent than communication about service coordination and referrals.

WCELI Planning Process

BMGF selected White Center to be an ELI demonstration community in spring 2006; the community then identified the Puget Sound Educational Services District (PSESD) to serve as the intermediary agency to lead the planning process and coordinate implementation. PSESD joined with five key service providers in the community to form a Collaborative Planning Team to guide development of the WCELI business plan. During the planning process, PSESD took steps to involve White Center residents and service providers, including the formation of 14 planning workgroups and a community summit held in fall 2006.

Site visit participants identified lessons from the planning process that may be useful to other communities seeking to undertake similar planning efforts:

- Engage local community leaders and develop, as early as possible, clear agreements about how to carry out community engagement.
- If the lead or intermediary agency is to be chosen by the community, create a structured and transparent process for making the choice.
- Clarify roles to ensure that all participants have realistic expectations for their involvement.
- If significant community engagement is to be part of the planning process, build in enough time for these activities to begin at the early stages.
- Funders should consider providing parameters for the content of the plan, such as a menu of services and approaches that the funder is willing to consider.
- Provide funding for staff from community service providers and community residents to participate in the planning process.
- Structure planning workgroups to ensure consistency as well as the sharing of ideas across groups.

Goals and Concerns About WCELI Implementation

WCELI's business plan presents specific goals and objectives for the initiative and describes the community's proposed structure of services and supports that will constitute a community-wide early learning system. During site visit interviews, we asked intermediary staff and other participants in the planning process to describe their own goals and hopes for what could be achieved through WCELI. Six primary goals emerged:

1. All adults in White Center, regardless of whether they are parents, will understand the importance of early learning for children's healthy development.
2. Families who live in White Center will have universal access to early learning services.
3. WCELI will provide a mix of service options that meet families' changing needs and circumstances from the birth of their child through entry into kindergarten.
4. Families will become connected to their child's elementary school long before kindergarten, which will facilitate a smooth transition to school.
5. Early learning services in White Center will be culturally relevant.

6. WCELI will evolve into a replicable model for in-depth, coordinated early learning service delivery.

We also examined potential barriers identified by site visit participants and their concerns about how funding decisions and implementation processes might play out in the next phase of launching the demonstration. The primary areas of concern were:

- Managing and responding to high community expectations
- The sequencing of WCELI implementation—system-wide management and support components should be implemented before delivery of individual services begins
- Challenges in identifying and hiring ethnically diverse and qualified staff
- Maintaining positive relationships among WCELI stakeholders
- Meeting expectations of funders
- Clearing up confusion about the Quality Improvement and Rating System (QIRS) and its use in child care settings

NEXT STEPS

This baseline profile of White Center and the WCELI planning process sets the stage for ongoing evaluation and assessment of implementation over time. We will repeat implementation study data collection—site visits, network surveys, and child care quality assessments—again approximately one and three years after implementation. We will learn about changes in the service delivery system, including the types, quantity, and quality of services available in White Center and the levels of coordination among service providers. We will monitor ongoing management and support of WCELI, and changes in the supply and quality of child care. We will revisit challenges and barriers to learn how they have been addressed, and we will seek to identify promising implementation strategies that have the potential for replication in other communities.

CHAPTER I

INTRODUCTION

As the nation focuses increasingly on educational accountability and the performance of public schools, policymakers, educators, and concerned parents are taking stock of the developmental milestones children must reach before they enter kindergarten and are seeking ways to ensure that children come to school prepared to succeed. In the state of Washington, public and private partners have come together to improve early learning opportunities for young children and support systems that can improve children's readiness for school. As part of this effort, the Bill & Melinda Gates Foundation (BMGF) has launched an ambitious 10-year Early Learning Initiative (ELI) to increase the school readiness of children in Washington State.

WASHINGTON STATE CONTEXT FOR THE EARLY LEARNING INITIATIVE

Indeed, research suggests that a substantial proportion of Washington State's children need enhanced early learning support. In its strategy document, "Investing in Kids: An Early Learning Strategy for Washington," BMGF identifies a number of socioeconomic risk factors that put significant numbers of Washington State children at a considerable disadvantage when they enter kindergarten:

- An estimated 23 percent of children under 5—or 109,725 children statewide—are born with two or more demographic risks (University of Washington Human Services Policy Center 2004).[1]

- Seventeen percent of children in Washington State live below the poverty line, and 7 percent in extreme poverty (Annie E. Casey Foundation 2004).

[1] The demographic risks identified in BMGF's strategy document are poverty, single or no parent, no parent employed full time-full year, all parents with a disability, mother does not have a high school degree, and no parent is fluent in English.

- An estimated 29 percent of children live in single-parent households, and 38 percent of children under 18 live in families in which no parent has full-time, year-round employment (Annie E. Casey Foundation 2004).

- Forty-seven percent of children ages 3 to 5 are enrolled in pre-kindergarten programs, compared with 57 percent nationally. In a recent survey, teachers judged that 75 percent of their kindergartners from the lowest-income families were not ready when they began school (Pavelchek 2005).

THE EARLY LEARNING INITIATIVE

In 2006, BMGF launched ELI, a 10-year strategy for improving the school readiness of Washington State's children.[2] To achieve this goal, BMGF is engaged in a statewide public-private partnership to implement the initiative's three main components:

1. Development of in-depth, high-quality, community-wide early learning initiatives in two demonstration communities in Washington State

2. Enhancement of statewide systems that support early learning

3. Support for implementation of promising practices in Washington State communities

Public-private partnership is central to BMGF's strategy for achieving these goals. In 2006, as momentum for supporting early learning was building throughout the state, BMGF joined with other private funders and state officials to form Thrive by Five Washington: The Washington Early Learning Fund (Thrive). Co-chaired by William H. Gates, Sr., and Governor Gregoire, Thrive's mission is to serve as a catalyst to develop and support innovative early learning initiatives throughout the state. Through a memorandum of understanding, Thrive's funders agreed to pool and/or align a combination of public and private investments in early learning so that the funds would have the greatest possible impact (Thrive 2007a; Thrive 2007b). Thrive aims to develop four strategies for supporting early learning:

1. Work with ***demonstration communities*** to develop coordinated, community-wide approaches to early learning accessible to all children in the community

2. Develop and disseminate information about ***promising program models***

[2] Also in early 2006, Governor Chris Gregoire began calling for a new cabinet-level department to coordinate existing early learning programs and resources, and by March 28 she had signed the law establishing the Department of Early Learning (DEL). On July 1, more than a dozen services formerly run by three different agencies (social and health services, community trade and economic development, and the public schools) were consolidated under DEL. Most notably, DEL merged the former Division of Child Care and Early Learning, the Early Childhood Education and Assistance Program (ECEAP), the Early Reading Initiative, and the Head Start Collaboration Office.

3. Encourage ***statewide efforts*** to improve early learning through education and advocacy

4. Work with partners throughout the state to provide ***community and parenting education*** resources

In tandem with the formation of Thrive, BMGF began the process of identifying two Washington communities that could serve as demonstration sites. BMGF sought communities that demonstrated a high level of need for early learning services and also had the capacity to develop and implement in-depth, high-quality, community-wide early learning initiatives. After conducting initial research on potential demonstration sites and consulting with community stakeholders, BMGF selected White Center, an unincorporated area just outside Seattle, and East Yakima, a community in central Washington, as the two ELI demonstration communities.

After BMGF made its selection, groups of community stakeholders in each location identified the Educational Services Districts (ESDs) that serve these communities—Puget Sound ESD in White Center and ESD 105 in East Yakima—to serve as intermediaries for ELI planning and implementation. As intermediaries, the ESD in each community applied for and received a grant from BMGF to support coordination of a community planning process for developing an initial ELI business plan. Puget Sound ESD submitted the White Center business plan in April 2007, and ESD 105 submitted the East Yakima plan in August 2007.

After Dr. Graciela Italiano-Thomas assumed its leadership in January 2007, Thrive took on the lead role in overseeing and supporting the planning process in each demonstration community. Current plans are for Thrive to continue in this role—working with the intermediaries to refine their business plans and develop detailed strategies for implementation, coordinating funding, and providing ongoing oversight and support. Thrive will coordinate the activities taking place in White Center and East Yakima with other initiatives throughout the state.

THE EARLY LEARNING INITIATIVE EVALUATION

Mathematica Policy Research, Inc. (MPR), along with its partner, the University of Washington (UW) College of Education, is conducting the ELI evaluation under contract with BMGF. We have designed the evaluation to meet three overarching goals established by BMGF:

1. Provide information for continuous improvement in the services offered in the demonstration communities

2. Provide information to inform state policy and the development of best practices

3. Assess the effects of long-term investment in early learning systems

The design of the ELI evaluation consists of four main analytic components that together will accomplish these goals:

1. ***An in-depth implementation study*** to examine the characteristics of the ELI communities at baseline and after 1, 3, and 7 years of implementation. The analyses will draw on multiple data sources—site visit interviews and focus groups, assessments of child care quality, network surveys, and service use data collected by service providers as available.

2. ***A kindergarten readiness study*** to track communities' progress in preparing children for kindergarten. The study will assess the readiness of a representative sample of entering kindergartners in each ELI community at baseline and after 1, 3, and 7 years of implementation. Data sources will include direct child assessments, teacher and assessor ratings, and parent interviews.[3]

3. ***Short-term impact studies*** to measure rigorously the impact of the most intensive, core ELI components—for example, home visiting, community child care, and hub child care—on children's developmental outcomes. Specific ELI components will be selected for these studies once the demonstration communities finalize their ELI business plans.

4. ***A long-term impact study*** to measure rigorously the impact of ELI on children's school readiness and their progress in elementary school. We will compare the outcomes—at ages 2 and 5, as well as into early elementary school—of children born in the ELI communities and a matched sample of children born elsewhere in Washington State.

THE IMPLEMENTATION STUDY

This report, the first in a series of analyses of ELI implementation in the demonstration sites, examines the White Center community at baseline and the ELI planning process that took place there in 2006–2007. To understand fully the effects of ELI, we must first learn how it has developed over time and examine the types and intensity of services children and families have received. Specifically, the implementation study focuses on seven main research questions that cover the lifespan of the initiative:

1. What are the key features of the two ELI communities at baseline?

2. What are the ELI communities' theories of change and plans for implementation?

[3] Our current contract includes funds for conducting parent interviews as part of the kindergarten readiness study at baseline only.

3. What early learning organizations are participating in ELI?

4. To what extent is ELI reaching its target population?

5. What services does ELI provide?

6. What is the quality of child care in the ELI communities?

7. What changes have occurred in the ELI communities and networks?

The implementation study draws on four data sources to answer these questions: (1) site visits to each ELI community at baseline and at 1, 3, and 7 years after implementation; (2) network surveys fielded in conjunction with each round of site visits; (3) observation of licensed child care settings, center director/family child care provider interviews, and lead teacher surveys timed to coincide with each round of site visits; and (4) service provider-reported data on service use, as available.[4] In the rest of this section, we describe how we collected and analyzed data from the baseline site visit, the network survey, and the child care quality assessments.

Baseline Site Visit

A team of three MPR staff conducted the baseline site visit to the White Center Early Learning Initiative (WCELI) on June 12–14, 2007—about six months before the start of implementation. Our goals for the baseline site visit were:

- To learn about the White Center community and the characteristics of families and children who will receive WCELI services

- To document the types of services for families and young children that are available in White Center at baseline and the extent to which service providers coordinate their services, prior to WCELI implementation

- To learn about the types of child care arrangements White Center families use and the views of community service providers and residents about the availability and quality of child care in White Center, prior to WCELI implementation

- To learn about the types of support for quality improvement and staff development available in White Center and document plans for implementing the Quality Improvement and Rating System

- To collect in-depth information on the WCELI planning process and lessons learned from the process

[4] We will incorporate service use data into follow-up reports, after services have begun.

- To learn about WCELI's theory of change and its current plans for implementation

- To discuss with a broad range of service providers and residents their goals and expectations for WCELI, as well as any concerns they have

During the site visit, MPR interviewed 23 people either one-on-one or in small groups and conducted five focus groups with a total of 48 participants (see Box I.1). Site visit participants included intermediary staff and consultants, directors and managers of service providers, frontline staff, directors of child care centers, school district personnel, community stakeholders and residents, and parents. Individual and small-group interviews lasted 60 to 120 minutes, and focus groups lasted 90 to 120 minutes. We conducted all interviews and focus groups according to protocols and guides approved in advance by UW's Human Subjects Protection Division. Findings from the site visit are included throughout this report. Appendix A provides more details about the site visit methodology.

Box I.1

Site Visit Participants

Agency/Program	Number of Participants
Individual/Small Group Interviews	
Intermediary Staff (PSESD)	5
Child Care Resources	4
Highline Community College	2
Highline Head Start	2
Highline School District	2
King County Public Health	3
Making Connections	2
Multicultural Preschools	3
Focus Groups	
Child Care Center Directors	9
Advisory Community Residents	5
Head Start Parents	13
Public Health Home Visitors	12
Trusted Advocates	9

Baseline Network Survey

To create an inventory of the existing network of service providers for White Center families with young children, we fielded a survey in conjunction with the baseline site visits. We also sought to learn what respondents thought of the WCELI planning process—their overall views about it, the extent to which they agreed on goals for WCELI, their satisfaction with the process, and the activities they believed were critical to WCELI's success. Findings from the network survey are included in Chapters II and IV. Appendix A summarizes the network survey methodology.

Design and Sampling. To conduct a survey that would yield useful information about WCELI processes, we needed to collect information from all members of the WCELI network. For the purposes of the survey, we defined network membership at the program level, rather than at the individual level. We defined a "program" as a set of services that had its own distinct funding source, caseload, and eligibility criteria. Some organizations involved with WCELI operated multiple programs; in those cases we surveyed each program separately.

To generate the list of programs involved in the WCELI network during the planning process, we asked PSESD to identify all involved programs and their lead staff. This request yielded an initial sample of 26 programs. We mailed or hand-delivered (during the site visit)

surveys to the lead staff in each program in June 2007 and followed up by phone and email through September 2007.

Response Rate. We received 19 responses to the 26 surveys, for a response rate of 73 percent. Several respondents asked detailed questions about how MPR would safeguard the confidentiality of their responses and expressed reluctance to complete the survey out of concern about the sensitive nature of questions regarding the WCELI planning process. For similar reasons, a few respondents refused to complete specific items.

Baseline Child Care Quality Assessments

The child care quality component of the baseline data collection in White Center is designed to assess multiple dimensions of quality in a representative sample of licensed child care settings. At baseline, the child care quality assessments document the status of the child care supply (both centers and licensed family child care homes); the characteristics of child care providers, lead teachers, and center directors; and setting-level (classroom or family child care home) quality prior to the start of WCELI services. This section provides an overview of the sample design, data sources, training, and data collection response rates. Findings from the child care quality data collection are discussed in Chapter III. Appendix A presents the child care quality assessment methodology in detail.

Design and Sampling. Sampling and weighting approaches ensured that the participating sample of child care providers in White Center was representative of all eligible child care providers in the community.[5] The sample design called for selecting a sample of 40 center-based classrooms and another sample of 30 family child care homes. We randomly selected 8 center groups (comprising 12 centers) out of 11 groups (comprising 17 centers).[6] These 8 had exactly 40 classrooms, which was the target; thus all 40 were included in baseline data collection, with no further sampling. Thirty of 63 family child care settings were selected in one sampling stage.[7]

[5] "Eligible" refers to licensed child care providers that are providing more than 20 hours of child care per week and that were identified by PSESD and Child Care Resources as providers of services either (1) within the WCELI boundaries or (2) just outside the boundaries if they were expected to serve a large proportion of children and families living within the boundaries. Head Start and ECAEP centers were included in the sample frame.

[6] Because some centers had fewer than five classrooms, we had to group them with similar centers before sampling to form a "center group" with at least five classrooms. By "similar," we mean centers with the same types of classrooms (preschool only or preschool plus infant/toddler).

[7] WCELI planning staff and MPR worked together to identify centers and family child care providers located inside the White Center geographic boundaries as well as providers just outside the boundaries that families living within the boundaries were likely to use. This included 5 of the 17 centers and 23 of the 66 family child care homes identified. After MPR began contacting the 16 centers and 66 providers, we learned that some were out of business or could not be contacted. For the purposes of the study, these settings were not eligible for inclusion in the baseline quality assessments.

Data Sources. Assessments of key aspects of characteristics and quality included interviews with center directors, self-administered questionnaires for lead teachers, and interviews with family child care providers. Observations included the Environment Rating Scales,[8] the Arnett Caregiver Interaction Scale (CIS; Arnett 1989),[9] and observed child-adult ratios and group sizes.

Training, Certification, and Data Collection Response Rates. In May 2007, MPR trained data collectors and UW staff to conduct the interviews and child care quality observations. Training lasted eight days: four days of classroom instruction and four of field practice administering observations in child care settings. During training, each data collector conducted two practice observations in a child care setting with a trained member of the project team serving as the "gold standard" against which the data collectors' scores were measured. To be certified, a data collector had to have scores within one point of the trainers' scores on at least 80 percent of the observational items. All data collectors passed this initial certification test. In addition, data collectors were reliable under other measures of inter-rater reliability during training or as part of post-training practice observations, such as weighted kappas and intra-class correlations. Additional information about training, certification, and data collection response rates is included in Appendix A.

Data collection began in mid-June and ended in mid-October. We achieved final response rates of 81 percent for child care centers and 64 percent for family child care providers.

HOW THIS REPORT CAN BE USED

This baseline report provides an initial snapshot of the White Center community—including family strengths and needs, availability of services, quality of child care services, and WCELI planning activities—before implementation begins. The detailed picture of the community presented here equips WCELI planners with information that can help them understand community strengths, needs, and priorities. In addition, the report can be used by planners as a tool for adjusting implementation as warranted to ensure that areas of need are targeted for support and that identified service gaps are addressed. Future rounds of implementation study data collection and reporting can be used by program planners to assess progress and inform ongoing efforts to improve WCELI services.

[8] The Infant/Toddler Environment Rating Scale-Revised (ITERS-R; Harms et al. 2002) consists of 39 items that assess the quality of center-based child care for infants and toddlers up to 30 months. The 43 items of the Early Childhood Environment Rating Scale-Revised (ECERS-R) assess center-based child care quality provided to children aged 2½ to 5 (Harms et al. 1998). The Family Child Care Environment Rating Scale – Revised (FCCERS-R; Harms et al. 2007) consists of 37 items that assess the quality of child care provided in family child care homes. Additional information about the Environment Rating Scales is included in Chapter III.

[9] The 26-item Arnett CIS assesses the quality and content of the lead teacher/caregiver's interactions with children. Additional information about the Arnett CIS is included in Chapter III.

ROAD MAP TO THIS REPORT

This report provides a detailed assessment of the services available to families with young children in White Center prior to WCELI implementation and describes the WCELI planning process. The chapters are organized by topics and themes; most draw on multiple data sources as noted in the introduction to each chapter. Chapter II provides an in-depth profile of the White Center community, including characteristics of families and children who live in the neighborhood and the service delivery system. In Chapter III, we report on the supply and quality of licensed child care. In Chapter IV, we describe the WCELI planning process and lessons learned. Chapter V examines White Center's goals, expectations, and concerns about WCELI implementation. It also includes a discussion of the next steps for the evaluation. Appendix A details our methodology for the implementation study.

CHAPTER II

WHITE CENTER COMMUNITY PROFILE AT BASELINE

To understand fully the effects of WCELI, we must learn how the initiative has developed over time and examine the types and intensity of services children and families receive. As a first step to documenting WCELI implementation, we have collected detailed information about the community and about the availability of services at baseline, before implementation begins. This chapter provides a profile of the White Center community in summer 2007—about six months before the target date for WCELI implementation. We will use this profile as a reference point for comparing implementation data in future years and assessing the extent of change in the community over time.

We begin with an overview of the White Center community, including its geography and community characteristics, as well as the demographics of its residents, school performance indicators, and families' needs. Next, we profile the service delivery system in White Center—specifically the availability of early learning and other support services for families with young children. We also describe the level of coordination and communication among White Center service providers at baseline. The chapter draws on data from the June 2007 site visit to White Center, the network survey, and secondary sources such as the U.S. Census.

OVERVIEW OF THE WCELI COMMUNITY

The White Center community is an unincorporated community in southwest King County, Washington, southwest of Seattle and just north of the city of Burien. It comprises two adjacent neighborhoods with similar characteristics—White Center and Boulevard Park (Figure II.1). According to U.S. Census data, these neighborhoods contain 32,000 residents, including 2,500 children under age 5 (Table II.1).[10] Nearly 8 percent of residents are ages 5 or younger, and the median age is 33 (not shown).

[10] The census tracts that comprise the White Center and Boulevard Park neighborhoods are not an exact match with the WCELI community boundaries. Nevertheless, they provide the best approximation for describing the characteristics of families that live in the community and are likely to participate in WCELI.

