



WILDER RESEARCH, CHILD TRENDS, SRI INTERNATIONAL,
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Evaluation of Parent Aware: Minnesota's Quality Rating and Improvement System Pilot

Year 3 Evaluation Report
November, 2010

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	8
INTRODUCTION	9
Section 1. PROGRAMMATIC AND MARKET CONTEXT FOR THE PARENT AWARE PILOT	13
Planning and Program Activities Related to Parent Aware	13
Market Context	14
Summary of Programmatic and Market Context	19
Section 2. PROGRAM PARTICIPATION AND RATING	20
Cumulative Number of Initial Ratings Given	20
Number of Current Ratings	21
Participation in Parent Aware	23
Ratings of Programs in Parent Aware	25
Summary of Participation and Ratings	27
Section 3. CHARACTERISTICS AND EXPERIENCES OF PROGRAMS WITH PARENT AWARE RATINGS	28
Number of Children Served by Parent Aware-rated Programs	28
Children Receiving Subsidies through the Child Care Assistance Program	29
Children who are English Language Learners	30
Characteristics of the Programs Rated by Parent Aware	31
Satisfaction with Parent Aware	37
Perceived Benefits of Parent Aware	40
Section 4. AN IN-DEPTH EXAMINATION OF THE PARENT AWARE RATING TOOL	43
Overview of Ratings	43
Family Partnerships	48
Teaching Materials and Strategies	54
Tracking Learning	60
Teacher Training and Education	66
Patterns in Initial Ratings over Time	70
Understanding Scoring Patterns that Lead to Four Stars	72
Program Perceptions of the Parent Aware Rating Tool	73
Summary of the Parent Aware Rating Tool	76
Section 5. RE-RATINGS AND QUALITY IMPROVEMENT	77
Use of Quality Improvement Supports	77
Change in Scores from Initial Rating to Re-Rating	83
Changes in the Family Partnerships Category	85
Changes in the Teaching Materials and Strategies Category	87
Changes in the Tracking Learning Category	88
Changes in the Teacher Training and Education Category	90
Trends in Re-Rating	91
Section 6. VALIDATION OF PROGRAM QUALITY	92
Scores from Observational Measures of Global Quality and Teacher-Child Interaction	94
Summary of Observational Scores	100
Section 7. PARENTS AND CHILDREN IN PARENT AWARE-RATED PROGRAMS	102
Background on Child Sample	102

Child Demographic Information.....	103
Family Background Characteristics.....	104
Child Outcome Measures.....	112
Changes in Child Assessment Scores Across Time.....	115
Predictors of Child Assessment Outcomes.....	117
Summary and Implications.....	121
Section 8. PARENT PERCEPTIONS ABOUT QUALITY EARLY CARE AND EDUCATION AND THEIR UNDERSTANDING OF PARENT AWARE.....	123
Knowledge and Perceptions of Parents Participating in the Parent Aware Evaluation.....	123
Section 9. SUMMARY AND CONCLUSIONS.....	130
Section 10. CONSIDERATIONS FOR STATEWIDE IMPLEMENTATION OF PARENT AWARE.....	134
Quality Standards.....	134
Rating and Monitoring.....	136
Quality Improvement.....	137
Financial Incentives.....	138
Dissemination of Ratings and Outreach to Parents.....	139
System Coordination and Linkages.....	140
Ongoing Evaluation.....	141
Summary.....	142
REFERENCES.....	143
APPENDIX.....	146
DETAILS ABOUT PARENT AWARE.....	146
Quality Standards.....	147
Rating and Monitoring.....	148
Quality Improvement.....	150
Financial Incentives.....	150
Dissemination of Ratings.....	151
DATA SOURCES FOR THE PARENT AWARE EVALUATION.....	152
Survey of Programs Participating in Parent Aware, Child Trends.....	153
NACCRRAware, Minnesota Child Care Resource and Referral Network.....	156
Quality Improvement Support Expenditures, Minnesota Child Care Resource and Referral Network.....	156
Parent Aware Rating Tool Database, Minnesota Department of Human Services.....	157
Environment Rating Scales Data System, Center for Early Education and Development, University of Minnesota.....	157
Environment Rating Scales Extension (ECERS-E), Center for Early Education and Development, University of Minnesota.....	157
Classroom Assessment Scoring System (CLASS) data, Center for Early Education and Development, University of Minnesota.....	157