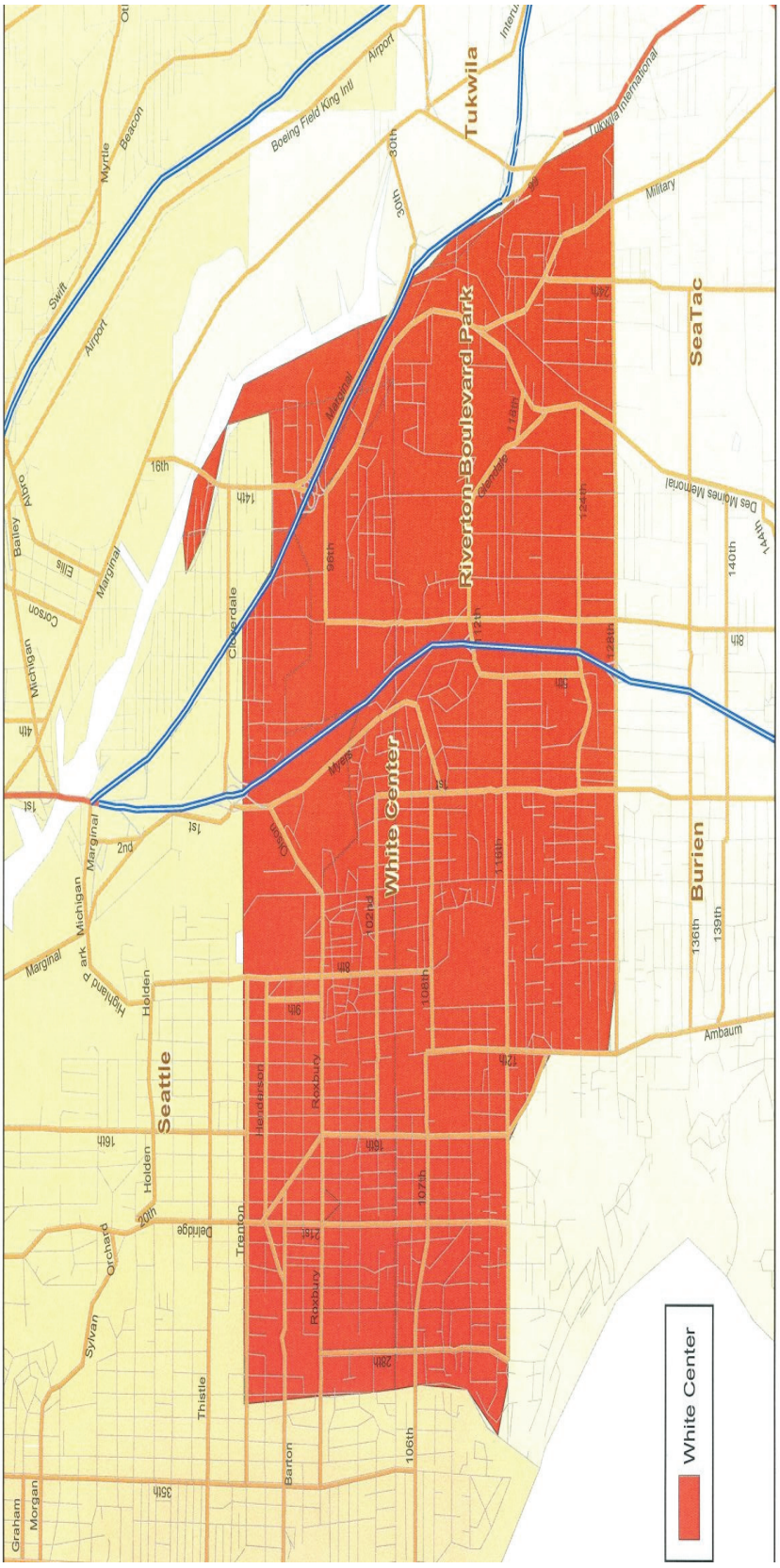


Figure II.1. Map of White Center Community

Table II.1. General Population Characteristics: Residents of White Center-Boulevard Park and King County

	White Center-Boulevard Park		King County	
	Number	Percent	Number	Percent
Total Population	32,163	NA	1,737,034	NA
Population by Age				
Under age 5	2,437	7.6	105,321	6.1
18 years and over	23,670	73.6	1,346,388	77.5
65 years and over	3,064	9.5	181,772	10.5
Population by Race/Ethnicity[a]				
White	18,369	57.1	1,315,507	75.7
Black/African American	2,273	7.1	93,875	5.4
American Indian/Alaska Native	584	1.8	15,922	0.9
Asian/Pacific Islander	6,503	20.2	196,758	11.3
Other Race	2,522	7.8	44,473	2.6
Multi-Racial	1,912	5.9	70,499	4.1
Hispanic Latino (of any race)	4,268	13.2	95,242	5.5
Language Other than English Spoken At Home	10,083	33.6	299,620	18.4
Place of Birth and Citizenship				
Born in the United States	23,739	73.6	1,444,144	83.1
Not Born in the United States	8,490	26.4	292,890	16.8
Not a United States Citizen	5,341	16.6	149,849	8.6

Source: U.S. Census 2000.

[a]Race/ethnicity percentages do not add to 100 because responses are not mutually exclusive.

NA = not applicable.

In the rest of this section, we describe the WCELI community's racial and ethnic makeup, home languages and immigration patterns, family structure, poverty rates, employment opportunities, levels of educational attainment, school performance, parents' views about school readiness, and residents' views of the community's strengths and needs.

Racial/Ethnic Diversity. According to the 2000 Census, in comparison to King County as a whole, residents in the WCELI community have more diverse backgrounds. Less than 60 percent of White Center and Boulevard Park residents are white, compared to three-fourths of King County residents. The most common races/ethnicities are Asian/Pacific Islander (20 percent), other race (8 percent), black/African American (7 percent), and multiracial (6 percent). More than 13 percent of White Center residents are Hispanic or Latino, compared to only 5.5 percent in King County.

Home Language and Immigration Patterns. In addition to their racial/ethnic diversity, residents in White Center and Boulevard Park are more likely than King County residents as a whole to be immigrants, and almost a third of residents speak a home language other than English, compared to 18 percent of King County residents (Table II.1). After English, the most common languages spoken in White Center are Asian and Pacific Islander

languages and Spanish (not shown; U.S. Census 2000). Students in the Highline School District, which serves White Center and Boulevard Park, speak 48 primary languages (White Center Community Development Association 2007). More than a quarter of residents in these neighborhoods were born outside the United States, and nearly 17 percent are not U.S. citizens (Table II.1). In contrast, only 17 percent of King County residents were born outside the United States, and about 9 percent are not U.S. citizens.

Family Structure. One-third of households in White Center are families with at least one child under age 18 (not shown; U.S. Census 2000). Of these, nearly 30 percent are headed by a single mother. In contrast, in King County as a whole, 28 percent of households are families with at least one child, and less than 20 percent are headed by a single mother.

Poverty. According to the 2000 Census, twice as many families with children in White Center live below the poverty line as families in King County as a whole (Table II.2)—nearly 17 percent compared to 8 percent in King County. More than a fifth of White Center families with children under age 5 live in poverty. Families headed by single mothers have the highest rates of poverty, with more than half of single-mother households with children under age 5 living in poverty in White Center.

Table II.2. Poverty Status in 1999: White Center, Boulevard Park, and King County

Characteristics	White Center (Percent)	Boulevard Park (Percent)	King County (Percent)
Poverty Status of Families			
Families with children under age 18	16.9	13.2	8.0
Families with children under age 5	21.1	14.5	10.3
Poverty Status of Families Headed by a Single Mother			
With children under age 18	38.0	34.2	23.4
With children under age 5	50.7	49.6	36.7

Source: U.S. Census 2000.

Employment Opportunities. According to site visit participants, the primary employers in the WCELI community are small businesses—restaurants, dry cleaners, groceries, and a tortilla factory—and social services agencies such as Highline Head Start (not shown). Most residents need to travel outside their neighborhood to work. The Port of Seattle in nearby Sea-Tac is a major source of employment. Many residents work at the Seattle-Tacoma International Airport as courtesy clerks, baggage handlers, and cleaners. Fast-food restaurants and airport rental car companies are also significant employers.

Educational Attainment. Levels of educational attainment among adults ages 25 and over in the WCELI community are substantially lower than for King County as a whole. According to the 2000 Census, one quarter of White Center residents have less than a high school degree, compared to only 10 percent of King County residents (Table II.3). Nearly 40 percent of King County residents have a bachelor's or higher degree, compared to only 14 percent of White Center residents.

Table II.3. Educational Attainment of Adults Ages 25 and Over: Residents of White Center-Boulevard Park and King County

Characteristics	White Center-Boulevard Park (Percent)	King County (Percent)
Less than high school diploma or GED	24.5	9.7
High school diploma or GED	31.0	19.2
Some college	22.9	23.6
Associate degree	7.3	7.5
Bachelor's degree	10.6	26.6
Graduate or professional degree	3.6	13.3

Source: U.S. Census 2000.

Public School Performance. Most school-age children from White Center and Boulevard Park attend the Highline Public Schools.[11] There are 18 elementary schools in the district, but nearly all children in the WCELI community attend one of three elementary schools—White Center Heights, Mount View, and Beverly Park—which together have an enrollment of nearly 1,600 students (Table II.4; Office of Superintendent of Public Instruction 2007). In all three, more than 70 percent of enrolled children qualify for free or reduced price lunch, and a third receive transitional bilingual education services.

School performance in Washington is measured with the Washington Assessment of Skills and Learning (WASL). In the three elementary schools in the WCELI community, the percentage of students meeting the state standard for fourth grade reading in 2006–2007 ranged from 52 to 69 percent, compared to 80 percent in the Seattle Public Schools and 77 percent in the state as a whole (Table II.5; Office of Superintendent of Public Instruction 2007). In math, the percentage of fourth graders meeting the state standard in the WCELI area schools ranged from 23 to 43, compared to 62 percent in the Seattle Public Schools and 58 percent in the state.

[11] A small portion of the WCELI community is located in the Seattle Pubic Schools catchment area.

Table II.4. Characteristics of White Center-Boulevard Park Elementary Schools

Characteristics	White Center Heights	Mount View	Beverly Park
2006 enrollment	479	605	489
Percentage of children eligible for free/reduced price lunch	81.6	72.2	73.4
Percentage of children enrolled in special education	8.8	15.5	8.5
Percentage of children enrolled in transitional bilingual services	34.9	29.9	32.8

Source: Office of Superintendent of Public Instruction 2007.

Table II.5. Percentage of Children Meeting Fourth Grade Standards on the Washington Assessment of Skills and Learning

Schools	Reading	Math
Beverly Park	58.9	39.3
Mount View	68.8	42.7
White Center Heights	52.3	23.1
Highline School District	65.1	41.7
Seattle Public Schools	80.4	61.9
Washington State	76.6	58.1

Source: Office of Superintendent of Public Instruction 2007.

Parents' Views About School Readiness. During site visit focus groups, parents and community residents discussed what children should know and be able to do when they enter kindergarten. Across focus groups, parents agreed that children should know the alphabet, be able to count, and recognize shapes and colors (not shown). Some felt that children should be able to write their names. In addition, many said that children should know how to behave in school, such as how to pay attention and act respectfully toward others. Parents reported that preschool classroom activities, such as circle time, familiarize their children with the behavior that will be expected of them in kindergarten.

Community Strengths and Needs. Focus group participants also discussed their views about the strengths and needs of the White Center community. Residents placed a high value on the ethnic and cultural diversity of their neighborhoods, and noted

> "There is a lot of diversity; we all get along and help each other. We come together as a huge family."
>
> —White Center parent

that though they are from many different cultures and backgrounds, their common experience as immigrants has unified them with a strong sense of community (not shown).

Residents also described their most pressing needs during focus groups. While many noted an improvement in the availability of social services in the community, nearly all cited a need for more neighborhood resources. They described using public transportation to travel outside their neighborhood for services as a challenge—especially for new immigrants, parents who do not speak English well, and parents traveling with young children. For example, residents noted an insufficient supply of child care, medical and dental providers, affordable housing, and adult education in White Center. In particular, residents mentioned needing access to more health, education, and social services providers who are familiar with their cultural backgrounds and speak their home languages or who have access to competent interpreters. Because residents must travel outside the community for many services, others stressed the importance of accessible public transportation.

AVAILABILITY OF SERVICES IN WHITE CENTER[12]

An important goal of the ELI implementation study is to understand how the availability of early learning services expands over time and the extent to which services offered in the community meet families' needs. As a starting point for this analysis, we have documented the availability of early learning and other family support services at baseline. In the rest of this section, we describe the services available to families and children in the WCELI community in June 2007—approximately six months before the target date for WCELI implementation. We also describe the barriers that families in the WCELI community face when trying to obtain services, as well as service gaps that site visit participants identified.

Services Provided in White Center at Baseline

In this section, we describe the availability of services for families with young children in the areas of early learning and preschool programs, services for pregnant women, parent education services, health promotion and family support services, and training and professional development for early learning professionals. We profile the main early learning and family support programs operating in the WCELI community in text boxes throughout the chapter.

Early Learning and Preschool Programs. Early learning and preschool services offered in White Center include:

- Highline Head Start (Box II.1)

[12] In the rest of this report, we refer to the White Center-Boulevard Park neighborhood as simply White Center or the WCELI community.

- Two multicultural preschool programs that operate during the summer (Boxes II.2 and II.3)
- One part-time preschool program that operates from October to June and provides services for children while parents attend classes in English as a Second Language (ESL; Box II.5)
- A special-education preschool classroom operated by the Highline School District at Mount View Elementary
- Church-run and privately operated, license-exempt preschools[13]
- Play-and-learn groups for parents and young children (Box II.8)
- Licensed child care, including about 17 child care centers and more than 60 licensed family child care homes[14]

Box II.1

Highline Head Start

Program Description: Free preschool education and comprehensive family support for eligible preschool-age children and their families

Target Population: Families with children ages 3 and 4 with incomes at or below the federal poverty guidelines; families with children with identified disabilities

Service Options: One full-day, full-year program with 19 enrollment spaces and 9 part-day classes that operate during the school year

Program Size: 190 Head Start children annually

Location: Two Head Start centers and a partnership

Box II.2

Refugee Federation Multicultural Preschool

Program Description: Summer preschool experience prior to kindergarten; parent education on school readiness and interacting with schools

Target Population: Children ages 4 and 5 who live in White Center and will enter kindergarten the following fall

Service Options: Six-week summer program; four days per week for four hours per day

Program Size: 75 children annually

Location: Classrooms in two White Center elementary schools

While all these programs target families with young children, eligibility requirements vary. Head Start serves families that meet income eligibility requirements (at the federal poverty line or below) and children with identified disabilities. The school district special-education classroom serves children with identified disabilities and a limited number of typically developing children whose families pay a small tuition. The

[13] Preschool programs operating for less than 4 hours a day (20 hours per week) are exempt from licensing. Several of these programs operate in the WCELI community, but there is no comprehensive list or estimate of the number of enrollment spaces available in the neighborhood.

[14] Details about the supply and quality of licensed child care in the WCELI community is discussed in Chapter III.

multicultural preschool programs are open to children in the neighborhood during the summer prior to their enrollment in kindergarten. Private preschools usually serve 3- and 4-year-olds and charge tuition. Licensed child care centers and family child care homes typically serve infants, toddlers, and preschool-age children and charge tuition; nearly all accept public child care subsidies if families qualify.

Box II.3

PASEFIKA Preschool Program

Program Description: Summer preschool program

Target Population: Children ages 4 and 5 who live in White Center and will enter kindergarten the following fall

Service Options: Full-day classes during the summer months

Program Size: 50 to 60 children annually

Few providers in the WCELI community offer full-day, full-year preschool services. Head Start operates one full-day, full-year classroom for children of working parents. Licensed child care providers also offer full-time care.[15] Other programs operate half-day from two to five days a week. Some of these, such as Head Start and Para Los Niños, operate during the school year, while others—such as the multicultural preschools—operate during the summer months. Play-and-learn groups operate only a few hours a week.

Services for Pregnant Women. Limited services are available for pregnant women in the WCELI community. Currently, two programs offer services—First Steps and Women, Infants, and Children (WIC). First Steps provides home visits by public health nurses for Medicaid-eligible women (Box II.4). Enrollees can receive up to 60 visits during pregnancy and through the first two months after the child's birth. Visits can continue for up to one year for cases considered at high risk. Visits are brief—typically about 15 minutes. WIC provides supplemental foods, health care referrals, and nutrition education for low-income pregnant and postpartum women, and to infants and children up to age 5 found to be at nutritional risk.

Box II.4

First Steps, Public Health of Seattle and King County

Program Description: Home visiting by public health nurses to reduce premature birth and infant mortality

Target Population: All pregnant women covered by Medicaid

Service Options: Up to 60 fifteen-minute visits during pregnancy and for 60 days after birth; high-risk families eligible for Infant Case Management with up to 40 visits until age 1

Program Size: Enrollment as needed

Parenting Education Services. Three parenting education programs for pregnant and postpartum women operate in the WCELI community: First Steps, WIC, and Baby and Me classes. Baby and Me classes are a grant-funded program operated by Seattle and King County Public Health. The classes are offered in Spanish and English and operate for eight

[15] See Chapter III for a more detailed discussion of the supply of licensed child care in White Center.

weeks for one hour a week. Eligibility requirements limit access to these programs to low-income women.

In addition, many of the preschool and child care programs operating in White Center offer meetings and workshops that include topics on parenting education, parent involvement, and transitioning to kindergarten.

Box II.5

Para Los Niños

Program Description: Early learning classrooms operated in conjunction with ESL classes offered by Highline Community College. ESL classes teach parents English for the school environment.

Target Population: Children from birth to school age

Service Options: Classes twice a week from October to June in conjunction with parents' ESL classes

Program Size: 5 to 7 infants and toddlers, 15 preschoolers, and 25 school-age children

Highline Community College offers, at a local elementary school in White Center, ESL classes that incorporate parent education. The classes use a targeted curriculum designed to teach parents the English vocabulary they need to communicate with their children's schools. For example, parents learn how to communicate with teachers and read a report card, as well as about the importance of school readiness.

Health Promotion and Family Support Services. Four programs offer health promotion and family support services. Three are offered by the public health department: immunization clinics, health clinics, and Steps to a Healthier U.S. The last is a grant-funded program that provides home-visiting services to assist families with management of chronic diseases, such as asthma and diabetes, and serves some families in White Center. Through a statewide program called Child Profile, families also receive health promotion materials in the mail.

Box II.6

Family Connections

Program Description: Case management services for families of kindergartners; "Getting School Ready" transition team of child care providers, parents, and school representatives

Target Population: Families with a child in kindergarten in the past year and a child who attended preschool with PASEFIKA, Para Los Niños, or Refugee Federation

Service Options: Case management and referrals

Program Size: 250 families annually

Location of Services: Mount View Elementary School in White Center

Besides the services offered by the public health department, Family Connections, a program funded by the Annie E. Casey Foundation through its Making Connections Project, provides support to families with children at Mount View Elementary School (Box II.6). The program coordinator meets with parents after school, assesses families' needs, makes referrals, supports relationships between parents and teachers, and connects families with children enrolled at the school with others of similar cultural backgrounds. Services are targeted to families whose children attended a

preschool program offered by one of three CBOs (PASEFIKA, Para Los Niños, and Refugee Federation).

Training and Professional Development for Early Learning Professionals. Child Care Resources (CCR), the resource and referral agency for King County, offers training and technical assistance (T/TA) to licensed child care programs in the WCELI community (Box II.7). CCR offers technical assistance by phone and during on-site visits to child care providers and offers two or three training sessions annually in White Center. The Washington State Training and Registry System (STARS) has officially approved CCR as a trainer. CCR thus offers the basic and continuing education that child care providers in the state must complete to maintain their license.

Box II.7

Child Care Resources

Program Description: Child care resource and referral for parents; T/TA for licensed child care

Target Population: All families and licensed child care providers in King County

Service Options: Technical assistance to providers on site and by telephone; two or three training sessions annually in White Center; referrals for parents through an online database, by telephone, or at CCR's Seattle office

Program Size: 1,200 providers in King County

Location of Services: Training and on-site technical assistance in White Center

CCR also offers T/TA to neighborhood-based organizations that want to provide support services to parents and family, friend, and neighbor (FFN) caregivers. These caregivers are invited to play-and-learn groups offered in the community, where they learn developmentally appropriate caregiving through interaction with trained facilitators (Box II.8). CCR also offers FFN caregivers a resource guide (called "Taking Care of Our Children") that is available in English and five other languages. The guide has been distributed through the King County library system, including the library in White Center.

Highline Head Start provides a range of pre-service training and ongoing professional development to frontline staff, including teachers, assistant teachers, and family service workers.

In addition to services available within the community, White Center is located within reach of several colleges and universities. Highline Community College, for example, offers a 45-credit certificate and a 90-credit associate degree in early childhood education. The program focuses on children from

Box II.8

Refugee Federation Play-and-Learn Groups

Program Description: Facilitated play groups

Target Population: Children ages 2 to 5 and their caregivers (parents, grandparents, and other FFN caregivers)

Service Options: Four days a week, 2½ hours a day

Program Size: Group size varies

Location of Services: Two White Center elementary schools

birth through age 8 and prepares students to work in Head Start, ECEAP, family child care, center-based child care, preschool, and school-age care settings.

Barriers to Accessing Services for Families in White Center at Baseline

During the site visit, service providers, community residents, and parents described barriers faced by families in the WCELI community to accessing existing services. The six most commonly reported barriers involved (1) language, (2) culture, (3) long waiting lists for services, (4) limited access to transportation, (5) eligibility requirements, and (6) fear and distrust of government agencies and service providers.

Language Barriers. During interviews and focus groups, service providers and community residents reported that staff frequently do not speak families' home languages. While Highline Head Start has been able to hire and train staff from many of the same linguistic and cultural backgrounds as the families they serve, other service providers report difficulty finding qualified bilingual people. As a result, site visit participants reported that many service providers, such as public health nurses who provide First Steps home visits, must rely on interpreters.

Cultural Barriers. Besides language barriers, site visit participants reported that services are often not culturally relevant. Service providers and school personnel are often unable to communicate effectively with the families they serve because they do not understand the families' cultural backgrounds, especially with regard to child-rearing beliefs and practices. For example, one respondent explained that some families come from cultures that do not start formal education until age 5 or 6. As a result, these families need to be educated about the importance of early learning and about their role in their children's development.

Long Waiting Lists. Both service providers and community residents reported limited enrollment spaces for programs such as Head Start and long waiting lists as a barrier to accessing services. For example, site visit participants said that Head Start, which has 190 enrollment spaces in White Center, maintains a waiting list that at times climbs to double the number of available spaces.

Limited Access to Transportation. Another barrier reported by site visit participants is limited access to public transportation. Site visit participants explained that while public transportation is available in the WCELI community, some service providers are not close to the routes. Moreover, intermittent operation makes using public transportation difficult, especially when families are with young children. New immigrants and parents who do not speak English well also have difficulty using public transportation.

> "Child care has to be by the bus line. Most of the families don't have cars."
>
> —White Center child care center director

Eligibility Requirements. Another barrier to accessing services for families in White Center is the eligibility requirements of many programs. Several site visit participants, including service providers and community residents, described many families as being slightly above the income guidelines for services. As a result, these families do not qualify for free services; however, they do not earn enough to be able to afford to pay for services.

> "It seems to be better to be low income and qualify for services than to make more money but then get blocked from the state-funded services, if you don't make enough to afford private preschools and child care."
>
> —White Center parent

Fear and Distrust of Government Agencies and Service Providers. Service providers reported that many families mistrust or fear government agencies and as a result are reluctant to access existing services. Site visit participants explained that some families are undocumented and therefore fear that accessing services could put their family members at risk of deportation. Others reported that some families have had negative experiences with service providers in the past and are thus reluctant to trust others.

> "There is a lot of distrust of the child care subsidy office. They talk about the problems they are having in getting services on a regular basis. They will get their child care subsidy, and then their service gets cut off, and they don't know why. And then the next day they will have their service again. They're very frustrated with that. Even the public health nurses, sometimes they have bad responses because they've had bad experiences when the home-visiting nurses have come out because child protective services has recommended them. So they are rather distrustful."
>
> —White Center child care center director

Gaps in Services Available in White Center at Baseline

During site visit interviews, participants identified what was needed to fill gaps in services in White Center: (1) more preschool services for 3- and 4-year-olds; (2) more licensed child care, especially for infants and toddlers and during nonstandard work hours; and (3) more parent education and family support services. We discuss each of these in detail below.

Preschool Services. Many site visit participants reported that preschool services are limited in White Center. Parents and community members reported limited access to early learning services, particularly for 3- and 4-year-olds. Respondents cited a need for more availability in general, but specifically increased access to affordable programs for families whose income is just above the eligibility limit for federally and state-funded preschool programs like Head Start. These families cannot afford tuition for preschool services but do not qualify for publicly funded programs.

> "The problem we have is . . . that there is no school for kids under 5 years old. There is no school to go to. From 3 years old to 4 to 5, they have to go to Head Start, but there are no other places around here."
>
> —White Center parent

Licensed Child Care. In addition to more preschool spaces, site visit participants also described a need for more licensed child care, especially for infants and toddlers, and for care during nonstandard work hours. Highline Head Start does not operate an Early Head

Start program in White Center.[16] With regard to care during nonstandard hours, providers said that many parents cannot use licensed child care because the hours do not meet their needs. During site visit interviews, some participants said that families use FFN caregivers in part because there is often more flexibility and the option of care during nonstandard hours.

> "Sometimes we get requests for longer hours of care. That's something that we've discussed at some of our meetings because none of us are doing anything past 6 or 6:30, but we did have a member come and talk with us who is doing home care and she runs 24/6, and I just don't know how she does it."
>
> "I think it is desperately needed, the alternative hours. A lot of the lower-paying jobs are on night shift or swing shift and Saturdays certainly."
>
> —White Center child care center directors

Parent Education and Family Support. During a focus group with parents from White Center, several mothers said that more opportunities are needed for educating parents in the community. One mother explained that she received home visits after she had her first child, but no information or support after her second child was born. Another mother who received home visits from a public health nurse after giving birth said that she would also like to attend parenting classes so she could learn about how to care for her child, as well as connect with other parents in the community. One mother in the group that recently emigrated from Somalia said that she has experience parenting, but that raising children in the United States is different from raising them in Somalia. She said she would benefit from information about raising children here, including information about interacting with public schools.

COMMUNICATION AND COORDINATION AMONG SERVICE PROVIDERS

In addition to learning about the availability of services in the WCELI community at baseline, we sought to learn about the extent of communication and coordination among service providers in the White Center neighborhood. Because WCELI is designed as a community-wide intervention, we expect that coordination among service providers will increase once implementation begins and programs become more connected through their work addressing the needs of families with young children. Indeed, coordination among service providers may extend beyond the specific organizations involved most directly in WCELI. Through participation in WCELI, service providers may become better able to identify families' needs, which will allow them to refer families to programs more effectively.

We used the network survey to document service providers' relationships and communication at baseline. To track changes over time in their patterns of communication and coordination, we will compare subsequent rounds of surveys to the baseline results. In the survey, we asked respondents to list the other service providers they worked with to serve families with young children in the WCELI community; we asked also for information about their relationships with these providers. We then examined the prominence of

[16] During the site visit, Head Start staff reported that expansion funds to serve infants and toddlers are not available from Office of Head Start due to budget constraints.

programs in the White Center provider network to determine whether all prominent service providers have been involved in the WCELI planning process. As stated in Chapter I, our sample frame for the network survey included 26 programs that provide services to families with young children in White Center and participated in the WCELI planning process. We received 19 responses, but two programs did not provide information about their communication with other service providers.

Key findings from the network survey at baseline are:

- Overall, programs that provide services to White Center families with young children reported few relationships with other programs serving families and children in the neighborhood.

- Programs identified most often as having relationships with survey respondents tended to be located in White Center or had participated in the core WCELI planning team.

- Almost all programs identified by multiple respondents as important were involved in the WCELI planning process.

- Most agencies that participated in the WCELI planning process were identified by survey respondents as important within the service delivery network in White Center.

- Relationships between service providers were more likely to be administrative relationships than service relationships in which programs exchange referrals and coordinate services for specific families and children. For example, a program might meet periodically to discuss community needs or hold joint training workshops, but programs reported few activities to integrate services such as making referrals or sharing information about specific families and children.

- Early education programs reported the most contacts with other early education programs, nontraditional programs (those whose primary focus is not providing early education services), and other programs (those whose primary focus is not service delivery). Health programs reported the most contacts with other health programs.

In the rest of this section, we describe in detail the extent of relationships among programs and the types of programs that appear to be more prominent among those serving families and children in White Center.

Program Relationships

Survey respondents identified 103 relationships among service providers, including relationships with 16 of 26 programs in the sample frame and 29 programs that did not

participate in the planning process.[17] No relationships with other respondents were identified for 10 programs that participated in the WCELI planning process.

Types of Relationships. Programs reported more administrative relationships with other service providers than service relationships in which they coordinated on behalf of specific families and children (Table II.6). For example, relationships frequently involved administrative activities such as meeting for joint planning (82 percent) or developing partnership agreements (32 percent). Fewer relationships involved service coordination. The most common types of service relationships involved sharing information about clients (39 percent), contracting for specific services (26 percent), and making referrals (25 percent). After WCELI implementation, we might expect service relationships to increase as programs begin integrating services and exchanging referrals and information.

Table II.6. Administrative and Service Relationships with Community Programs

	Percent
Administrative Relationships	
Met for joint planning	82
Wrote partnership agreements	32
Shared or loaned materials or equipment	19
Shared costs for events or activities	15
Shared office space	14
Service Relationships	
Shared information about clients	39
Contracted for specific services	26
Made a referral at least monthly	25
Received a referral at least monthly	15

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 19).

Note: The percent shows the proportion of relationships among all programs where a relationship existed (N = 103).

Frequency and Importance of Contact. Most relationships involved monthly contact, perhaps during regular planning meetings (Table II.7). Only 18 percent involved more frequent contacts, such as weekly or daily. Respondents reported that more than two-thirds of these relationships were very important or crucial to their own program goals.

[17] As described in Chapter I, we surveyed a group of 26 programs identified by PSESD as the primary ones involved in the WCELI planning process. We received 19 responses, but two did not complete the question about contact with other planning participants. Our analyses include all 425 potential relationships reported on in the survey—the 17 respondents' responses about each of the other 25 programs in the sample (respondents did not report on their relationship with their own program). Appendix A contains a more detailed description of the network survey methodology.

Table II.7. Frequency of Contact with and Importance of Community Programs

	Percent
Frequency of Contact	
Daily	4
Weekly	14
Monthly	52
Quarterly	20
Yearly	5
No contact	3
Missing	2
Importance of Contact	
Crucial	26
Very important	43
Somewhat important	26
Not at all important	2
Missing	3

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 19).

Note: The percent shows the proportion of contact among all programs where a relationship existed (N = 103).

Relationships by Program Type and Location. Few relationships existed between survey respondents and White Center programs serving families with young children. Overall, respondents reported having administrative relationships with nine percent of community programs identified in the surveys and service relationships with seven percent of the programs. To examine patterns of communication among programs, we categorized them as early education, health, nontraditional (those whose primary focus is not providing early education services), and other (those whose primary focus is not service delivery). In Table II.8, we display the percentage of relationships survey respondents (rows) reported having with all other programs identified in the surveys (columns) by type—0 indicates no relationships among programs, and 100 indicates relationships among all programs.

For example, as indicated in the first row of Table II.8, early education programs had few administrative relationships with health programs (6 percent) and more with early education (12 percent), nontraditional (12 percent), and other programs (13 percent). By contrast, health programs had the most administrative relationships with other health programs, and nontraditional programs had the most administrative relationships with early education programs. Patterns are similar for service relationships, frequency of contact, and importance of relationship. The highest proportion of relationships occurred between health survey respondents and health programs—15 percent of all services relationships that could exist did.

Table II.8. Percentage of Survey Respondents Reporting Relationships with Community Programs, by Program Type

Survey Respondents	Program Type			
	Early Education	Health	Nontraditional	Other
Administrative Relationships				
Early Education	12	6	12	13
Health	8	13	3	4
Nontraditional/Other	14	0	10	10
Service Relationships				
Early Education	9	3	9	6
Health	4	15	2	2
Nontraditional/Other	6	2	8	10
Contact at Least Quarterly				
Early Education	13	8	13	15
Health	8	12	3	6
Nontraditional/Other	14	2	10	8
Very Important or Crucial Relationship				
Early Education	11	6	9	11
Health	5	8	2	0
Nontraditional/Other	13	2	10	8

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 17).

Note: The table displays the percentage of all potential relationships reported by survey respondents in one program type with all community providers within a program type. 0 indicates no relationships among programs, and 100 indicates that all potential relationships among programs exist. There were 17 respondent programs (8 early education, 5 health, and 4 nontraditional/other) and 55 community programs (20 early education, 12 health, 14 nontraditional, and 9 other).

In addition to program type, we categorized programs by location—whether they were within or outside the WCELI community. All respondent programs had more relationships with programs within the community, and programs within the community had more relationships with each other (Appendix A, Table A.3).

Program Prominence in the Service Provider Network

We also examined the prominence of programs in the White Center provider network. This analysis is useful for determining whether all prominent service providers have been involved in the WCELI planning process, and what type of programs are critical for the network of service providers in the WCELI community at baseline. Table A.4 in Appendix A lists all the programs in the WCELI planning process (and thus in the network survey sample) and displays their relationships with all other respondents. Numbers within the

columns indicate the number of other service providers that reported having a relationship with each member of the sample.

Administrative and Service Relationships. Among WCELI planning participants, administrative relationships were more common than service relationships. Nine programs had administrative relationships with at least three other programs. Far fewer had the same connections about service delivery—only three had such relationships with at least three others. Moreover, all but one program (program O) that had administrative or service relationships with other programs had quarterly contact with at least one of them and were seen by one of them as very important or crucial.

Relationships by Program Type. Programs identified more relationships with early education programs than with health, nontraditional, or other types. Among the early education programs, two—B and C—were identified more often than others, although most programs had relationships with multiple programs. However, there were three early education programs—D, I, and J—about which no relationships were reported.

Only program L emerged as prominent among health programs. Three of the eight health programs had no reported relationships, and another two were not identified as being important for achieving program goals. Two nontraditional and other programs were prominent in the network (V and X), and two were not identified by any other respondent as having a relationship.

Collaborative Planning Team Participation. Three or more programs identified six of the programs in the survey sample as very important or crucial to their goals. Four of these six were members of the collaborative planning team.[18] In addition, three or more programs reported administrative relationships with five of these nine programs. This may reflect their importance in the community, as well as the fact that collaborative planning team members responded to the survey and reported relationships with each other.

Geographic Location. Being located within the WCELI community was also important for program prominence. Five of the six programs identified as very important or crucial by at least three other programs were located in White Center. No health programs, which had fewer relationships of every type, were located within the target area.

Programs Not Involved in WCELI Planning. We used the network survey to identify all programs not involved in the WCELI planning process but identified by respondents as part of the White Center service provider network (Appendix A, Table A.5). While many programs were identified by one respondent as being important, only 1 of the 29 was identified by at least three respondents as being very important or crucial. These data suggest that the prominent programs serving families with young children in the WCELI community were involved in the WCELI planning process.

[18] The WCELI collaborative planning team is the core group of agencies that developed the WCELI business plan. We describe this group and its activities in detail in Chapter V.

CHAPTER III

CHILD CARE AVAILABILITY AND QUALITY AT BASELINE

An important goal of WCELI is to increase the child care supply and the qualifications of providers and early childhood teachers in the community, as well as to support the overall quality of early care and education available in White Center. The baseline evaluation activities provide a rich source of information about child care prior to the start of interventions focused on making positive changes in the community. In this chapter, we present findings drawn from a variety of data sources, including information provided by the WCELI planning team and Child Care Resources (CCR) about the supply of child care in White Center, group discussions and interviews with child care professionals in White Center, and child care quality observations conducted by MPR staff members. The June 2007 site visits provided the information from child care professionals (center directors and CCR staff). The child care quality observations were conducted from June through October 2007.

CHILD CARE SUPPLY

> "People with children of all ages . . . come to us looking for child care. We turn people away every day, all day long."
>
> —White Center child care center director

According to WCELI planning staff and CCR administrative data, in June 2007 there were 17 center-based early care and education providers and 66 licensed family child care homes serving children under age 5 in the White Center area.[19] Of the 17 centers, Highline Head Start operates two Head Start centers and is in partnership with another center to offer Head Start services. Ten licensed

[19] WCELI planning staff and MPR worked together to identify centers and family child care providers located inside the White Center geographic boundaries as well as providers just outside the boundaries that families living within the boundaries were likely to use. This included 5 of the 17 centers and 23 of the 66 family child care homes identified. After MPR began contacting the 17 centers and 66 providers, we learned that some were out of business or could not be contacted. For the purposes of the study, these settings were not eligible for inclusion in the baseline quality assessments.

centers served infants and toddlers (defined as under 2½ years old) and all 17 served preschool children (older than 2½ but not yet in kindergarten). Total center enrollment included about 200 infants and toddlers and 800 preschoolers. Family child care providers were licensed to care for about 550 children.

During the site visits, child care professionals reported that although the child care supply in White Center has grown a great deal in the past 10 years, it is still inadequate to meet family needs. Infant care is in extremely short supply. Most centers have a waiting list, with some as long as two years. Family child care providers are not reporting vacancies to CCR and seem to be operating at providers' preferred capacity.

CHILD CARE COSTS AND SUBSIDIES

> "Once you get a job and you are struggling and doing everything you can, they tend to cut you off and leave you stranded."
>
> —White Center child care center director

CCR reported that full-time center-based care costs about $800 a month for infants and $650 for children age 2 and older. Affordability of care is a primary barrier to families selecting licensed child care settings for their children. Child care professionals interviewed during the site visit reported that the child care subsidy system is very challenging for families to navigate. To be eligible for a subsidy, families must participate in Working Connections, and they need language and social skills to persist in applying for a subsidy and following up on the status of their application. Staff from five of the six centers that participated in a focus group during the site visit reported that 50 to 100 percent of their children receive subsidized care. Families using subsidized care must make a copayment that is determined by their income.

Copayments range from $15 to as much as $500 a month depending on family income (there is a sliding scale based on the federal poverty guidelines). Although the state pays the subsidies directly to child care providers, child care professionals reported during site visits that they are regularly at risk of not being paid because of uncertainty about a family's eligibility status. Families that are unable to fulfill their Working Connections commitments or that earn even a small amount over the income threshold lose the subsidy and have to reapply or request reinstatement.

CHALLENGES TO ACCESSING CARE

During the site visit, child care professionals also reported that although cost is a barrier to families selecting licensed care settings, another barrier is access to "culturally specific" early care and education. As the cultural diversity in White Center has increased, many families have made it clear that they prefer a provider that shares their language, culture, and values. CCR reported that they have led efforts in White Center focused on recruiting Somali, Vietnamese, and Latino family child care providers to become licensed. Hiring center-based staff that speak different languages has also helped centers draw families from different backgrounds. Child care professionals reported that some families clearly prefer family, friend, and neighbor (FFN) care for cultural reasons, but mostly it is because they trust providers that they know more than they trust strangers to care for their children.

Child care professionals also observed that although many families in White Center need full-time, full-day care, families from some cultures seem to prefer part-time or part-day care.

Transportation is another challenge that constrains child care choices for families in White Center. If a child care center or family child care home is not within walking distance or not easily accessible by public transportation, families are less likely to consider it. Child care professionals that participated in focus groups during the site visit noted that although more than half of families in White Center may have a car, they often share it with other adults in the household. One respondent estimated that about 20 percent of the families in her program use the bus, 10 percent walk, and the rest drive. For those that do not have a car, living or working in close proximity to a child care provider is important.

CHARACTERISTICS OF THE CHILD CARE WORKFORCE

This section describes the characteristics of (1) family child care providers, (2) center-based teachers in classrooms that serve infants and toddlers and those that serve preschoolers, and (3) center directors. By using a representative sample of early care and education settings, the baseline findings provide a benchmark for comparing change over time in the experience, education, training, and diversity of staff working with young children in White Center.

As described in Chapter I and detailed in Appendix A, the early care and education workforce data were collected from a representative sample of licensed child care centers and family child care providers in the White Center area. The information presented is based on interviews with center directors and family child care providers and self-administered questionnaires completed by center lead teachers.

Family Child Care Providers. Family child care providers have been in their current job for an average of 12 years, and have been caring for children for an average of 14 years (Table III.1). On average, family child care providers were 44 years old (ranging from 30 to 66). Nearly 50 percent of the family child care providers identified themselves as white, 5 percent as African American, 5 percent as Hispanic, 16 percent as Asian, and 26 percent as of more than one or "other" race/ethnicity.

Twenty-eight percent of family child care providers have less than a high school diploma; 44 percent have a high school diploma or equivalent (Table III.2). Six percent have a bachelor's degree or higher, 6 percent an associate degree, and 17 percent some college but no degree. One-third of caregivers in family child care settings with an associate degree or higher reported that they had studied early childhood

Box III. 1
Comparison of White Center Family Child Care Workforce to National and State Data

Brandon and Martinez-Beck (2006) reported that surveys conducted in nine states demonstrated variation in levels of education among family child care providers. The percentage of family child care providers with a bachelor's degree ranged from 10 percent in Illinois and North Carolina to 15 percent in Vermont. Kontos et al. (1995) reported that approximately 17 percent of family child care providers had bachelor's degrees, whereas the National Study of Child Care for Low Income Families (Layzer & Goodson 2004) reported that in their study, 9 percent had them.

Table III.1. Baseline Demographic and Background Characteristics of the Licensed Child Care Workforce in White Center, Summer 2007

	Weighted Means or Percentages (Standard Error)		
	Family Child Care Providers	Center-Based Infant/Toddler Lead Teachers	Center-Based Preschool Lead Teachers
Female (percentage)	100.0	100.0	100.0
Age (years)	44.1 (2.5)	35.2 (5.7)	38.6 (2.4)
Years in current job	12.2 (2.5)	2.1 (0.9)	4.5 (2.3)
Years in teaching/caring for children	13.7 (2.6)	5.5 (0.3)	11.9 (1.8)
Very likely to stay in job	89.5 (7.2)	66.4 (19.5)	61.0 (13.9)
Annual salary (mean dollars)	$30,845	$20,264	$28,137
Health insurance provided (percentage)	68.4 (11.0)	73.7 (11.5)	70.3 (10.1)
Provider/Teacher ethnicity (percentage)			
White, non-Hispanic	47.4 (11.8)	70.7 (14.5)	65.1 (9.5)
African-American, non-Hispanic	5.3 (5.3)	9.0 (5.8)	12.6 (7.9)
Hispanic	5.3 (5.3)	0	5.7 (5.8)
Asian	15.8 (8.6)	9.0 (5.8)	7.6 (7.1)
Multiple race/other	26.3 (10.4)	11.3 (7.7)	9.1 (8.0)
Speaks language other than English (percentage)	47.4 (11.8)	NA	NA
Sample Size	**19**	**17**	**15**

Source: Summer 2007 Family Child Care Questionnaire, Summer 2007 Lead Teacher Questionnaire.

Note: Center-based infant/toddler lead teachers primarily have children less than 2½ years old in their classroom and center-based preschool teachers primarily have children older than 2½ years in their classroom. Data are weighted to adjust for non-response and for the two-stage sampling of child care centers and classrooms.

NA = not applicable or not asked in a similar way for all respondents.

Table III.2. Baseline Training and Professional Development Experiences of the Licensed Child Care Workforce in White Center, Summer 2007

	Weighted Percentages (Standard Error)		
	Family Child Care Providers	Center Based Infant/Toddler Lead Teachers	Center Based Preschool Lead Teachers
Highest Level of Education (percentage)			
Less than high school	27.8 (8.5)	16.0 (6.4)	0
High school or equivalent	44.4 (8.9)	17.9 (11.2)	9.9 (5.4)
Some college but no degree	16.7 (9.0)	11.4 (7.3)	15.1 (14.3)
Associate degree (AA)	5.6 (5.6)	0	27.4 (5.0)
Bachelor's degree or higher	5.6 (5.6)	54.7 (21.8)	47.6 (14.1)
Of those with an AA or higher, the field of study includes early childhood education or child development (percentage)	33.3 (33.3)	7.2 (8.2)	36.2 (14.7)
Has a CDA (percentage)	26.3 (10.4)	4.6 (4.5)	21.7 (7.2)
Has state-awarded preschool certificate or license (percentage)	11.1 (7.6)	19.5 (6.5)	8.2 (8.4)
Has teaching certificate or license (percentage)	5.3 (5.3)	0	28.9 (12.5)
Training/Technical Assistance (T/TA) Frequency (percentage)			
Weekly	5.3 (5.3)	0	0
At least monthly	21.1 (7.2)	51.1 (20.7)	57.7 (10.3)
Every few months	42.1 (11.6)	30.8 (13.0)	42.3 (15.0)
Once a year or less	26.3 (10.4)	4.4 (4.7)	0
Never	5.3 (5.3)	13.7 (13.9)	0
Sample Size	**19**	**17**	**15**

Source: Summer 2007 Family Child Care Questionnaire, Summer 2007 Lead Teacher Questionnaire.

CDA = Child Development Associate credential; ECE = early childhood education; NA = not applicable or not asked in a similar way for all respondents.

education or child development as part of their highest degree. Twenty-six percent of the caregivers reported having earned a Child Development Associate (CDA) credential, 11 percent had a state-awarded preschool certificate, and 5 percent had a teaching certificate or license. Educational attainment of family child care providers in White Center was lower compared to other state and national studies (Box III.1).