TABLES

Table 1. Total number of center-based programs (includes child care centers, preschools, Head Start and Early Head Start programs) in Parent Aware pilot areas from May, 2008 to September, 2010.....	15
Table 2. Total number of family child care programs in Parent Aware pilot areas from May, 2008 to September, 2010	16
Table 3. Percent of center-based programs (includes child care centers, preschools, Head Start and Early Head Start programs) in Parent Aware pilot areas that are accredited.....	17
Table 4. Number of accredited family child care programs in Parent Aware pilot areas.....	18
Table 5. Mean weekly rates for child care centers and preschools by pilot area and child age group (April, 2010).....	18
Table 6. Mean weekly rates for family child care programs by pilot area and child age group (April, 2010)	19
Table 7. Parent Aware ratings by pilot area and program type as of July, 2010	25
Table 8. Current star ratings by program type as of September, 2010	26
Table 9. Children enrolled in currently-rated Parent Aware programs	28
Table 10. Age distributions of children in currently-rated Parent Aware programs	29
Table 11. Enrollment by star level.....	29
Table 12. Parent Aware programs serving children who receive Child Care Assistance Program (CCAP) subsidies.....	30
Table 13. Parent Aware programs serving children who are English language learners	31
Table 14. Start times for Parent Aware-rated programs	36
Table 15. End times for Parent Aware-rated programs	36
Table 16. Categories of programs standards that are measured and rated in Parent Aware.....	43
Table 17. Distribution of initial star ratings by pilot area.....	45
Table 18. Descriptive statistics for Parent Aware category subtotals.....	45
Table 19. Points available in the Family Partnerships category	48
Table 20. Distribution of total points earned in the Family Partnerships category in initial ratings.....	53
Table 21. Points available in the Teaching Materials and Strategies category.....	55
Table 22. Points earned for using, and being trained in, a research-based curriculum	56
Table 23. Percent of Parent Aware providers who report using the following curricula	56
Table 24. Points earned for environment rating scale (ERS) scores in initial ratings	58
Table 25. Percent of center-based programs that earned CLASS scores (and corresponding indicator points) in their initial rating.....	59
Table 26. Total points earned in the Teaching Materials and Strategies category	59
Table 27. Points available in the Tracking Learning category	61
Table 28. Points earned by providers for using child assessment tools.....	61
Table 29. Child assessment tools used by programs.....	62
Table 30. Total Points earned in the Tracking Learning Category for initial ratings.....	64
Table 31. Points available in the Teacher Training and Education category.....	66
Table 32. Points earned in the Teacher Training and Education category	67
Table 33. Mean ECERS-E scores by subscale and star rating.....	97
Table 34. Number of child participants by program and rating type.....	103
Table 35. Demographic information for the two cohorts of child participants (N = 421).....	103

Table 36. Highest educational level attained by parents of children in Parent Aware-rated programs.	105
Table 37. Marital and work status of parents of children in Parent Aware-rated programs.	106
Table 38. Parents’ use of benefits.	106
Table 39. Indicators of family risk.	107
Table 40. English alphabet letters children know.	108
Table 41. Frequency of children’s pro-social behaviors.	108
Table 42. How high child can count.	109
Table 43. Parent report of their child’s abilities.	109
Table 44. Number of children’s books owned.	110
Table 45. Frequency of family participation in academic stimulation activities.	110
Table 46. Frequency of visits to museums, libraries, and time spent watching television.	111
Table 47. Frequency of visits to the public library.	112
Table 48. Hours spent each day watching television, videos, or DVDs.	112
Table 49. Children’s scores on the Peabody Picture Vocabulary Test – 4th Edition (PPVT-4).	113
Table 50. Children’s scores on the Test of Preschool Early Literacy (TOPEL).	113
Table 51. Children’s scores on the Woodcock-Johnson III (WJ-III).	114
Table 52. Children’s scores on the Social Competence and Behavior Evaluation short form (SCBE-30).	114
Table 53. Mean fall to spring change scores on child assessment measures.	115
Table 54. Mean fall to spring change scores on child assessment measures for children from low-income families.	116
Table 55. Results of regressions with ERS/CLASS predicting aligned child outcomes.	119
Table 56. Number of programs, children, and parents participating in the Parent Aware Evaluation.	124
Table 57. Types of care used in past two weeks.	125
Table 58. Responses to “How did you first learn about the program?”.	125
Table 59. Primary reason for choosing child care program.	126
Table 60. Responses to “Have you heard of Parent Aware?”.	126
Table 61. Responses to: “Child care programs, teachers, and caregivers do many things when they care for children. How important is it that they...”	127
Table 62. Responses to: “When child is at program, what best represents the experience you believe your child is having there?”.	128
Table 63. Programs that Responded to the Parent Aware Evaluation Survey.	154
Table 64. Currently-Rated Programs.	154