Center-Based Infant/Toddler Lead Teachers. Infant/toddler lead teachers in center-based settings reported having been in their current positions for an average of 2 years, and across settings, they have cared for children for an average of 6 years (Table III.1). Infant/toddler teachers in center-based settings were, on average, 35 years old (ranging from 19 to 70). Most of the teachers were white (71 percent), 9 percent were African American, 9 percent were Asian, and 11 percent were from "other" or more than one racial/ethnic background.

Fifty-five percent of infant/toddler teachers reported having a bachelor's degree or higher, 11 percent had some college but no degree, 18 percent had a high school diploma or equivalent, and 16 percent had less than a high school degree (Table III.2). At baseline, only 7 percent of center-based infant/toddler teachers with an associate degree or higher indicated that they had studied early childhood education or child development as part of their highest degree. Five percent of the infant/toddler teachers indicated that they had earned a CDA credential, and 20 percent had a state-awarded preschool certificate. None had a teaching certificate or license. Educational attainment levels for White Center infant/toddler lead teachers were higher than those observed in the Early Head Start Evaluation (Box III.2).

Box III.2

Comparison of the White Center Child Care Workforce to National and State Data

Brandon and Martinez-Beck reported that based on surveys conducted in nine states, the percentage of center teachers with a bachelor's degree or higher ranged from 8 percent in Nevada and Oklahoma to 48 percent in Hawaii. Brandon and Martinez-Beck (2006) also summarized findings from four large-scale studies and the Head Start Program Information Report data (publication dates ranged from 1991 through 2003) and reported that for center-based teachers, the percentage with a bachelor's degree ranged from a low of 22 to a high of 47 percent. The percentage of teachers that had a high school degree or less education ranged from 13 to 26. The National Early Head Start Research and Evaluation Project (ACF 2002) found that 21 percent of frontline staff (teachers) in center-based programs for infants and toddlers had a bachelor's degree or higher and 62 percent had at least a CDA. The National Center for Early Development and Learning's Multi-State Study of Pre-Kindergarten (NCEDL; Clifford et al. 2005) found that almost 70 percent had at least a bachelor's degree and 23 percent had a CDA.

Center-Based Preschool Lead Teachers. Lead teachers of preschoolers were, on average, 39 years old (ranging from 25 to 55; Table III.1). At baseline, 65 percent were white, 13 percent were African American, and much smaller proportions were Asian, Hispanic, and multiple or other race (about 8, 6, and 9 percent, respectively). Teachers of preschoolers reported that, on average, they have been in their current position for 5 years.

Across all settings they have worked in, they have been caring for children for an average of 12 years.

Forty-eight percent have a bachelor's degree or higher, 27 percent an associate degree, 15 percent some college but no degree, and 10 percent a high school diploma or equivalent (Table III.2). At baseline, more than one-third of those who teach center-based preschoolers and had an associate degree or higher reported having studied early childhood education or child development as part of their highest degree. Twenty-two percent of preschool teachers had earned a CDA credential, 8 percent had a state-awarded preschool certificate, and 29 percent had a teaching certificate or license. Educational attainment levels for White Center preschool lead teachers were higher than those observed by the Early Head Start Evaluation and a study of eight state surveys, but somewhat lower than those found in the National Center for Early Development and Learning's Multi-State Survey (Box III.2).

Center Directors. At baseline, center directors were, on average, 40 years old (Table III.3). They had been in their current positions for an average of 7 years and reported involvement in caring for children for an average of 13 years. More than half reported having a bachelor's degree or higher, and 77 percent had at least an associate degree. Half indicated that they had studied early childhood education or child development as part of their highest degree. Eighteen percent had a state-awarded preschool certificate, and about half had a teaching certificate or license. Most were white (89 percent), and the rest (12 percent) were Hispanic.[20]

Psychological Well-Being. Research has documented that caregiver psychological well-being is associated with the quality of care children receive (Gerber et al. 2007). Lead teacher self-administered questionnaires and family child care provider interviews included the Center for Epidemiological Studies-Depression Short Form ([CES-D] Radloff 1977; Ross et al. 1983) to measure levels of symptoms that indicate the potential for risk for depression. The scale does not provide a clinical diagnosis of depression, but it can be used to group individuals by the severity of their symptoms. The scale includes questions about the number of days in the past week that child care professionals had a particular symptom, such as poor appetite, restless sleep, loneliness, sadness, and lack of energy. We created four threshold scores based on findings in the literature: (1) at no risk of depression (score of 0-4), (2) risk of mild depression (score of 5-9), (3) risk of moderate depression (score of 10-14), and (4) risk of severe depression (scores of 15 or higher) (Administration on Children, Youth and Families 2002; Administration for Children and Families 2006a).[21]

[20] Because of rounding, percentages do not add to 100.

[21] For this study, we used the same threshold scores as FACES (ACYF 2002), with a score of 5 or greater indicating risk of mild or more severe depression. Unlike FACES and some other large-scale research projects, the Early Head Start Research and Evaluation Project used CES-D scores greater than or equal to 10 as the cutoff for depressive symptoms—our definition of being at risk for moderate or severe depression (Chazan-Cohen et al. 2007). Because there is no consensus in the literature about which threshold score should be used, we used all four thresholds to allow for comparisons with other studies using either threshold.

Table III.3. Baseline Characteristics of Child Care Directors in White Center, Summer 2007

	Weighted Means or Percentages (Standard Error)
Female (percentage)	100.0
Age (years)	39.6 (4.7)
Years in current job	6.8 (3.1)
Years in teaching/caring for children	12.5 (2.6)
Very likely to stay in job	100.0
Race/Ethnicity (percentage)	
White, non-Hispanic	88.5 (11.7)
African-American, non-Hispanic	0
Hispanic	11.5 (11.7)
Asian	0
Multiple race/other	0
Highest Level of Education (percentage)	
High school or equivalent	9.9 (10.2)
Some college but no degree	13.1 (13.1)
Associate's degree	21.7 (15.0)
Bachelor's degree or higher	55.3 (17.8)
Of those with an AA or higher, the field of study includes early childhood education or child development (percentage)	50.0 (21.0)
Has state-awarded preschool certificate or license (percentage)	18.3 (17.1)
Has teaching certificate or license (percentage)	48.5 (19.3)
Speaks language other than English (percentage)	25.5 (16.9)
Sample Size	**8**

Source: Summer 2007 Center Director Questionnaire.

At baseline, 37 percent of family child care providers, 48 percent of infant/toddler teachers, and 64 percent of center-based preschool teachers were at risk of at least mild depression (Table III.4). Twenty-six percent of family child care providers, 18 percent of infant/toddler teachers, and 17 percent of center-based preschool teachers were at risk of moderate or severe depression. These rates of depression are lower than those found in some other studies and higher than others. For example, 27 percent of lead teachers of preschool children in a sample of 41 child care centers in North Carolina were at risk of moderate or severe depression (Gerber et al. 2007). In a study of 1,217 nonfamilial caregivers participating in the NICHD Study of Early Child Care, 9 percent were at risk of moderate or severe depression at some point in the study (Hamre and Pianta 2004).

Table III.4. Baseline Family Child Care Provider and Center-Based Teachers' Risk of Depression, White Center

Provider's Risk of Depression (percentage)	Family Child Care Providers	Center-Based Infant/Toddler Lead Teachers	Center-Based Preschool Lead Teachers
No risk of depression	63	53	37
At risk of mild depression	11	30	47
At risk of moderate depression	26	13	8
At risk of severe depression	0	5	9
Sample Size	**19**	**17**	**15**

Source: Summer 2007 Family Child Care Questionnaire, Summer 2007 Lead Teacher Questionnaire.

Note: Totals do not add to 100 percent because of rounding. We created four threshold scores based on findings in the literature: (1) at no risk of depression (score of 0-4), (2) risk of mild depression (score of 5-9), (3) risk of moderate depression (score of 10-14), and risk of severe depression (scores of 15 or higher) (Administration on Children, Youth and Families 2002; Administration for Children and Families 2006a).

CES-D Short Form = Center for Epidemiological Studies-Depression Short Form (Ross et al. 1983).

Training and Technical Assistance (T/TA). Along with hiring policies and education requirements, T/TA is the primary approach to improving the quality of early care and education programs. In White Center, 68 percent of family child care providers, 82 percent of infant/toddler lead center teachers, and 100 percent of preschool lead center teachers reported receiving T/TA more than once a year. Consistent with the site visit information from child care child care professionals and CCR, family child care providers were more likely than the center-based teachers to report that CCR provided T/TA to them (58 percent compared to 22 and 19 percent for infant/toddler and preschool teachers). Center-based teachers were more likely than family child care providers to report receiving T/TA from a CBO, local consultants, a mentor or master teacher, state or national conferences, the educational services district, or a private company or organization. The most frequently reported training topics reported were safety, hygiene, and health; child abuse/neglect; curriculum/teaching; child management; child development/early childhood education; observing children, and parent communication (Table III.5).

Making direct comparisons of data on T/TA across studies is challenging because the questions are often not asked in the same way and the results are not reported by care setting or type of provider. Nevertheless, to the extent that comparisons are possible, White Center providers and teachers reported similar to somewhat higher rates of participation in T/TA activities than has been observed in other studies. In the Early Head Start evaluation,

84 percent of center teachers reported participating in at least one professional training in the past year. Seventy-five percent of providers in the Midwest Child Care Quality Research study (Raikes et al. 2006) reported participating in at least one type of training in the past year and 61 percent reported that they had the training needed to, "do the job right."

Table III.5. Baseline Reports of In-Service Training Topics, White Center (Percentages)

Training Topics	Family Child Care Providers	Center-Based Infant-Toddler Lead Teachers	Center-Based Preschool Lead Teachers
Safety, Hygiene, and Health	100	78*	95*
Child Abuse and Neglect	100	73*	92*
Curriculum and Teaching	100*	61*	77*
Child Management	100	74*	74*
Child Development/Early Childhood Education	100*	64*	71*
Observing Children	100	64	71
Parent Communication	100	38*	55*
Child Assessment	50	49	74
Parent Involvement	50	31	50
Team Teaching	50	26	47
Supervising Assistants, Aides, and Volunteers	50	18	43
Sample Size	**19**	**17**	**15**

Source: Summer 2007 Family Child Care Questionnaire, Summer 2007 Lead Teacher Questionnaire.

Note: *Indicates that at least one respondent endorsed the topic as most important to them.

QUALITY OF CARE

To assess the quality of early care and education settings, highly trained MPR interviewers conducted structured observations of the care settings (see Appendix A for more details). Observations included several well-established and widely-used measures—the Environment Rating Scales,[22] the Arnett Caregiver Interaction Scale (CIS; Arnett 1989),

[22] The Infant/Toddler Environment Rating Scale-Revised (ITERS-R; Harms et al. 2002) consists of 39 items that assess the quality of center-based child care for infants and toddlers up to 30 months. The

and observed child-adult ratios and group sizes. The Environment Rating Scales share the same format and scoring system, but are designed for use with different age groups and types of care settings (Box III.3). Items are rated from 1 to 7, with descriptors provided by the authors for ratings of 1 (inadequate), 3 (minimal), 5 (good), and 7 (excellent).

The 26-item Arnett CIS assesses the quality and content of the teacher's interactions and measures the extent to which the caregiver spoke warmly, seemed distant or detached, exercised rigid control, or spoke with irritation or hostility, with higher scores reflecting greater caregiver sensitivity and responsiveness and less detachment and punitiveness. The Arnett CIS rates on a scale of 1 to 4 how typical a behavior is of the provider or lead teacher. A score of 1 means the behavior is "not at all" characteristic, 2 indicates "somewhat" characteristic, 3 "quite a bit," and 4 "very much." All the "negative" items were reverse-coded so that higher scores indicate more positive behavior. For example, a high score on the detachment subscale means providers/teachers are less detached.

Family Child Care. The average FCCERS-R score was 3.5 (ranging from 1.9 to 5.1) in summer 2007, which is in the minimal-to-good quality range (Table III.6).[23] Figure III.1 depicts the distribution of the quality ratings, with 5 percent scoring under 2, 21 percent at 2 but under 3, 53 percent between 3 and just under 4, 11 percent scoring from 4 to just under 5, and 11 percent scoring from 5 to just under 6.

On subscales of the FCCERS-R, quality ratings were also in the minimal-to-good quality range and were lowest in the areas of personal care routines and activities. Family child care settings had the highest ratings in the area of interactions, with 11 of the 19 settings scoring 7 out of 7 on this subscale. The average Arnett score for these settings was 3.2. This score indicates the overall tone of caregiver interactions was typically between quite and very positive; caregivers were fairly warm, sensitive, and not harsh with the children.

The average child-caregiver ratio in the family child care settings was just below 3 to 1, and the average group size was about 5 children. Five percent of family child care providers had a group size larger than 8, indicating that these settings might not meet the Washington Administrative Code requirements for group size in the home (see Box III.4 for information about state standards for child-adult ratio and group size).

(*continued*)

43 items of the Early Childhood Environment Rating Scale-Revised (ECERS-R) assess center-based child care quality provided to children aged 2½ to 5 (Harms et al. 1998). The Family Child Care Environment Rating Scale-Revised (FCCERS-R; Harms et al. 2007) consists of 37 items that assess the quality of child care provided in family child care homes.

[23] Average child care quality scores reported here represent the average quality of child care settings in White Center, at the classroom level.

Box III.3. Environment Ratings Scales and Subscales[1]

Infant/Toddler Environment Rating Scale-Revised (ITERS-R; Harms et al. 2002). Consists of 39 items that assess the quality of center-based child care for infants and toddlers up to 30 months. Subscales include:

- **Space and Furnishings.** Indoor space, room arrangement, furnishings, display for children
- **Personal Care Routines.** Greeting and departing, meals and snacks, naps, diapering and toileting, health and safely practices
- **Listening and Talking.** Helping children understand and use language, use of books
- **Activities.** Fine motor; physical play; art; music and movement; blocks; dramatic play; sand and water play; nature and science; use of TV, video, and computers; promoting acceptance of diversity
- **Interaction.** Supervision of play and learning, peer interaction, staff-child interaction, discipline
- **Program Structure.** Schedule, free play, group play activities, provisions for children with disabilities
- **Parents and Staff.** Provision for parents; provision for staff personal and professional needs and growth; staff interaction, cooperation, continuity, supervision, and evaluation

Early Childhood Environment Rating Scale-Revised (ECERS-R; Harms et al. 1998). Consists of 43 items that assess center-based child care quality provided to children aged 2½ to 5. Subscales include:

- **Space and Furnishings.** Indoor space, room arrangement, furnishings, display for children, space for privacy, space and equipment for gross motor play
- **Personal Care Routines.** Greeting and departing, meals and snacks, naps, diapering and toileting, health and safely practices
- **Listening and Talking.** Books and pictures, encouraging children to communicate, using language to develop reasoning skills, informal use of language
- **Activities.** Fine motor; art; music and movement; blocks; dramatic play; sand and water play; nature and science; math and numbers; use of TV, video, and computers; promoting acceptance of diversity
- **Interaction.** Supervision of gross motor activities, general supervision of children, peer interaction, staff-child interaction, discipline
- **Program Structure.** Schedule, free play, group time, provisions for children with disabilities
- **Parents and Staff.** Provision for parents; provision for staff personal and professional needs and growth; staff interaction, cooperation, continuity, supervision, and evaluation

[1] To simplify presentation of the subscales, we used the same subscale names across the three environment rating scales here and in the text. The authors refer to the ECERS-R Listening and Talking subscale as Language-Reasoning, and they refer to the FCCERS-R Parents and Staff subscale as Parents and Providers.

Box III.3. Environment Ratings Scales and Subscales *(continued)*

The Family Child Care Environment Rating Scale–Revised (FCCERS-R; Harms et al. 2007). Consists of 37 items that assess the quality of child care provided in family child care homes. Subscales include:

- **Space and Furnishings.** Indoor space used for child care, furnishings, provisions for relaxation and comfort, arrangement of child care space, display for children, space for privacy
- **Personal Care Routines.** Greeting and departing, meals and snacks, naps, diapering and toileting, health and safely practices
- **Listening and Talking.** Helping children understand and use language, using books
- **Activities.** Fine motor; art; music and movement; blocks; dramatic play; sand and water play; nature and science; math and numbers; use of TV, video, and computers; promoting acceptance of diversity; active physical play
- **Interaction.** Supervision of play and learning, peer interaction, provider-child interaction, discipline
- **Program Structure.** Schedule, free play, group time, provisions for children with disabilities
- **Parents and Staff.** Provision for parents; balancing personal and caregiving responsibilities, opportunities for professional growth; provision for professional needs

Infant-Toddler Center-Based Care. The quality of child care received by infants and toddlers in 17 center-based classrooms was minimal to good at baseline (Table III.7). On average, classrooms scored about 3.8 (the middle of the minimal-to-good range) on the ITERS-R. The distribution of the quality ratings ranged from 2 to just under 5 (Figure III.2).

On subscales of the ITERS-R, the classrooms achieved minimal-to-good quality in all areas except personal care routines. Infant/toddler classrooms were strongest in the area of program structure, with 9 of 17 scoring 7.0 on that subscale. The average Arnett CIS score for these settings was 3.5. This score indicates that the quality and emotional tone of teacher interactions with children was between quite and very positive; caregivers were fairly warm, insensitive, and not harsh with the children. Four percent of center-based infant-toddler classrooms had child-adult ratios larger than 7, above the maximum threshold required by Washington State licensing standards for toddlers (see Box III.4 for a description of licensing standards for child-adult ratios).

Table III.6. Baseline Family Child Care Quality in White Center, Summer 2007

	Mean (SE)	Reported Response Range	Possible Response Range
Family Child Care Environment Rating Scale (FCCERS-R)			
FCCERS-R Total	3.46 (0.21)	1.92 – 5.11	1.00 – 7.00
Space and Furnishings	3.88 (0.24)	2.00 – 5.33	1.00 – 7.00
Personal Care Routines	2.63 (0.22)	1.00 – 4.50	1.00 – 7.00
Listening and Talking	4.14 (0.26)	1.67 – 6.33	1.00 – 7.00
Activities	2.98 (0.23)	1.45 – 5.18	1.00 – 7.00
Interaction	4.49 (0.27)	2.75 – 7.00	1.00 – 7.00
Program Structure	3.96 (0.37)	1.00 – 6.33	1.00 – 7.00
Parents and Provider	3.47 (0.34)	2.00 – 6.75	1.00 – 7.00
Arnett Caregiver Interaction Scale (CIS)			
Arnett Total	3.22 (0.06)	2.83 – 3.73	1.00 – 4.00
Sensitivity	2.79 (0.13)	1.80 – 3.70	1.00 – 4.00
Harshness	3.74 (0.03)	3.56 – 4.00	1.00 – 4.00
Detachment	3.67 (0.08)	3.00 – 4.00	1.00 – 4.00
Permissiveness	3.46 (0.05)	3.00 – 3.67	1.00 – 4.00
Independence	2.51 (0.08)	2.00 – 3.00	1.00 – 4.00
Child/Adult Ratio	2.7 (0.3)	1.0 – 5.0	NA
Group Size	4.6 (0.6)	1.0 – 12.0	NA
Sample Size	**19**		

Source: Summer 2007 Family Child Care Observation.

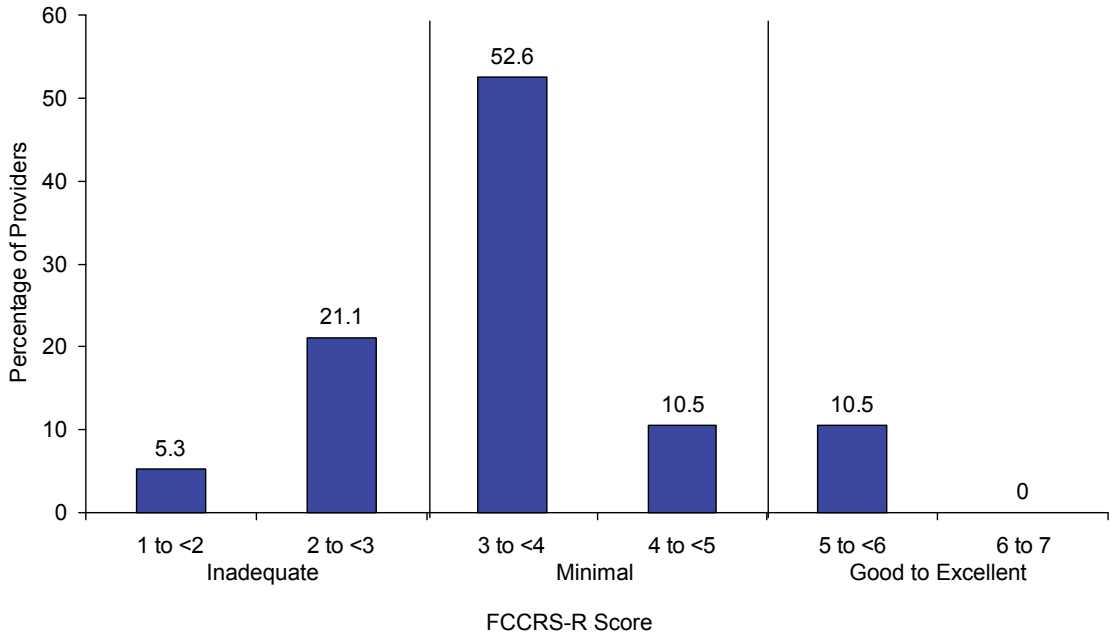
Note: The average scores represent the average quality of family child care settings, determined at the home level. The average ratios and group sizes represent the average child/adult ratio in family child care settings, at the home level.

NA = not applicable; SE = standard error.

Preschool Center-Based Care. Overall, the average ECERS-R score in child care centers serving preschoolers was 4.8 (minimal to good; Table III.8). Average ECERS-R scores across these 15 observed child care settings ranged from 3.6 (minimal to good) to 5.5 (good to excellent) at baseline. Figure III.3 depicts the distribution across classrooms in the community.

On subscales of the ECERS-R, quality ranged from minimal-to-excellent depending on the subscale. Classrooms scored highest in the areas of space and furnishings, language, program structure, and interaction, with average scores above 5.0 on all these subscales. The average Arnett score for these settings was 3.6. This score indicates that the quality and emotional tone of teacher interactions with children was between quite and very positive; caregivers were fairly warm, sensitive, and not harsh with the children. The observed child-teacher ratio was 5.1; average group size was 9.2 children. Eleven percent of preschool classrooms had child-adult ratios larger than 10, indicating that they were not in compliance with state licensing standards (see Box III.4 for a description of licensing standards for child-adult ratios).

Figure III.1. Distribution of Baseline Family Child Care Quality



N = 19.

Box III.4

Washington State Licensing Standards for Child-Adult Ratio and Group Size

The Washington Administrative Code (WAC 2007) requires that licensed family child care homes and centers meet or exceed minimum thresholds for child-adult ratios and total group size in the home or classroom. The requirements in both settings are determined by the age of the children in care.

Family Child Care Homes. Ratios and group sizes are determined by the provider's experience and education, and by whether there is another adult providing care. The WAC for family child care also places limits on the number of children less than 2 years old and the total number of children less than 12 years old allowed on the premises (including the provider's own children). Family child care providers serving children less than 2 years old can have a total of six children on the premises, but not more than 2 children under 2 years old. If there are no children less than 2 years old in care, and the provider has one year of experience, the maximum group size is 8.

Child Care Centers. Classrooms serving infants (under 11 months old) must maintain a child-adult ratio of 4 to 1 and stay within a maximum group size of 8. Classrooms serving toddlers (12 to 29 months old) must have a ratio of 7 to 1 and a maximum group size of 14. Classrooms serving preschool children (30 months to 5 years old) must have a ratio of 10 to 1 and a maximum group size of 20.

Table III.7. Baseline Center-Based Infant/Toddler Child Care Quality in White Center, Summer 2007

	Mean (SE)	Reported Response Range	Possible Response Range
Infant/Toddler Environment Rating Scale (ITERS-R)			
ITERS-R Total	3.83 (0.23)	2.30 – 4.86	1.00 – 7.00
Space and Furnishings	3.91 (0.25)	2.60 – 5.60	1.00 – 7.00
Personal Care Routines	2.38 (0.26)	1.00 – 4.33	1.00 – 7.00
Listening and Talking	4.59 (0.45)	1.67 – 6.33	1.00 – 7.00
Activities	3.45 (0.27)	1.38 – 4.89	1.00 – 7.00
Interaction	4.83 (0.65)	2.25 – 7.00	1.00 – 7.00
Program Structure	5.18 (0.43)	1.67 – 7.00	1.00 – 7.00
Parents and Staff	4.43 (0.25)	3.29 – 5.43	1.00 – 7.00
Arnett Caregiver Interaction Scale			
Arnett Total	3.47 (0.10)	2.73 – 3.97	1.00 – 4.00
Sensitivity	3.24 (0.20)	2.20 – 4.00	1.00 – 4.00
Harshness	3.82 (0.03)	3.44 – 4.00	1.00 – 4.00
Detachment	3.77 (0.07)	3.00 – 4.00	1.00 – 4.00
Permissiveness	3.69 (0.04)	3.33 – 4.00	1.00 – 4.00
Independence	2.80 (0.15)	1.50 – 4.00	1.00 – 4.00
Child/Adult Ratio	3.7 (0.6)	1.8 – 9.3	NA
Group Size	7.3 (0.6)	3.5 – 13.0	NA
Sample Size	**17**		

Source: Summer 2007 Infant/Toddler Care Observation.

Note: The scores shown here represent the average quality of center-based infant/toddler child care settings, determined at the center level. The ratios and group sizes shown here are the average teacher-child ratios in center-based child care settings, at the center level.

NA = not applicable; SE = standard error.

Comparisons to Other National and State Studies. On the whole, the summer 2007 baseline child care quality analyses indicated that center-based care for preschool aged children in White Center is comparable in quality to what has been found in studies of Head Start and Early Head Start programs. The quality of center-based infant/toddler care and family child care in White Center is comparable to the quality found in community child care in studies such as the Early Head Start Research and Evaluation Project (Box III.5).

SUPPORTS AVAILABLE TO IMPROVE QUALITY

Low-cost, high-quality T/TA activities are not readily accessible in White Center. Child care professionals reported during the site visit that few such workshops or courses are available, and that those offered in the surrounding area usually cost $50 to $120 per hour. Highline Community College and Renton Technical College offer relevant courses, but providers say they are too far away (approximately 15 to 30 minutes away by car depending on starting location). When training is available within a reasonable distance, it is usually either irrelevant or focused on basic health and safety topics required for licensure,

Figure III.2. Distribution of Baseline of Center-Based Infant/Toddler Child Care Quality

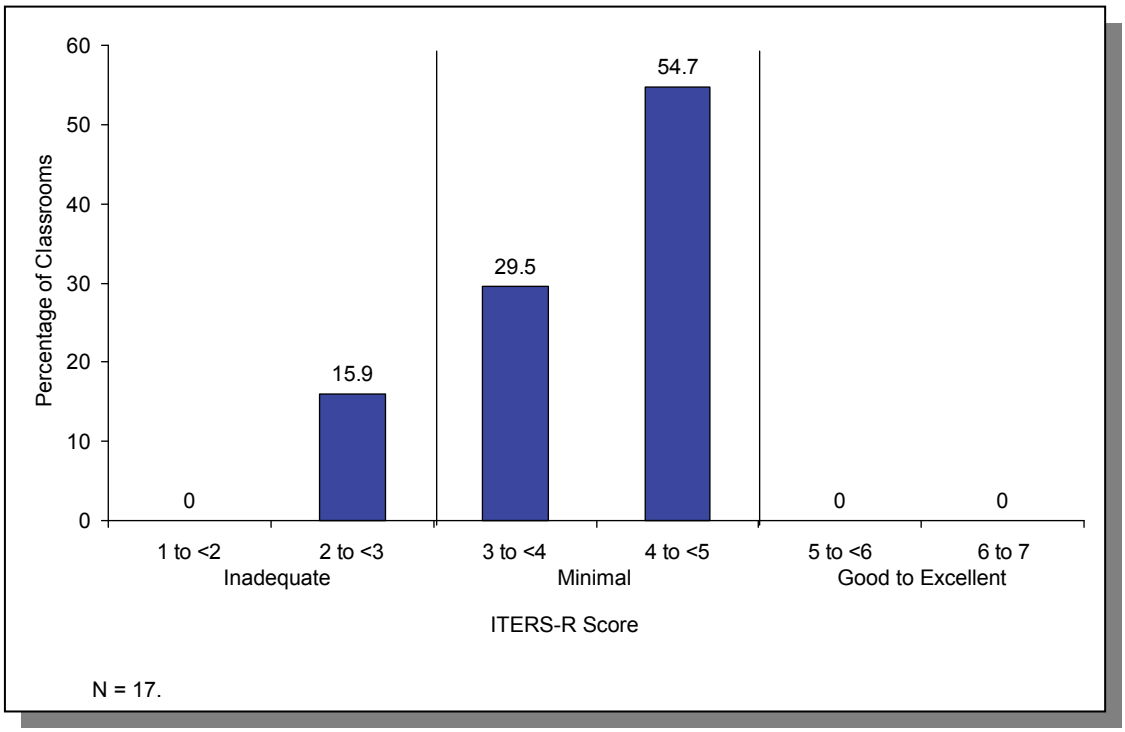


Figure III.3. Distribution of Baseline Center-Based Preschool Child Care Quality

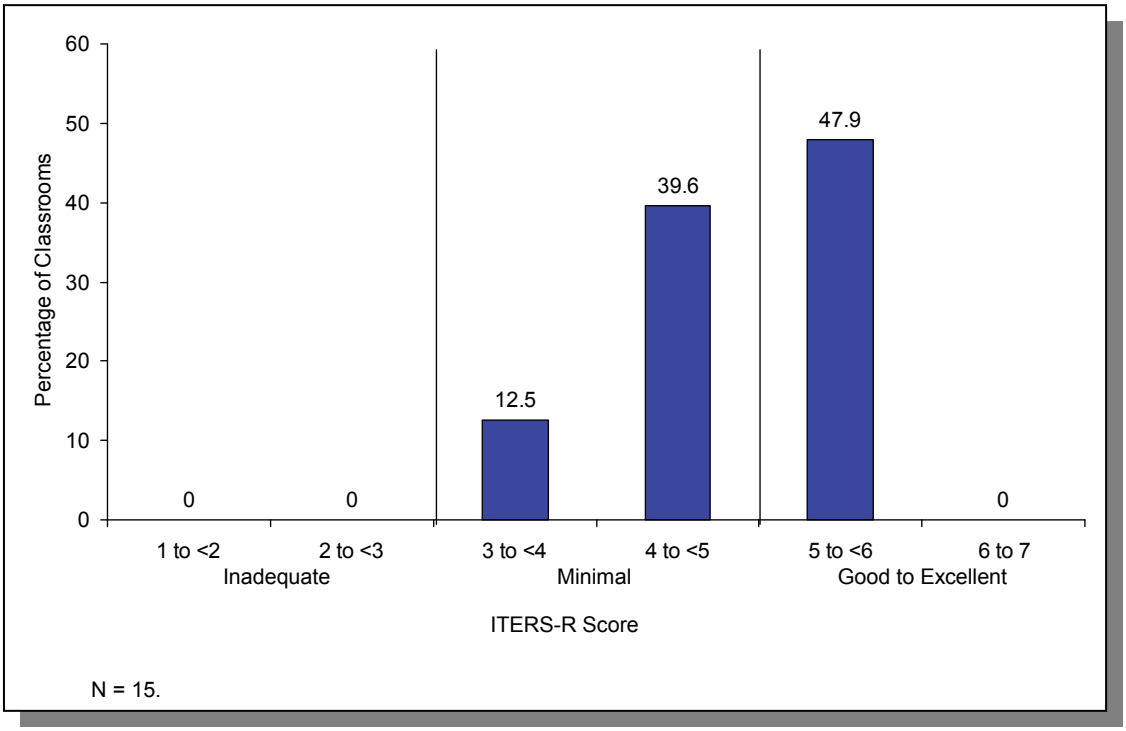


Table III.8. Baseline Center-Based Preschool Child Care Quality in White Center, Summer 2007

	Mean (SE)	Reported Response Range	Possible Response Range
Early Childhood Environment Rating Scale (ECERS-R)			
ECERS-R Total	4.82 (0.10)	3.57 – 5.53	1.00 – 7.00
Space and Furnishings	5.15 (0.13)	4.13 – 6.13	1.00 – 7.00
Personal Care Routines	4.05 (0.34)	2.40 – 6.33	1.00 – 7.00
Language	5.49 (0.29)	3.00 – 6.75	1.00 – 7.00
Activities	3.87 (0.26)	2.89 – 5.67	1.00 – 7.00
Interaction	5.53 (0.21)	3.20 – 6.80	1.00 – 7.00
Program Structure	6.04 (0.27)	2.33 – 7.00	1.00 – 7.00
Arnett Caregiver Interaction Scale			
Arnett Total	3.63 (0.05)	3.13 – 4.00	1.00 – 4.00
Sensitivity	3.39 (0.09)	2.40 – 4.00	1.00 – 4.00
Harshness	3.77 (0.05)	3.33 – 4.00	1.00 – 4.00
Detachment	3.93 (0.03)	3.75 – 4.00	1.00 – 4.00
Permissiveness	3.84 (0.04)	3.33 – 4.00	1.00 – 4.00
Independence	3.50 (0.03)	3.00 – 4.00	1.00 – 4.00
Child/Adult Ratio	5.1 (0.9)	1.7 – 11.2	NA
Group Size	9.2 (1.0)	5.0 – 16.5	NA
Sample Size	**15**		

Source: Summer 2007 Early Childhood Care Observation.

Note: The scores shown here represent the average quality of center-based child care settings, determined at the center level. The ratios and group sizes shown here are the average teacher-child ratios in center-based child care settings, at the center level.

NA = not applicable; SE = standard error.

rather than on innovative ways to improve the quality of care. Child care professionals often work long hours and do not relish traveling long distances to redundant, uninspiring training events.

Although they are not extensive or easily accessible, a few supports for staff development and improving service quality are available to White Center child care providers. CCR provides some group and one-on-one T/TA to child care professionals, but mainly to family child care providers. Many of CCR's activities are supported through special grants; for example, they have a current grant that helps them provide targeted T/TA to family child care providers going through the accreditation process. Two White Center providers are participating. In some surrounding areas, public health nurses work with child care providers to provide T/TA, and this is just starting in White Center. ShoreBank Enterprise Cascadia (formerly Cascadia Revolving Fund) provides micro-loans to providers for enhancing their businesses.

Box III.5.

Comparison of White Center Child Care Quality Indicators to National and State Data

The quality of care in White Center at baseline was comparable to or exceeded the quality found in other national and state studies. The National Early Head Start Research and Evaluation Project (ACF 2004) found that family child care in the community ranged from 3.4 to 3.9 on average on the Family Day Care Rating Scales (the precursor to the FCCRS-R), depending on the age of the children in care. Family child care in White Center achieved a 3.6 on average on the FCCRS-R. The average ITERS (the precursor to the ITERS-R) quality score obtained by centers used by control group families when children were 14 months old was 3.9, the same as in White Center. The average ECERS-R scores in centers used by the control group when children were 36 months old was 4.1, below the average of 4.8 in White Center. The Early Head Start control group data provides a useful comparison at baseline because these data represent the quality of care received in the absence of an intervention. Quality scores from the Early Head Start treatment group are also helpful in considering how much improvement may be possible once WCELI services are implemented. The average ITERS-R score for Early Head Start program classrooms serving 14-month-olds was 3.8, one point higher than the control group and the baseline quality observed in White Center. The Early Head Start program classrooms serving children when they were 36 months old achieved a quality rating of 4.7, about the same as the quality observed in White Center.

Two descriptive studies provide a basis of comparison for the average ECERS-R score in White Center: (1) the National Center for Early Development and Learning's Multi-State Study of Pre-Kindergarten (NCEDL; Clifford et al. 2005), and (2) the Family and Child Experiences Survey 2003 Cohort (ACF 2006a; a Head Start-only study). The NCEDL study found an average ECERS-R score of 3.9. The average ECERS-R score in FACES 2003 was 4.8 (fall 2003 data). For preschool children in center-based care in White Center, quality was higher in general than documented in the NCEDL study and comparable to the quality found in a national sample of Head Start programs (ACF 2006b).

Other supports for education and training include the STARS scholarships and Washington Scholarships for Child Care Professionals (formerly T.E.A.C.H. Early Childhood® Washington). The STARS scholarships allow providers to apply for reimbursement of training expenses. Child care professionals pay the cost of the training, and if the application is approved, STARS will reimburse them. Washington Scholarships for Child Care Professionals help pay for a college education in early childhood education through community and technical colleges and also help defray CDA application fees. Washington scholarships usually reimburse about 75 percent of the cost of an associate degree. Providers have to take 20 credits a year for 2 years. Options that facilitate provider uptake include combining traditional courses with online courses.

The child care professionals we interviewed during the site visit recommended that a satellite training center be located in White Center so that attending training would be more feasible and convenient for staff. If possible, start dates for the training or courses would be staggered so that new modules were offered quarterly. Similar efforts are under way in nearby communities, and the child care professionals believed that there are enough providers to justify this approach in White Center.

THE QUALITY IMPROVEMENT AND RATING SYSTEM

> "Child care and QIRS are being looked at as the way to solve problems in K–12, and they say it is our fault that the kids are not ready."
>
> —White Center child care center director

From March through June 2007, Thrive, WCELI planning staff, and CCR worked together to implement plans for informing child care providers about the pilot of the QIRS and documenting the concerns and needs of the child care workforce in White Center. They developed a "readiness-to-benefit tool" that documented center and family child care characteristics, staff education levels, professional development approaches and needs, management processes, family communication procedures, curriculum, and interest in participating in QIRS activities. CCR and WCELI hosted three community forums designed to bring providers together to share information and generate excitement about the QIRS pilot. As a followup to the forums, CCR staff attempted to visit providers and complete the readiness-to-benefit tool. CCR reported that the providers who agreed to a visit were the ones that are mostly likely to participate in QIRS. The providers CCR has met with were passionate about their concerns and objections to QIRS activities.

CCR and the child care professionals we interviewed agreed that the primary concerns about the QIRS included lack of clarity about what would be rated, how the incentives would be structured, and how the system would be used. The child care professionals were not convinced that the QIRS would remain voluntary, but rather feared being forced to participate while facing uncertainty about how they would afford to implement improvements required to move beyond a low rating. In their opinion, a tiered-reimbursement system does not make sense, because the centers with the highest ratings are likely to be those with the most resources and under tiered reimbursement would receive more money, while those with lower ratings and fewer resources would get less. The child care professionals were also concerned about accreditation as the top rating in the QIRS. The costs of accreditation, and the possibility that the requirements would conflict with licensing, led them to conclude that accreditation would not be worth the effort. They saw no tangible benefit to accreditation, especially since their centers already have waiting lists.

> "[We don't need a rating system,] because we are already trying to improve ourselves. The majority of child care [staff] are highly qualified. The market takes care of the bad ones."
>
> "People who do not work with children telling us what to do is not right."
>
> —White Center child care center directors

Child care professionals were also concerned about the skills, background, and training of the QIRS raters; the subjectivity of the ratings; and the requirements for staff professional development. They were interested in who would do the ratings and in ensuring that the raters were thoroughly trained in child care and understood the dynamics of the White Center community. The child care professionals wanted more information about what the rating system would be and how much of the rating would derive from subjective judgment. A rumor about directors having to develop individual training plans for each staff member raised concerns about the time required to do this and other activities related to documenting and providing additional professional development and staff training activities.

CHAPTER IV

THE WCELI PLANNING PROCESS

Although many communities across the nation have developed plans for pre-kindergarten and other early childhood programs, few have undertaken a planning process for an in-depth, community-wide early learning system that aims to touch all families with young children in a specific neighborhood. The WCELI planning effort was unprecedented in the state of Washington in its scope and complexity. A thorough examination of this effort is important for understanding how and why key decisions were made and how they might influence WCELI implementation in the future.

In this chapter, we describe the WCELI planning process in detail—including White Center's selection as an ELI demonstration community, the identification of an intermediary agency, and the steps taken to develop the business plan. Next we examine relationships and communication patterns among WCELI planning participants. We end by examining lessons learned from the planning process—lessons that could be helpful to other communities that undertake similar efforts and Thrive as it seeks to replicate promising strategies elsewhere in the state. This chapter is based on information gathered during the June 2007 site visit to White Center and the network survey conducted in June through September 2007.

WCELI PLANNING STEPS

In this section, we describe each step in the planning process—White Center's initial involvement in ELI; identification and role of the intermediary agency; formation and functioning of the planning team; the role of workgroups, community stakeholders, and other White Center residents; and development of the WCELI business plan.

Selection of White Center as an ELI Demonstration Community

After developing its document "Investing in Kids: An Early Learning Strategy for Washington," BMGF began to identify potential demonstration communities in Washington State interested in designing and implementing in-depth early learning systems. Specifically, it sought two diverse communities with about 2,500 children ages birth to 5, a high

concentration of need (as demonstrated by the proportion of children with two or more demographic risks), and the capacity to develop and implement an in-depth early learning system.[24]

After examining a number of possibilities, BMGF decided to explore launching an early learning demonstration in White Center. With assistance from staff at the Puget Sound Educational Service District (PSESD), which operates Highline Head Start in White Center, BMGF convened an initial meeting of White Center stakeholders and service providers in spring 2006 to begin the discussion. Key participants included staff from Child Care Resources, Highline Community College, Highline School District, King County Public Health, Making Connections, and PSESD.

During the meeting, BMGF staff presented their ideas about the ELI demonstration and asked two questions of the community stakeholders present: (1) Is White Center interested in launching the demonstration? and (2) What agency would the community designate to serve as an intermediary to lead the planning process and coordinate implementation? Participants decided that night that they wanted to move forward with the designation of White Center as an ELI demonstration community, and they identified PSESD as the intermediary.

Identification of PSESD as the Intermediary Agency

Nearly all site visit participants agreed that PSESD had the strongest organizational capacity and infrastructure for managing a large and complex initiative like ELI. Moreover, PSESD's 30 years of experience operating Highline Head Start in White Center made it an attractive choice. As the largest Head Start grantee in the Northwest, PSESD had a wealth of expertise in early learning to contribute to the WCELI planning process.

Many site visit participants said in hindsight that while the consensus at the meeting was that PSESD should be the intermediary, it would have been better to take more time in making this decision. Even though BMGF did not ask participants to identify an intermediary at the initial meeting, some participants reported feeling pressured to do so. In addition, some participants felt that BMGF, before the meeting, had favored PSESD to be the intermediary, which added to the sense of pressure. Others thought that a more diverse group of community members, including residents and parents, should have been consulted on the decision. Finally, a few participants said that to avoid miscommunication and ensure a smooth planning process, they should have requested, before the selection was made, more clarity from BMGF about the role and decision-making authority of the intermediary. In short, more time to deliberate about the choice of intermediary would have given the community a greater sense of ownership of the decision, although it would likely not have changed the outcome.

[24] Demographic risks identified in BMGF's strategy document are poverty, single or no parent, no parent employed full time-full year, all parents with a disability, mother does not have a high school degree, and no parent is fluent in English.

Planning Steps PSESD Took to Develop the Business Plan

Soon after its selection as intermediary, PSESD wrote and submitted to BMGF a planning grant that described the proposal planning process and the participants. The grant provided funds for PSESD to hire new staff or temporarily reassign existing staff to lead a planning team, and to cover key community stakeholders' costs for temporarily reassigning staff to work on WCELI planning. In the rest of this section, we describe the planning steps in detail, including the formation of a Collaborative Planning Team, the activities of workgroups, strategies for engaging the community, and development of the business plan.

Collaborative Planning Team. To lead its planning team, PSESD temporarily assigned John Bancroft, its Head Start executive director, to serve as executive director of the WCELI planning process. It also hired a planning director, a planning coordinator, and a community engagement coordinator.

To develop the WCELI business plan, PSESD formed the Collaborative Planning Team, a group of 21 staff from PSESD and five key service providers in the community:

1. **Child Care Resources,** King County's child care resource and referral agency
2. **Highline Community College,** the community college that serves White Center
3. **Highline School District,** which operates three elementary schools in White Center
4. **Making Connections,** a community-strengthening initiative sponsored by the Annie E. Casey Foundation
5. **Public Health of Seattle and King County,** the public health agency that serves White Center

Three members of the Collaborative Planning Team were community residents, including two Trusted Advocates associated with Making Connections.[25]

This team began meeting in August 2006 and continued to meet regularly throughout the planning process to exchange ideas, develop plans, and review drafts of the business plan. Members of the planning team also visited Educare centers around the country and

[25] Trusted Advocates are community leaders who receive support from Making Connections to advocate for their communities and play a lead role in giving voice to the issues facing their communities. Trusted Advocates represent the diversity of ethnic groups that reside in White Center.

consulted with staff from the Ounce of Prevention Fund.[26] Groups of planning team members visited Educare sites in Chicago, Omaha, Tulsa, and Milwaukee.

Planning Workgroups. The Collaborative Planning Team decided to form 14 workgroups, each led by a member of the team (Box IV.1). Each group was charged with developing an in-depth service plan for its substantive area, and with recruiting service providers, community residents, and parents to participate. The workgroups also had to provide evidence of effectiveness to support the strategies they proposed. More than 200 individuals and staff from 65 organizations participated in the workgroups, which began work at the end of August 2006 and submitted their plans to the Collaborative Planning Team in early October 2006.

Box IV.1

WCELI Planning Workgroups

Center-based infant-toddler services
Center-based preschool services
Child health and nutrition services
Cultural competency
Early intervention
Evaluation
Family, friends, and neighbors caring for children
Links to school and transition services
Mental health services
Parent engagement/family support/adult education and training
Prenatal and home-based services
Professional development
Support to preschools and other providers
Training and technical assistance for child care providers

During site visit interviews, participants reported that these workgroups generated many creative and useful ideas for the WCELI business plans, but there were several challenges. First, the time frame in which the planning process took place was very short. Initially, the business plan was due to BMGF in November 2006. Workgroups were charged with recruiting members and developing plans very quickly; many leaders felt that the process was rushed and that they did not have sufficient time to engage community residents in the process.

Second, because there was little crossover of membership among the workgroups, they did not interact with each other enough during the planning process. As a result, the plans they submitted had significant overlap but also disparate approaches that were difficult to fit together into a unified plan. In hindsight, planning team members felt that more coordination across workgroups would have resulted in more cohesive plans. Finally, although attempts were made for workgroup members to provide feedback and opportunities to comment on drafts of the business plan, because of tight timelines, authors

[26] Founded in 1982 in Chicago, Illinois, as a partnership between private donors and the state of Illinois, the Ounce of Prevention Fund aims to improve the odds for children who are born into poverty through four main activities: (1) direct services to at-risk children aged birth to 5, (2) professional development opportunities for early childhood professionals, (3) ongoing research to identify evidence-based practices, and (4) advocacy for sound public policies and sustained funding streams in the area of early childhood care and education. In 2004, the Ounce of Prevention Fund partnered with the Buffet Early Childhood Fund to create the Bounce Learning Network. The Network works with communities to design effective, birth-to-five programs modeled on the core principles the Ounce piloted in the Educare Center in Chicago. Four centers were in operation nationally as of June 2007.

of the business plan were not able to circulate subsequent drafts back to the workgroups and collect additional feedback to the extent that they would have liked.

Community Engagement. In October 2006, BMGF and community stakeholders held a facilitated meeting to talk about their progress. They decided to extend the due date for the planning timeline and business plan to allow more time for community engagement. PSESD hired a community engagement coordinator to support this process and contracted with Making Connections to convene a community summit to provide input to the WCELI planning process.

The summit, held in November 2006 at Mount View Elementary School, attracted nearly 500 community residents representing 10 primary languages. Participants engaged in e-polling and focus groups to discuss their needs and the services they wanted for their community.[27] After subsequent focus groups were held, Making Connections submitted a report to PSESD summarizing the common themes and service needs participants had identified. Site visit participants praised the summit as having engaged many community members and generated excitement about WCELI. Several, however, noted that planners had been unprepared for the high number of participants, especially children who needed child care throughout the day.

Also in fall 2006, PSESD formed a Community Advisory Committee to exchange information with community residents and stakeholders about development of the WCELI business plan and obtain their input and feedback. The committee roster contained 58 people; regular attendees during the planning process included 18 White Center parents and 12 community stakeholders. PSESD oversaw the Community Advisory Committee.

In site visit interviews, some participants said the WCELI planning process did not do enough to engage community parents and residents. Some felt that parents and residents played a primarily passive role of reacting to plans and proposed decisions rather than generating ideas for WCELI. Many acknowledged that the time frame in which the business plan was produced made the desired level of community engagement challenging to put into practice.

Business Plan Development. PSESD planning staff and consultants gathered information from a broad range of sources to write the initial WCELI business plan:[28]

- Input from the Collaborative Planning Team
- Work plans developed by each of the 14 workgroups
- Input from the Community Advisory Committee

[27] E-polling was an instant feedback process that used hand-held computers and allowed residents to see the group's response to questions.

[28] The WCELI business plan is the funding proposal produced from the WCELI planning process. It included an initial plan for WCELI implementation and a budget estimate.

- Results form e-polling and focus groups conducted during and after the community summit
- Consultation with community stakeholders and service providers
- Research on evidence-based best practices in early learning interventions
- Consultation with early learning experts and visits to Educare sites
- Consultation with BMGF and Thrive

After several drafts were reviewed and revised, the WCELI business plan was submitted to Thrive—which took the lead role in overseeing the planning process in early 2007—at the end of April 2007. Since then, PSESD has worked with Bridgespan Consulting Group to develop a "fundable proposal" (a detailed implementation plan and budget) for the first phase of WCELI implementation. WCELI planning participants, Thrive staff, and consultants have been working closely to refine service delivery plans and prepare for implementation in early 2008.

RELATIONSHIPS AMONG WCELI PLANNING PARTICIPANTS

We used the network survey analysis to learn about relationships among the primary programs involved in the WCELI planning process. Specifically, we examined three aspects of these relationships:

1. Frequency and type of contact participants had with each other on WCELI planning issues
2. Participants views' on how productive these contacts were and how often participants contributed good ideas
3. Importance of the role that various planning participants played

This analysis provides a baseline assessment of relationships among members of the WCELI network. We will use these findings as a reference point to track change in these relationships over time.

Contact Among WCELI Planning Participants

We examined all potential relationships among WCELI planning participants in our sample frame.[29] First, survey respondents were all active in the process: 11 were on the

[29] As described in Chapter I, we surveyed a group of 26 programs identified by PSESD as the primary ones involved in the WCELI planning process. We received 19 responses, but one did not complete the question about contact with other planning participants. Our analyses include all 450 potential relationships

Collaborative Planning Team, and at least 1 participated in each of the 14 planning workgroups (Table IV.1). On average, respondents participated in two to three workgroups each. Moreover, the reasons participants gave for having joined in the planning process reflect a commitment to the community and the goal of building an in-depth early learning system in White Center. The top reason survey respondents gave was to address the needs of families and children in White Center, followed by a desire to contribute knowledge and expertise (Table IV.2).

Table IV.1. Involvement in the Collaborative Planning Team and Workgroups

Planning Teams and Workgroups	Number of Survey Respondents Who Participated
Collaborative Planning Team	11
Parent engagement/ Family support/ Parent leadership/ Adult education and training	7
Cultural competency	5
Links to school and transition services	5
Prenatal and home-based infant/toddler services	5
Center-based preschool services	4
Child health and nutrition services	4
Training and technical assistance for child care providers	4
Center-based infant/toddler services	2
Evaluation	2
Family, friends, and neighbors caring for children	2
Professional development	2
Support to preschools and other providers	2
Early intervention	1
Mental health	1
Other	2

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 19).

(*continued*)
reported on in the survey—the 18 respondents' responses about each of the other 25 programs in the sample (respondents did not report on their relationship with their own program).

Table IV.2. Respondents' Reasons for Participating in the WCELI Planning Process

Reason	Number of Respondents
I want to address the needs of families and children in White Center	8
I have knowledge and expertise to contribute to the WCELI planning process	7
WCELI is aligned with my organization's mission	6
I believe in the importance of early learning and child development	4
White Center is in my organization's service area	3
I want WCELI to provide support to caregivers	3
I want to help improve services and child outcomes in White Center	2

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 19).

Despite this high level of participation in the planning process, respondents reported that more than half of the relationships that could have existed among planning participants did not (Box IV.2). This may be because WCELI was in its initial planning phase at the time of the survey, and many participants did not interact with others beyond those involved in their specific workgroups or the Collaborative Planning Team. We would not expect all planning participants to have relationships with each other, but more communication across workgroups and teams may have been helpful. When contact did occur, it was usually on a monthly or quarterly basis. Moreover, most interaction among WCELI planning participants was in group meetings or other community gatherings rather than in one-on-one communications such as emails, telephone calls, or in-person meetings (Table IV.3).

Box IV.2

Frequency of Contact Among WCELI Planning Participants

	Percentage of All Relationships
Daily	2
Weekly	10
Monthly	18
Quarterly	14
Annually	3
No Contact	53

N = 425 potential relationships

Source: 19 network survey respondents.

We also examined the level of reported contact by membership in the Collaborative Planning Team, by different types of programs, and by program location. Team members had more contact with each other than they did with respondents who were not members of this core team (Appendix A, Table A.6). They also had more contact with planning participants overall.[30] In terms of contact by program type, programs reported

[30] These relationships are depicted in Appendix A, Figure A.1, which provides a visual display of survey respondents' contacts at least quarterly by Collaborative Planning Team affiliation. Team members (circles) are more centrally located in the figure than non-team members (squares).

communication among all types (Appendix A, Table A.7 and Figure A.2). Early education programs had the least contact with health programs, health programs had the most contact with each other, and nontraditional (those whose primary focus is not providing early education services) and other programs (those whose primary focus is not service delivery) had the most contact with each other. Programs located in White Center had the most contact with other planning participants, especially with other programs in the neighborhood (Appendix A, Table A.8 and Figure A.3).

Table IV.3. Mode of Contact Among WCELI Planning Participants

Contact Type	Percentage of Reported Contacts
WCELI planning meetings	42
Other community meetings	36
Email	33
Phone calls	28
One-on-one meetings	28

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 18).

Note: Responses are not mutually exclusive.

Quality of Relationships Among WCELI Planning Participants

In the network survey, we asked respondents to rate the extent to which other planning participants were productive, contribute good ideas, and are important for achieving WCELI's goals. As when reporting on contacts described previously, most survey respondents were unable to assess the quality of planning process participation of many of the other programs. As stated previously, most respondents did not interact with participants that were not members of their own workgroups. When respondents were able to rate the quality of their relationships with other planning participants, they were largely positive (Table IV.4). Patterns of ratings according to Collaborative Planning Team participation, program type, and program location mirrored the patterns described previously for contacts. Collaborative Planning Team members were rated more highly than nonparticipants (Appendix A, Table A.9). By program type, early education programs reported less positively on health programs, health programs reported more positively on other health programs, and nontraditional and other programs reported more positively on early education programs than other types of programs (Appendix A, Table A.10). Participants in White Center were viewed as more productive and important than those outside the neighborhood (Appendix A, Table A.11).

Table IV.4. Survey Respondents' Assessment of Their Relationships with Other Planning Participants

	Percentage of All Relationships
Productive Relationships	
Very productive	16
Quite productive	16
Somewhat productive	9
A little productive	3
Not productive at all	1
Can't assess	56
Good Ideas	
Many times	25
Sometimes	13
Rarely	1
Can't assess	61
Importance of the Relationship to Respondents' Goals	
Crucial	19
Very important	15
Somewhat important	8
Not important at all	2
Can't assess	56

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 19).

Note: Respondents could not assess relationships with planning participants with whom they had no or very little contact.

LESSONS LEARNED FROM THE WCELI PLANNING PROCESS

The experiences of WCELI planning participants can provide useful information for shaping future efforts to design early learning initiatives in other Washington State communities. In this section, we discuss the strengths of the planning process, challenges faced, and lessons learned that might be useful to other communities embarking on similar planning efforts.

Strengths of the Planning Process

During site visit interviews, participants identified five main strengths of the WCELI planning process: (1) use of planning grant funds, (2) formation of the Collaborative Planning Team, (3) membership of planning workgroups, (4) visits to Educare sites, and (5) the community summit.

Use of Planning Grant Funds. Intermediary staff and other site visit participants reported that the planning grant provided by BMGF strengthened the planning process by enabling participating agencies to dedicate staff to the effort and by facilitating the participation of community residents. PSESD used the grant funds to reassign or hire several full-time staff to lead the process. In addition, the grant was used to temporarily hire

on a contractual basis the individuals that participated in the Collaborative Planning Team or contract with organizations represented on the team for part of a staff person's time. Even if the participating agencies did not hire replacement staff, the funds provided honored the individual's work and the agency's commitment to the planning process. Some site visit participants felt that paying for each team member's time helped everyone feel more committed and responsible for attending meetings and contributing. They had a stronger sense of ownership of the process and made it a priority.

PSESD also used planning grant funds to pay stipends and provide reimbursement for child care and transportation for community residents who participated in planning workgroups and the Community Advisory Committee. Some site visit participants felt that providing stipends to residents not only facilitated their participation, but gave them a message that their participation and expertise about the community were valued.

Formation of the Collaborative Planning Team. Site visit participants cited this team as a strength of the planning process. The team brought together the primary partners who are involved in efforts to improve early learning services in White Center, allowing them to have a strong voice in WCELI planning. This group provided a solid foundation for all the activities that led up to writing the business plan.

Membership of Planning Workgroups. Site visit participants said that the formation of 14 planning workgroups enabled many more people to participate directly and to contribute in their primary areas of expertise and interest. Because the workgroup membership included frontline staff, child care providers, and parents, the workgroups provided a forum for obtaining the perspective of direct service providers and community residents.

Visits to Educare Sites. Delegations from the Collaborative Planning Team visited several Educare sites early in the planning process. These visits broadened the team's perspective on service options and built support for developing a model child care center (or "hub") based on Educare. In addition, some site visit participants reported that these trips contributed to building a sense of teamwork. During trips, team members had an opportunity to interact outside the planning meetings, learn more about each other's agencies, and discuss their reactions to what they learned about Educare.

Community Summit. The WCELI summit held in November 2006 attracted nearly 500 community residents to engage in a day of discussion about the importance of early learning and the WCELI planning process. Focus groups were held in 10 languages, which allowed broad participation by a large and diverse group of White Center residents. Although there were logistical problems, the event generated lots of energy and enthusiasm for WCELI.

Challenges of the Planning Process

Site visit participants also described a range of challenges that arose during the planning process. These included the timeline for the process, a perception that the community was not sufficiently engaged, misperceptions about guidance from BMGF, lack of clarity about

the role of the intermediary, and the transition of leadership from BMGF to Thrive midway through. These challenges are generally consistent with difficulties identified by network survey respondents (Box IV.3).

Box IV.3

Difficulties with Planning Process Reported in Network Surveys

	Number of Respondents
Process not inclusive enough	4
Inadequate communication	4
Inadequate time	2
Lack of clarity about funder's expectations	2
Poor planning of community summit	2

N = 19 network survey respondents.

Timeline for the Planning Process. Nearly all site visit participants involved in the planning process felt strongly that there was not enough time to develop the plan. Many in the community felt that the process was too rushed and did not allow sufficient time for community engagement and consultation. Others said that because of the tight time frame, there was not enough time to circle back to workgroups with feedback on their initial submissions and to circulate early drafts of the business plan for comment. Initially, the plan was due in November 2006, but the deadline was extended, and the business plan was submitted in April 2007. Several site visit participants, however, stressed that it would have been more helpful to know about the longer time frame up front, because they would have structured the planning process differently from the beginning.

Perceptions of Insufficient Community Engagement. Related to the short time frame, a number of site visit participants said that community residents and parents were not sufficiently engaged in the planning process. While they acknowledged that residents and parents participated in workgroups, the advisory committee, and the summit and were asked for their feedback on plans and ideas during the process, they felt that residents' role was primarily reactive. Instead, these participants wanted parents and residents involved in the early stages of planning so that they could be generate initial ideas and set the direction. In addition, some participants said that residents were not sufficiently represented in all the workgroups and that some ethnic groups in White Center had not been consulted.

In network surveys, respondents listed eight organizations or types of community members that they thought should have been included in the planning process but were not, along with the reason (Box IV.4). The primary reason given was that the organization or group had direct experience and insight into the White Center community. Other reasons were that the group's participation would have increased community support for WCELI and that the group had expertise in early childhood programs.

Box IV.4

Groups That Should Have Been Included in the WCELI Planning Process

	Number of Respondents
Child care providers and center directors	3
Head Start and ECEAP teachers	2
School principals and teachers	1
White Center parents	1
Local business community	1
Faith community	1
Refugee Women's Alliance	1
Westside Baby	1

N = 19 network survey respondents.

Insufficient Guidance from BMGF. BMGF's guidance to White Center was that it

could use the planning grant to develop the plan it wanted, but BMGF might not fund all its parts. BMGF would fund components of the plan that were evidence-based and focused on achieving positive school readiness outcomes. Intermediary staff and other site visit participants felt that more specific guidance from BMGF about the types of designs and services BMGF would consider funding would have been helpful at the beginning of the planning process. Some community stakeholders thought that community involvement should be high throughout all phases of the planning process, with community consensus determining what services and activities should be included. Others felt that they were receiving mixed messages. On the one hand, BMGF encouraged White Center to develop the plan they wanted for the community; on the other, there were certain services that would not be funded.

Lack of Clarity About the Role of the Intermediary. Differences of opinion about PSESD's role as intermediary also created communications problems and some conflicts among key planning participants. PSESD saw its role as that of lead agency: as intermediary, it would lead the planning process, work in close consultation with community stakeholders, gather input from the community, and then make final decisions about the content. Others viewed the role of intermediary as that of a convener and "pass-through" agency that would manage a funding system for service providers in the community. Final decisions would be made primarily by community consensus.

Leadership Transition. Midway through the planning process, the lead role for working with WCELI shifted from BMGF to Thrive. Several site visit participants noted that the timing of this shift presented a challenge, citing in particular a difference in work and communication styles after the transition. Thrive desired more involvement in the planning and decision making, and after the transition made some decisions that under BMGF had been made by WCELI planners. Some participants said these changes added to confusion in the community about the role of PSESD as the intermediary. Moreover, some participants thought that Thrive might have a set of funding priorities somewhat different from those of BMGF. One person said, "We developed the plan under one set of expectations, but we might be funded under another set."

Lessons Learned from the Planning Process

Based on White Center's experience developing the WCELI business plan, including the strengths of the planning process and challenges identified by participants, we have derived a set of lessons that can be useful to other communities seeking to undertake similar planning:

- Engage local community leaders as early as possible to solicit ideas and establish relationships. Develop clear agreements about how to carry out community engagement at the beginning of the planning process.

- If the lead or intermediary agency is to be chosen by the community, create a structured and transparent process for making the choice. The process should allow time for discussion and consultation before the decision is made.

- Clarify roles as much as possible at the beginning of the process to ensure that all participants have realistic expectations for their involvement. Roles should be defined for the intermediary or lead agency, others who are participating in the planning process, and funders.

- If significant community engagement is to be part of the planning process, build in enough time for these activities to begin at the early stages. If large community events are to be part of the engagement strategy, see that there are enough staff so that logistics run smoothly.

- Even if plans are to be generated through a community process, funders should consider providing parameters for the content of the plan, such as a menu of services and approaches that the funder is willing to consider.

- Provide funding for staff from service provider agencies and community residents to participate in the planning process. For WCELI, funding partner organizations and residents created a sense of ownership and commitment.

- Structure planning workgroups to ensure consistency and cross-pollination of ideas across groups. Provide clear expectations, including about formats, to small groups developing sections of the plan, and build in time for a second round of revisions and reviews so that plans developed by different groups can be well integrated.

CHAPTER V

GOALS AND EXPECTATIONS FOR WCELI IMPLEMENTATION

At the time of the June 2007 site visit, the WCELI planning team had completed the initial planning phase and submitted the WCELI business plan to Thrive and BMGF. The team was awaiting feedback from Thrive and BMGF and preparing to begin development of detailed plans for implementing WCELI in early 2008. Although final decisions had not yet been made, WCELI planners talked during the visit about their goals and priorities for WCELI, as well as their short- and long-term expectations and hopes. In this chapter, we examine the planners' goals and priorities for WCELI, what they expected during the first year of WCELI implementation, the barriers they anticipated, and the concerns they had as they prepared for the next phase. Information presented in this chapter comes from site visit interviews conducted in June 2007 and the network survey conducted in June through September 2007.

WCELI GOALS AND PRIORITIES

WCELI's business plan presents specific goals and objectives for the initiative and describes the community's proposed structure of services and supports that will constitute a community-wide early learning system. During site visit interviews, we asked intermediary staff and other participants in the planning process to describe their own goals and hopes for what could be achieved through WCELI. Across site visit participants, six primary goals emerged:

1. All adults in White Center, regardless of whether they are parents, will understand the importance of early learning for children's healthy development.

2. Families who live in White Center will have universal access to early learning services.

3. WCELI will provide a mix of service options that meet families' changing needs and circumstances from the birth of their child through entry into kindergarten.

4. Families will become connected to their child's elementary school long before kindergarten, which will facilitate a smooth transition to school.

5. Early learning services in White Center will be culturally relevant.

6. WCELI will evolve into a replicable model for in-depth, coordinated early learning service delivery.

These goals align closely with the priorities network survey respondents listed. In addition, both network survey and site visit participants described their highest priorities for WCELI as the provision of universal early learning services and increased awareness of the importance of early learning (Table V.1). Network survey respondents felt it "somewhat" to "quite" likely that WCELI would be effective in meeting their top three priorities.

Table V.1. WCELI's Most Important Priorities

Most Important Priorities	Percentage of Respondents Mentioning	Mean Ranking of Importance	Mean Ranking of Effectiveness
Provide universal access to early learning services	37	1.6	2.7
Increase awareness about early learning importance	26	1.4	2.6
Offer culturally-relevant services	26	2.2	3.0
Integrate services	26	2.4	2.8
Develop best practice/model services in a hub	21	2.0	4.0
Improve prenatal and infant services	21	2.5	3.0
Reach isolated families	21	2.5	2.5
Provide professional development opportunities	16	2.0	3.0
Increase school readiness	11	1.0	2.0
Increase communication with the community	11	1.5	3.5
Develop replicable models	5	2.0	4.0
Provide holistic services for the entire family	5	3.0	2.0

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 19).

Note: Respondents ranked the importance of each priority, with 1 being the highest priority and 3 being the lowest priority. Respondents also ranked WCELI's likely effectiveness in achieving each priority on a scale of 1 to 4 (1 = not effective at all, 2 = somewhat effective, 3 = quite effective, and 4 = very effective).

To achieve these goals, site visit participants highlighted specific strategies developed through the WCELI planning process:

- A professional development training and support system for child care providers and other early learning professionals
- WCELI liaisons (culturally diverse outreach workers) to help families navigate the service delivery system and ensure smooth coordination and referrals among service providers
- Home visitation services for families with children ages birth to 3, isolated families, and FFN caregivers
- Increased center-based enrollment spaces for preschool, Head Start, and infant-toddler services
- Implementation of the Educare model in White Center

Network survey respondents also ranked the five most important services that they thought WCELI should provide. They listed home visits, high-quality child care, support for FFN providers, and parent education as their top priorities (Table V.2).

The outcomes that WCELI planning participants expected to achieve as reported during site visit interviews were broadly aligned with their goals and proposed strategies:

- Increased awareness about early learning and child development throughout White Center
- Improved school readiness for children through community-wide early learning activities, preschool services, home-visiting programs, and parent education initiatives
- Increased parent involvement and knowledge
- Improved quality of child care
- Improved access to early learning services, especially for isolated families and children

EXPECTATIONS FOR THE FIRST YEAR OF IMPLEMENTATION

WCELI's business plan outlined the community's strategy for service delivery in broad terms, but many details about implementation were still to be determined. During site visit interviews, we asked participants what they expected to accomplish during their first full year of WCELI implementation. A few expressed concern that detailed implementation plans

Table V.2. Most Important Services WCELI Should Provide

Most Important Services	Percentage of Respondents Mentioning	Mean Ranking
Prenatal and perinatal home-based services	47	2.3
High-quality child care	42	2.6
Support for FFN caregivers	32	3.0
Increased availability of early learning services	26	1.6
Parent education	26	2.2
Health education and services	21	2.0
Hub-based services	21	2.5
Professional development	21	3.0
Culturally-relevant services	21	3.5
Support for transition to school	21	4.0
Effective service delivery network	11	3.0
Advocacy for policy changes	11	4.5

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 19).

Note: Respondents ranked the importance of each service, with 1 being the highest priority and 5 being the lowest priority.

had not yet been developed, as well as uncertainty about what could be accomplished in the first year without such plans in place. Most site visit participants, however, proposed an ambitious set of activities to launch WCELI in 2008. These expectations can serve as a reference point as implementation moves forward—to gauge the extent to which implementation is keeping pace with expectations and to make adjustments as warranted. Site visit participants described specific expectations for the initial implementation year in three areas: management systems, community-wide support structures, and service delivery.

Management Systems. Intermediary staff stressed the importance of putting management systems in place before beginning to implement services, so that service delivery is coordinated and integrated from the starting point. Many site visit participants, including intermediary staff and other service providers, expressed concern that if services begin before such a system is in place, they will become "siloed," and integration will be more difficult down the road. Specific steps cited to build a management system in the first year included:

- Hire core intermediary leadership staff and put internal management structures in place

- Develop the Community Advisory Committee to serve as an ongoing advisory group for WCELI

- Develop the Collaborative Planning Team into a Collaborative Steering Committee to guide decisions about WCELI service delivery

- Establish agreements about roles and communication systems between funders, the intermediary, and service providers to ensure that decision-making processes are clear

- Establish, for services, clear funding mechanisms to minimize the need for funds to pass through multiple organizations before reaching the service provider

- Establish an employment recruiting system to identify and hire qualified and diverse staff who can relate well to White Center families

Community-Wide Support Structures. In addition to management systems, WCELI planners envisioned a component of the initiative that would support high-quality service delivery and coordination across services and facilitate families' access to the services they need. As with management systems, WCELI planners said these systems should be put in place before or at the time service delivery begins to ensure integration from the starting point. Support structures that would be developed during the first year include:

- Tools for assessing families' risk and making referrals to appropriate services

- A tracking system to record family intake information and services provided to families and to facilitate information sharing and coordination among providers

- A staff training and technical assistance system

- A core group of WCELI liaisons (outreach staff) to begin reaching out to White Center families

Service Delivery. WCELI planners said that some services could and should begin during the first year of implementation, at least on a small scale, as management and support systems were being put into place. Site visit participants suggested that the following services and activities could begin during the first year:

- A community-wide kickoff event to launch WCELI implementation

- An outreach and community awareness campaign to let the White Center community know what services would be available

- Implementation of some home-visiting services on a small scale
- Technical assistance and support for the multicultural preschool programs
- Outreach to child care providers to build relationships and introduce the QIRS
- Enrollment of some child care providers into quality improvement support services and community college courses
- Initial steps to renovate the Salmon Creek Elementary School building to serve as a temporary hub

POTENTIAL BARRIERS AND CONCERNS ABOUT IMPLEMENTATION

Site visit interviews were conducted when WCELI planners, having submitted their plans, were awaiting the reaction of Thrive and BMGF. At such a time of uncertainty, it is natural—and prudent—to consider potential barriers to successful implementation of an initiative of this importance. In this section, we examine the potential barriers identified by site visit participants and their concerns about how funding decisions and implementation processes might play out in the next phase of launching the demonstration. Site visit participants identified eight main areas of concern. We discuss each in detail below.

Managing and Responding to Community Expectations. During site visit interviews and focus groups, we learned that community expectations for WCELI implementation were quite high. PSESD staff reported that parents had already contacted WCELI planning staff to inquire, "How do I enroll my child for the free child care?" WCELI planning and community engagement activities, especially the summit, generated excitement and enthusiasm about WCELI, but also raised expectations that services would soon be readily available.

Since the final plans for WCELI were not yet known at the time of the site visit and many respondents acknowledged that the logistics of implementation had to be worked out before service delivery could begin, some site visit participants feared that the community would become disillusioned if WCELI was not able to provide enough services during the first year. A related concern was that residents would be disappointed if the services they said they wanted during the planning were not funded early on. For example, play-and-learn groups were highly valued by parents and requested as a priority service. Support for FFN providers also emerged as an important priority.

In addition, some site visit participants said that WCELI should balance its aim of implementing evidence-based approaches with the desire of residents for community-generated programs that were grounded in their values and driven by families' expressed needs. For example, some participants felt strongly that the multicultural pre-kindergarten programs operated by Refugee Federation, Para Los Niños, and PASEFIKA should be supported and expanded because they were created in response to community needs and incorporated the culture, language, and values of residents. These participants expressed

concern that the Educare site (or hub) would overshadow these community pre-kindergarten programs; it would require substantial resources to operate, but because space would be limited, most families in the community would not benefit from it.

Sequencing of WCELI Implementation. A number of site visit participants expressed concern about which services would be funded and the order in which they would be implemented. Planners thought that the system-wide management and support components should be funded first and put into place early on so that services could be integrated and coordinated from the beginning. They feared, however, that funders might "cherry pick" specific services or components of the business plan and fund them in a sequential manner rather than funding WCELI as a community-wide system. This might result in a "collection of siloed programs" rather than an integrated set of services that could reach all families in the community. Another concern about the sequencing of initial implementation was whether suitable service delivery locations could be identified rapidly enough during the first year.

Staffing. Concerns about staffing included challenges in finding qualified staff and meeting expectations for higher credentials. Site visit participants uniformly stressed the importance of hiring an ethnically diverse staff equipped to provide culturally relevant services, especially for the WCELI liaison positions. Expectations for higher credentials and degree requirements, however, might prevent local residents from qualifying. A strong, ongoing professional development program will be important for building a diverse and highly qualified early learning workforce in White Center. Other concerns about staffing included the difficulty of finding qualified staff with expertise in infants and toddlers, and finding a suitable director for WCELI.

Relationships Among WCELI Stakeholders. During the planning process, relations among stakeholders became strained because of differences of opinion about the role of PSESD as the intermediary and the process for making decisions about the business plan. Many site visit participants acknowledged that steps had been taken to clarify roles and resolve misunderstandings; nevertheless, some expressed concern that WCELI might still be hindered as it moves forward. Participants underscored the importance of establishing clear expectations, responsibilities, and lines of communication among stakeholders when implementation begins.

Expectations of Funders. Stakeholders identified three concerns about the expectations of funders, particularly BMGF and Thrive. First, service providers worried about funders' expectations for how long it would take to achieve results. They stressed that implementation would take time and that outcomes could not be produced in a brief period. Second, some site visit participants feared that funders might not fully appreciate how much it costs to provide high-quality early learning services, especially for infants and toddlers. Participants viewed levels of funding offered by the state for recent early learning initiatives as insufficient, and worried that funders might not be willing to fund at the level required to produce strong impacts on children's outcomes. Some said that a trade-off between quality and quantity must be made.

Third, some participants noted that Thrive is a new organization that is taking on a lot of initiatives within a short time. They expressed concern about whether Thrive had the capacity to support WCELI at this time and whether expectations for the initiative would change with the transition of oversight from BMGF to Thrive.

QIRS. Site visit participants stressed the importance of reaching out to center-based and family child care providers in White Center and showing them how they will benefit from WCELI, especially since the relationship between WCELI technical assistance plans and the QIRS has been confusing to providers. Moreover, mixed signals about the timing of QIRS implementation and the structure of the rating system has created suspicion and frustration among providers and might make it hard to recruit them into the technical assistance and support system when it is launched.

Gentrification in White Center. White Center is one of the few remaining neighborhoods near Seattle in which housing is affordable. Site visit participants noted that White Center is changing as more middle-class families move into the neighborhood. According to some residents, lower-income families are leaving as higher-income families move in and housing prices climb. Some participants expressed concern that changes in the demographics of the neighborhood will make it difficult to evaluate WCELI and measure its effects on child outcomes. Others noted that WCELI will have to adapt to appeal to both lower- and higher-income families.

Sustainability. Site visit participants stressed the importance of creating a sustainable early learning system for White Center. To achieve sustainability, WCELI will have to attract strong community support and a diverse pool of funding sources. Some community members expressed fear that the services might end with the close of the 10-year demonstration period.

NEXT STEPS

WCELI is at an important crossroads. Community stakeholders came together in 2006 to plan a complex, community-wide early learning system for White Center. At this stage, they are preparing to begin implementing the plan in early 2008.

This baseline profile of White Center and the WCELI planning process sets the stage for ongoing evaluation and assessment of implementation over time. We will repeat implementation study data collection—site visits, network surveys, and child care quality assessments—again at approximately one and three year intervals. We will learn about changes in the service delivery system, including the types, quantity, and quality of services available in White Center and the levels of coordination among service providers. We will monitor ongoing management and support of WCELI, and changes in the supply and quality of child care. We will revisit challenges and barriers to learn how they have been addressed, and we will seek to identify promising implementation strategies that have the potential for replication in other communities.

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APPENDIX A

TECHNICAL APPENDIX

This appendix provides additional technical details about our methodology for collecting and analyzing the site visit, network survey, and child care quality assessment data.

BASELINE SITE VISIT METHODOLOGY

We developed site visit protocols, including interview and focus group discussion guides, based on research questions for the ELI implementation study. We worked closely with PSESD as the intermediary to plan the White Center site visit, identify and recruit participants for individual interviews and focus groups, and schedule the activities. During the visit, we explored key research questions and topics with multiple participants to triangulate the information we obtained and compare responses across participants with different perspectives.

Analysis of the site visit data was an iterative process. The first step was to develop a coding scheme to apply to the site visit data (Table A.1). We organized the coding scheme according to key research questions. Within each question, we defined codes for key themes and subtopics we covered during the interviews and focus groups. The scheme also categorized data by ELI community, type of respondent (for example, intermediary staff, directors of service provider organizations, frontline staff, or parents), and round of site visit (baseline and years 1, 3, and 7).

The next step was to write up interview and focus group field notes. To facilitate consistent note writing and ensure comparable information across activities and communities, we developed a report template organized according to research questions and key topics. Senior members of the MPR team reviewed writeups to ensure that field notes were consistent and complete.

Because of the large number of interviews and focus groups we conducted during the baseline site visit, we used a qualitative analysis software package, Atlas.ti (Scientific Software Development 1997), to facilitate organizing and synthesizing the qualitative data. We loaded

the coding scheme and all field notes into Atlas.ti, and two project team members then coded the field notes. To ensure reliability across coders, all coders coded an initial sample of interview reports and then compared and resolved any discrepancies. In addition, the lead coder reviewed a sample of coded reports to check reliability during the coding process.

Once all field notes were coded, the research team conducted searches using Atlas.ti to retrieve data on our research questions and subtopics. Data were retrieved on particular codes across all respondents, from individual respondents, and for different categories of respondents (such as directors or frontline staff). Finally, we used the system to retrieve the relevant data on specific topics and assess the consistency and quality of information across sources. This approach ensured quality and consistency in our analyses across the project team.

BASELINE NETWORK SURVEY METHODOLOGY

Network analysis focuses on the relationships and ties among actors or organizational entities (Wasserman and Faust 1994). Even though network analysis may capture individual actors' attributes, its focus is on relational patterns between actors. We fielded the baseline network survey in conjunction with the baseline site visit to White Center in June 2007 and followed up by telephone and email through September 2007.

At baseline, the network survey consisted of two main components: (1) an inventory of White Center's existing service provider network for families with young children, and (2) an assessment of the WCELI planning process. We used the first component to identify the community's service provider network, understand the relationships and levels of communication among service providers, and assess service providers' prominence in the network. We will compare the baseline results to future rounds of data collection to assess change in the White Center service provider network over time. We used the second component to assess the relationships, communication patterns, and prominence of service providers that participated in the WCELI planning process.

Identifying Network Survey Respondents

To conduct a network survey that yields useful information about WCELI processes, we needed to collect information from all members of the WCELI network. For the purposes of this survey, we defined membership in the WCELI network at the program, rather than the individual, level. We defined a "program" as a set of services that has its own distinct eligibility criteria and caseload of children and families. To generate the list of respondents for the baseline network survey, we asked the intermediary for a list of programs and lead staff who participated in the WCELI planning process by serving on committees and attending at least three planning meetings. Based on information from PSESD, we identified 26 programs to include in the survey sample.

Fielding the Network Survey

We worked closely with PSESD to encourage participation in the survey and coordinate data collection. As a first step, we mailed the survey forms to respondents or hand-delivered them if the respondents were also site visit participants. After two weeks had elapsed, we contacted by telephone or email all agencies that had not responded, to determine whether they had received the survey and encourage completion of the instrument, either by mailing an additional survey or, if necessary, by conducting the survey by telephone. We continued through September 2007 to attempt to contact any respondents who had not completed the survey. We obtained responses from 19 of the 26 programs in the sample, for a response rate of 73 percent.

Network Survey Analysis

We used three main methods to analyze data collected through the network survey: (1) descriptive, (2) qualitative, and (3) network analysis.

Descriptive. We produced descriptive statistics, such as frequencies, ranges, and means, and created categorical variables for some items. We created descriptive statistics on the size of each organization (Table A.2). We also computed frequencies of each type of coordination and communication reported in the survey.

Qualitative. We used qualitative techniques to analyze responses to open-ended survey questions, such as programs' reasons for participating in WCELI planning and their priorities for WCELI. Prior to fielding the survey, we created a set of codes for likely responses to these open-ended questions. Once we received the completed surveys, we reviewed the open-ended responses and added codes as needed. We also used the qualitative analysis to help us interpret the descriptive and network analysis findings, and to supplement our knowledge from the site visits about the White Center communities and relationships among service providers.

Network Analysis. We used network analysis to examine the relationships among WCELI network members, patterns of communication among members, and prominence of programs within the WCELI network.

To create an inventory of service providers in White Center, we asked survey respondents to list the programs they work with to plan and deliver services for families with young children. The list was open-ended: respondents could list as few or as many programs as they worked with. For each program listed, we asked respondents to identify the types of interactions they had with the service providers, the frequency of these contacts, and how important the their relationship with the service provider had been in achieving their own program's goals. We examined the size of the network, type and frequency of communication, how central WCELI planning participants were in the network, and whether programs that were not WCELI planning participants were prominent. We also looked at the density of relationships (the proportion of all possible ties that actually exist) by program categories (type, location, and planning team participation). Two of the

19 respondents did not respond to the set of questions about White Center's service delivery network.

We also asked WCELI planning participants about their relationships with each other. We provided a list of the 26 planning participants and asked respondents about the frequency and type of contact with each participant, how productive their relationships had been, how often each planning participant contributed good ideas, and how important a role each planning participant played in the process. Respondents were asked not to rate their own program or programs that they had no interactions with at all. Tables A.3 through A.11 provide supplemental information to support network analysis discussions in the main body of the report.

CHILD CARE BASELINE METHODOLOGY

Design and Sampling

The child care quality component of the baseline in White Center is designed to assess multiple dimensions of quality in a representative sample of licensed child care providers. The baseline documents the status of the child care supply (both centers and licensed family child care homes); characteristics of child care providers, lead teachers, and center directors; and the classroom-level quality prior to the start of ELI services. Random sampling and weighting approaches ensured that the participating sample of child care providers in White Center was representative of all eligible child care providers in the community.[31] The sample design called for selecting a sample of 40 center-based classrooms and another sample of 30 family child care providers. The former involved a two-stage sample: (1) sampling eight centers, then (2) sampling five classrooms within each selected center.

Because some centers had fewer than five classrooms, we grouped some centers, before sampling, with similar centers to form a "center group" with at least five classrooms. By "similar," we mean centers with the same types of classrooms (preschool only or preschool plus infant/toddler). In this case, a *center group* serves as a single sampling unit. To select the center groups, we used a sequential sampling technique.[32] We selected eight center groups with probability proportional to size, with the measure of size being the estimated or actual

[31] "Eligible" refers to licensed child care providers that are providing more than 20 hours of care per week and that were identified by PSESD and Child Care Resources as (1) providers of services within the WCELI boundaries, or (2) those family child care providers and centers that were just outside the boundaries but were expected to serve a large proportion of children and families living within the boundaries. Providers and centers from the lists generated by PSESD and CCR included settings that either did not respond to our initial telephone calls to determine whether they were open or still in business at the time of the baseline data collection. Settings that were closing for the summer or that we could not reach after several attempts were deemed ineligible for inclusion in the sampling frame.

[32] The procedure (developed by Chromy 1979) and available in SAS (SurveySelect) offers all the advantages of the systematic sampling approach but eliminates the risk of systematic, list-order bias by making independent selections within each of the zones associated with systematic sampling, while controlling the selection opportunities for units crossing zone boundaries.

number of classrooms in the center group (whichever was available), appropriately accounting for any "certainty selections" (those with a size measure so large that their expected number of selections is one or greater). We did not use explicit stratification, but to help make the sample more representative of the population, we sorted the frame by whether the center group had any infant/toddler classrooms, and then by the total number of child care spaces, before sampling.

We then selected five classrooms within each of the eight selected center groups (each group being a sampling stratum), using the Chromy procedure but with equal selection probability within center group. Before sampling, we sorted the list of classrooms within center group by age group (infant/toddler versus preschool), by center (if more than one center in a center group), and then by licensed capacity.

To select the family child care providers, we selected 30 in one sampling stage, using the Chromy procedure with equal probabilities of selection and no stratification. We sorted the frame by licensed capacity before sampling.

In White Center, we randomly selected 8 center groups (comprising 12 centers) out of 11 (comprising 17 eligible centers). One center group with 10 classrooms was selected with certainty because its measure of size (the estimated number of classrooms) made the expected number of selections equal to 1. These 8 selected center groups had exactly 40 classrooms, which was our target, so we included all 40 classrooms with no further sampling. We selected 30 family providers out of 63 eligible.

Data Sources

Assessments of key aspects of the characteristics and quality included center director interviews, lead teacher self-administered questionnaires, and family child care provider interviews. Observations included the Environment Rating Scales,[33] the Arnett Caregiver Interaction Scale (CIS; Arnett 1989), and observed child-adult ratios and group sizes. The Environment Rating Scales share the same format and scoring system, but are designed for use with different age groups and types of care settings. Items are rated from 1 to 7, with higher scores reflecting better quality. The 26-item Arnett Scale assesses the quality and content of the teacher's interactions with children. It can be used without modification in both center- and home-based settings and measures the emotional tone, discipline style, and responsiveness of the caregiver/teacher, with higher scores reflecting greater caregiver sensitivity and responsiveness and less detachment and punitiveness. The Arnett CIS rates on a scale of 1 to 4 how typical a behavior is of the lead provider/teacher. A score of

[33] The Infant/Toddler Environment Rating Scale-Revised (ITERS-R; Harms et al. 2002) consists of 39 items that assess the quality of center-based child care for infants and toddlers up to 30 months. The 43 items of the Early Childhood Environment Rating Scale-Revised (ECERS-R) assess center-based child care quality provided to children ages 2½ to 5 (Harms et al. 1998). The Family Child Care Environment Rating Scale-Revised (FCCERS-R; Harms et al. 2007) consists of 37 items that assess the quality of child care provided in family child care homes.

1 means the behavior is "not at all" characteristic, 2 indicates "somewhat" characteristic, 3 "quite a bit," and 4 "very much." All the "negative" items were reverse-coded so that higher scores indicate more positive behavior. For example, a high score on the detachment subscale means providers/teachers are less detached.

The Center for Epidemiologic Studies Depression Scale – Short Form (CES-D) is the short version of the CES-D Depression Scale (Radloff 1977; Ross et al. 1983). It measures levels of depressive symptoms among primary caregivers. It does not indicate a diagnosis of clinical depression, but it does discriminate between those at risk for depression and others. The scale includes 12 items taken from the full, 20-item CESD scale (Radloff 1977). Respondents are asked the number of days in the past week they had a particular symptom. Symptoms include poor appetite, restless sleep, loneliness, sadness, and lack of energy. Scores above 4 indicate a risk of depression, scores between 5 and 9 indicate a risk of mild depression, between 10 and 14 indicate risk of moderate depression, and scores 15 or higher indicate risk of severe depression.

Training and Certification

In May 2007, MPR trained four data collectors and two University of Washington (UW) subcontractor staff to conduct interviews and child care quality observations in child care centers and family provider homes. Training, conducted by four MPR staff members and a consultant, lasted eight days: four days of classroom instruction and four of practice administering observations in child care settings.

During training, each data collector conducted two practice observations in a child care setting, with one of the trained members of the project team serving as the "gold standard" against which the data collectors' scores were measured. This certification test was required for a data collector to be allowed to conduct observations for the study. To be certified to collect study data, collectors had to earn scores within one point of the gold standard rater's scores on at least 80 percent of the observational items. All five data collectors and subcontractor staff passed the certification test on the Environment Rating Scales either during training or as part of post-training practice observations. Weighted kappas averaged across observers during training and post-training practice observations exceeded the minimum threshold of 0.60 used by researchers. The average weighted kappas across observers were 0.81 for the FCCRS-R, 0.78 for the ITERS-R, and 0.72 for the ECERS-R. No observers scored below this threshold.

Data Collection

Data collection began in mid-June and ended in mid-October. The MPR/UW team halted collection for two months (from mid-July until mid-September) after we received initial refusals from 30 percent of the sampled family providers. We revised our data collection procedures by relying more heavily on female data collectors and by requesting that UW's Human Subjects Committee (HSC) allow us to increase the participation incentive from $25 to $75 per family provider. We resumed data collection in mid-September once we received approval from the HSC for the increased incentive. Although the data

collection field period spanned four months, actual collection occurred over a 10-week period, with about 4 weeks before the break and 6 afterward. The early participants were not paid the larger incentive retroactively.

We completed interviews and observations with 8 of the 10 sampled and eligible child care centers (2 of the 12 initially selected were deemed ineligible after sampling), for a final response rate of 80 percent. Because of their lengthy research approval process, one child care center could not grant us timely permission to observe their setting, and numerous attempts to contact another were unsuccessful. We had complete interview and observation data from 19 of the 30 sampled family child care providers, for a response rate of 63 percent. The family providers with incomplete data either refused to participate or were unavailable during the field period. Our response rates are comparable to those of most studies of community child care quality (ACF 2004; Galinsky et al. 1994; Helburn 1995; NICHD Early Child Care Research Network 1996).

Table A.1. Codes Used to Analyze Qualitative Data Collected During Site Visits, by Category

Respondent Type
Intermediary Staff
Service Provider
School District Staff
Frontline Staff Focus Group
Child Care Director Focus Group
Parent or Community Member Focus Groups
Respondent Information
Current position/ages of children
Role in ELI planning process
Experience in the community
Organization Information
Mission of organization
Services provided by organization
Size of organization
Organization's service area
Community and Family Characteristics
Description of community
Description of families program will serve through ELI
School Readiness
Important skills for entering kindergartners
Assessment prior to enrollment, including tool used, outcomes in past several years
How ready are children, including strengths and areas not prepared
District operated pre-K programs including description of programs
Availability of Services
Types of early learning services
Types of services for pregnant women
Types of parent education services
Types of health care and family support services
Other services available
Barriers to accessing services
Gaps in available services
Availability and Quality of Child Care
Main types of child care arrangements used by families
Availability of licensed care
Barriers to accessing licensed child care
Affordability of licensed care
Quality of child care available in community
Training and technical assistance available for child care professionals
Description of QRIS
Child Rearing Beliefs
Parents' child rearing beliefs about infants and toddlers
Parents' child rearing beliefs about preschool-aged children
Most important things for children to know when they enter kindergarten
Level of Coordination Among Organizations
How organizations coordinate services
Strategies that promote coordination, barriers that prevent coordination
Coordinating groups or coalitions in the community

Table A.1 ***(continued)***

ELI Planning Process: Planning Steps
Awareness of ELI
How community/organization found out about ELI
How was the intermediary selected
Initial steps of the planning process
Timeline and process for developing business plan
ELI Planning Process: Identifying Goals, Objectives, and Services
Community's primary goals and objectives for ELI
Primary services proposed in the business plan
How services were selected
ELI Planning Process: Theory of Change
Primary outcomes being targeted by ELI
Three most important components for influencing outcomes
Community factors that may affect ELI's ability to achieve outcomes
ELI Planning Process: Lessons Learned
Aspects of planning process that went well
Aspects of the planning process that were challenging
Help or advice received from BMGF/Thrive by Five/consultants/other
Additional technical assistance, information, or resources that would have been useful
Lessons learned during the planning process
Advice for other communities engaging in a similar planning process
Implementation Plans: Organization and Management
Roles and responsibilities of intermediary once implementation begins
Plans for communication and coordination of service providers once implementation begins
Plans for planning committees after implementation
Plans for monitoring implementation and service delivery
Implementation Plans: Funding Structure
Overall budget for ELI, funding sources, additional funds
Plans for administering funds
How services provided through ELI will be funded
Adequacy of funding, how shortfalls will be addressed
Implementation Plans: Plans for Service Delivery
Plans for service delivery
Strategies for engaging families
Timeline and plans for implementing the Hub
Goals, Concerns, Expectations
Year one goals
Anticipated barriers or challenges
Anticipated early successes
Anticipated year one outcomes
Changes to the business plan
Most pressing concerns about ELI
Long-term hopes for ELI
Suggestions or ideas for ELI

Table A.2. Characteristics of Network Survey Respondents

Program Characteristics	Percentage of Programs
Program Operation	
Private, non-profit	39
Government agency	28
School district	11
College or university	5
Other	17
Program Focus	
Preschool education or child care	32
Family support	10
Prenatal care	10
Public health/health services	10
Primary or secondary education	10
Professional development	5
Adult education	5
Other	16
Services Offered for Families with Young Children[a]	
Parent education or support	95
Referrals	79
Professional development or support for early childhood educators	68
Home visits	58
Preschool or child care program	58
Case management	42
Translation or interpretation	42
Mental health counseling	32
Heath care	26
Employment and training services	26
Transportation	21
Child care referrals	16
Adult education/ESL	10
Number of FTE Staff	
Less than 20	47
20 to 99	16
100 or more	37
Number of Families Served Annually	
Less than 200	33
200 to 999	11
1,000 or more	56
Number of Children Served Annually	
Less than 200	33
200 to 999	11
1,000 or more	56
Annual Program Budget	
Less than $250,000	17
$250,000 to $999,000	11
$1 million to $5 million	33
More than $5 million	39

Table A.2 *(continued)*

Program Characteristics	Percent of Program
Primary Source of Program Funding	
Local or state government	37
Federal government	16
Foundations	16
Other	32
Years of Operation in the Community	
Less than 6 years	16
6 to 9 years	16
10 or more years	68

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants, June 2007 (N = 19).

Note: Missing ranged from 0 to 1 across items.

[a]Respondents selected more than one item.

Table A.3. Percentage of Survey Respondents Reporting Relationships with Community Programs, by White Center Location

Survey Respondents	Inside White Center	Outside White Center
Administrative Relationships		
Inside White Center	21	6
Outside White Center	12	6
Service Relationships		
Inside White Center	13	5
Outside White Center	7	5
Contact at Least Quarterly		
Inside White Center	22	8
Outside White Center	12	6
Very Important or Crucial Relationship		
Inside White Center	19	5
Outside White Center	9	5

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 17).

Note: The table displays the percentage of all potential relationships reported by survey respondents in one location (rows) to all community providers within a location (columns). There were 17 respondent programs (7 inside White Center and 10 outside White Center) and 55 community programs (19 inside White Center and 36 outside White Center).

Table A.4. Community Relationships to WCELI Planning Participants

Program	Number of Reported Administrative Relationships	Number of Reported Service Relationships	Contact at Least Quarterly	Very Important or Crucial Relationship	WCELI Collaborative Planning Team	Located in White Center
Early Education Programs						
A	3	2	4	2	Yes	
B	6	2	6	5	Yes	Yes
C	10	5	9	9	Yes	Yes
D	0	0	0	0	Yes	Yes
E	3	2	3	2		
F	1	1	1	1		Yes
G	3	2	3	2		Yes
H	3	1	3	3		Yes
I	0	0	0	0		
J	0	0	0	0		
Health Programs						
K	0	0	0	0	Yes	
L	4	4	7	7	Yes	
M	1	0	1	0	Yes	
N	0	0	0	0		
O	1	1	0	0		
P	2	0	2	2		
Q	1	1	1	1		
R	0	0	0	0		
Nontraditional/Other Programs						
S	2	1	3	1	Yes	
T	0	0	0	0		
U	2	1	2	1		
V	3	2	3	3		Yes
W	0	0	0	0		
X	6	3	6	3	Yes	Yes
Y	2	0	2	2		Yes
Z	1	1	1	1		Yes

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 19).

Note: Numbers reported in the columns indicate the number of other service providers that reported having a relationship with each member of the sample.

Table A.5. Community Relationships with Non-WCELI Planning Participants

Program	Number of Reported Administrative Relationships	Number of Reported Service Relationships	Contact at Least Quarterly	Very Important or Crucial Relationship	Located in White Center
Early Education Programs					
AA	1	1	1	1	
AB	1	1	1	0	
AC	1	0	1	1	
AD	1	1	1	0	
AE	0	1	0	0	
AF	2	1	2	2	Yes
AG	1	1	1	1	
AH	1	1	1	1	Yes
AI	0	1	1	1	
AJ	1	0	1	1	Yes
Health Programs					
AK	0	1	1	0	
AL	2	3	3	2	Yes
AM	1	1	0	0	
AN	2	2	1	0	Yes
Nontraditional Programs					
AO	1	1	1	1	
AP	1	0	0	0	
AQ	0	0	0	0	
AR	0	1	1	1	Yes
AS	3	2	3	2	Yes
AT	1	1	1	1	
AU	2	2	2	2	
AV	4	3	4	3	Yes
Other Programs					
AW	0	1	1	0	
AX	1	1	1	1	
AY	1	2	1	1	
AZ	2	2	3	1	
BA	1	0	1	1	Yes
BB	1	0	1	1	
BC	1	0	1	1	

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 17).

Table A.6. Percentage of Survey Respondents Reporting Contact with Planning Participants at Least Quarterly, by Collaborative Planning Team Participation

Survey Respondents	Participated in Collaborative Planning Team	Did Not Participate in Collaborative Planning Team
Participated in Collaborative Planning Team	72	56
Did Not Participate in Collaborative Planning Team	30	19

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 18).

Note: The table displays the percentage of all potential contacts reported by survey respondents by Collaborative Team participation (rows) with WCELI planning participants (columns). There were 18 respondent programs (7 that participated in the planning team and 11 that did not) and 26 WCELI programs (9 that participated in the planning team and 17 that did not).

Table A.7. Percentage of Survey Respondents Reporting Contact with Planning Participants at Least Quarterly, by Program Type

	Program Type			
Survey Respondents	Early Education	Health	Nontraditional	Other
Early Education	43	19	44	67
Health	40	57	37	44
Nontraditional/Other	60	33	46	25

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 18).

Note: The table displays the percentage of all potential contacts reported by survey respondents in one program type (rows) with all WCELI planning participants within a program type (columns). There were 18 respondent programs (9 early education, 6 health, and 3 nontraditional/other) and 26 WCELI programs (10 early education, 8 health, 5 nontraditional, and 3 other).

Table A.8. Percentage of Survey Respondents Reporting Contact with Planning Participants at Least Quarterly, by White Center Location

Survey Respondents	Within White Center	Outside White Center
Within White Center	70	43
Outside White Center	40	32

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 18).

Note: The table displays the percentage of all potential contacts reported by survey respondents in one location (rows) with all WCELI planning participants within a location (columns). There were 18 respondent programs (9 within White Center and 9 outside White Center) and 26 WCELI programs (10 within White Center and 16 outside White Center).

Table A.9. Survey Respondents' Assessment of Their Relationships with Other Planning Participants, by Collaborative Planning Team Participation

	Percentage of All Relationships	
Survey Respondents	Participated in Collaborative Planning Team	Did Not Participate in Collaborative Planning Team
Productive Relationships		
Participated in collaborative planning team	68	49
Did not participate in collaborative planning team	30	19
Good Ideas		
Participated in collaborative planning team	64	48
Did not participate in collaborative planning team	23	15
Role Importance		
Participated in collaborative planning team	57	31
Did not participate in collaborative planning team	36	23

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 18).

Note: The table displays the percentage of all relationships reported by survey respondents in one category (rows) with all WCELI planning participants within a category (columns). There were 18 respondent programs (7 that participated in the planning team and 11 that did not) and 26 CELI programs (9 that participated in the planning team and 17 that did not).

Table A.10. Survey Respondents' Assessment of Their Relationships with Other Planning Participants, by Program Type

Survey Respondents	Percentage of All Relationships			
	Early Education	Health	Nontraditional	Other
Productive Relationships				
Early Education	43	17	40	48
Health	43	50	33	39
Nontraditional/Other	67	21	38	38
Good Ideas				
Early Education	37	17	36	56
Health	40	50	33	39
Nontraditional/Other	50	17	15	38
Role Importance				
Early Education	40	30	35	54
Health	38	38	10	33
Nontraditional/Other	43	25	15	13

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 18).

Note: The table displays the percentage of all relationships reported by survey respondents on one program type (rows) with all WCELI planning participants in a program type (columns). There were 18 respondent programs (9 early education, 6 health, and 3 nontraditional/other) and 26 WCELI programs (10 early education, 8 health, 5 nontraditional, and 3 other).

Table A.11. Survey Respondents' Assessment of Their Relationships with Other Planning Participants, by White Center Location

Survey Respondents	Percentage of All Relationships	
	Within White Center	Outside White Center
Productive Relationships		
Within White Center	60	31
Outside White Center	45	32
Good Ideas		
Within White Center	54	29
Outside White Center	41	29
Role Importance		
Within White Center	46	33
Outside White Center	41	25

Source: Survey of Early Learning Initiative Community Service Providers and Planning Participants (N = 18).

Note: The table displays the percentage of all relationships reported by survey respondents in one location (rows) with all WCELI planning participants in one location (columns). There were 18 respondent programs (9 within White Center and 9 outside White Center) and 26 WCELI programs (10 within White Center and 16 outside White Center).

Figure A.1. Survey Respondents' Contacts with Planning Participants at Least Quarterly, by Planning Team Participation

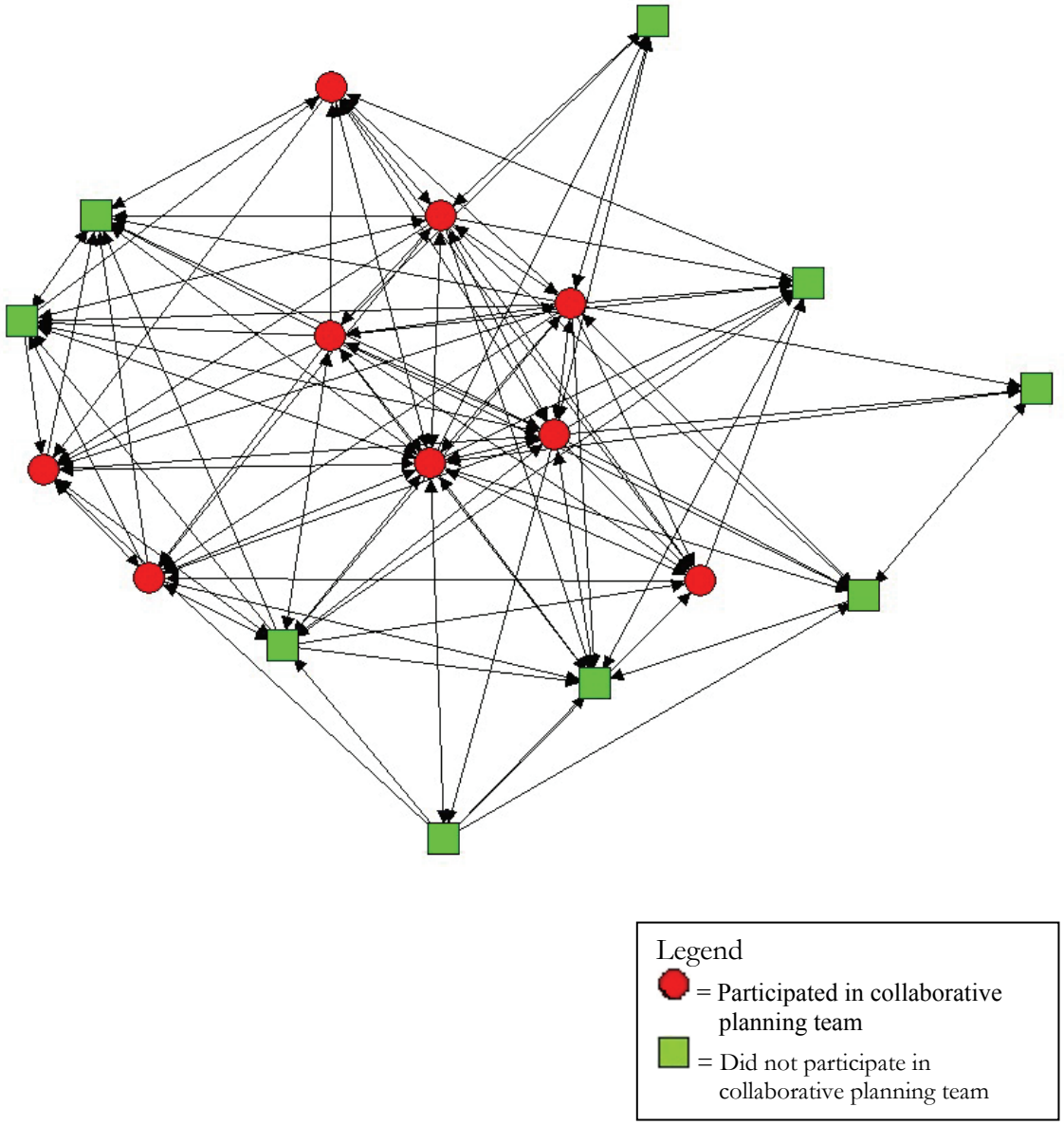

Figure A.2. Survey Respondents' Contacts with Planning Participants at Least Quarterly, by Program Type

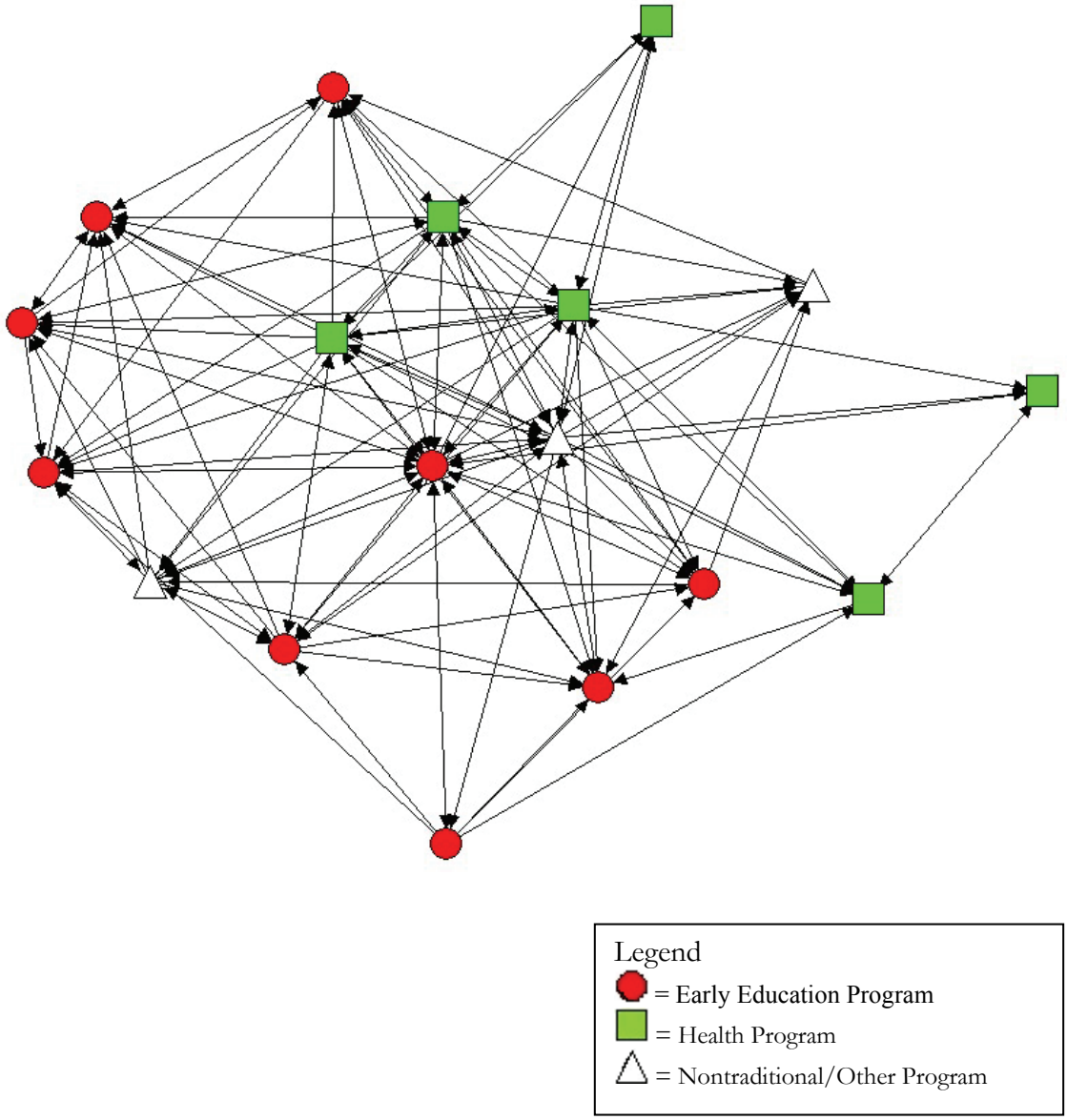

Figure A.3. Survey Respondents' Contacts with Planning Participants at Least Quarterly, by White Center Location