FIGURES

Figure 1. Numbers of center-based programs (includes child care centers, preschools, Head Start and Early Head Start programs) in Parent Aware pilot areas from May, 2008 to September, 2010	15
Figure 2. Numbers of family child care programs in Parent Aware pilot areas from May, 2008 to September, 2010	16
Figure 3. Percent of center-based programs in Parent Aware pilot areas that are accredited.....	17
Figure 4. Cumulative number of programs with initial ratings in Parent Aware	20
Figure 5. Total number of programs with initial ratings in Parent Aware by program type	21
Figure 6. Total number of current ratings in Parent Aware by date rating certificate was issued.	22
Figure 7. Total number of current ratings in Parent Aware by date certificate issued and program type.....	22
Figure 8. Percent of eligible programs enrolled in Parent Aware by pilot area as of Sept. 2010.	23
Figure 9. Percent of eligible center-based programs enrolled in Parent Aware by pilot area as of Sept. 2010	24
Figure 10. Percent of eligible family child care programs enrolled in Parent Aware by pilot area as of September 2010.....	24
Figure 11. Number of programs at each star level.....	26
Figure 12. Auspice of center-based programs with Parent Aware ratings.	32
Figure 13. Accreditation status of family child care programs and center-based programs with Parent Aware ratings.....	33
Figure 14. The professional affiliations of family child care providers with Parent Aware ratings	34
Figure 15. The professional affiliations of center-based program directors with Parent Aware ratings.....	35
Figure 16. Programs with Parent Aware Ratings offering full-time vs. part-time care.....	35
Figure 17. Overall impression of Parent Aware reported by participants	37
Figure 18. Distribution of initial star ratings by program type.....	44
Figure 19. Category points subtotals by star rating for initial ratings of 130 fully-rated programs	47
Figure 20. Category stars by star rating for initial ratings of 130 fully-rated providers.....	48
Figure 21. Family communication strategies used by Parent Aware-rated programs	50
Figure 22. Distribution of Family Partnership category stars.....	54
Figure 23. Distribution of Teaching Materials and Strategies category stars.....	60
Figure 24. How teachers/providers use the results of child assessment to guide instruction	64
Figure 25. Distribution of Tracking Learning category stars	65
Figure 26. Distribution of Teacher Training and Education category stars.....	69
Figure 27. Number of directors of center-based programs who reported offering a form of professional development support to teachers	70
Figure 28. Distribution of initial star ratings over time	71
Figure 29. Perception of accuracy and fairness of the Parent Aware Rating tool among fully-rated programs	75
Figure 30. Total amount spent on quality improvement supports	78
Figure 31. Percent of total Parent Aware quality improvement support dollars spent on different categories of expenditures.....	78
Figure 32. Average spending in each quality improvement category, among programs that spent any money at all on that category.	79
Figure 33. Targets of quality improvement efforts in past two years.....	81

Figure 34. Program perceptions of the Provider Resource Specialist (fully-rated programs).....	82
Figure 35. Changes in overall star rating from initial rating to re-rating.....	84
Figure 36. Change in total points earned from initial rating to re-rating.....	85
Figure 37. Changes in Family Partnerships category stars.....	86
Figure 38. Changes in Teaching Materials and Strategies category stars.....	87
Figure 39. Changes in Tracking Learning category stars.....	89
Figure 40. Changes in Teacher Training and Education category stars.....	90
Figure 41. Mean total ECERS-R score by star rating and rating type (includes initial and re-ratings).....	95
Figure 42. Mean total ECERS-R by re-rating status and rating type.....	96
Figure 43. Mean ECERS-E scores by subscale and star rating.....	97
Figure 44. Mean total ITERS-R score by star rating and rating type.....	98
Figure 45. Mean total FCCERS-R score by star rating and rating type.....	99
Figure 46. Mean CLASS scores by star rating and program type.....	100

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INTRODUCTION

Minnesota's pilot Quality Rating and Improvement System (QRIS) – Parent Aware – completed its third year in July, 2010 and is well into the fourth and final year of the pilot (scheduled to end in June, 2011). Parent Aware is unique nationally because of its intentional focus on supporting parents' early care and education decisions. Special emphasis has been placed in the pilot on developing and promoting a rating tool that will be useful to parents. Similar to other QRIS, Parent Aware measures and rates the quality of early care and education programs and promotes quality improvement using a variety of resources. Together, these strategies aimed at parents and early care and education programs target an ultimate goal of improving children's school readiness.¹ The purpose of this report is: (1) to provide an assessment of Parent Aware and its outcomes after three years of implementation, and (2) to use the results of the evaluation to inform planning for statewide implementation of a QRIS.

This report is the third to be produced from the Evaluation of Parent Aware being conducted by Child Trends and funded by the Minnesota Early Learning Foundation (MELF). It covers the third year of the pilot from July, 2009 through August, 2010 and provides an in-depth analysis of the measurement tools and rating process used in Parent Aware, changes in quality among Parent Aware-rated programs, parents' perceptions of quality and knowledge of Parent Aware, and the school readiness of children participating in Parent Aware-rated programs. A fourth report will be produced in November, 2011 to provide final data and information about the pilot.

The previous evaluation reports focused on early implementation of the Parent Aware pilot (see Tout, Starr & Cleveland, 2009; Tout, Starr, Isner, Cleveland, Soli & Quinn, 2010). Key findings from each report are highlighted below.

- The Year One report presented stakeholder perceptions of the potential of Parent Aware to achieve its goals.² Early in the pilot, stakeholders generally believed that Parent Aware had the potential to improve quality and the information available for parents. Concern was expressed by stakeholders about the challenges of engaging providers and parents, providing adequate supports for quality improvement, and recruiting and rating culturally and linguistically diverse providers. In Year One, it was clear that the automatic rating process in place for accredited programs (as well as Head Start/Early Head Start and School Readiness programs) facilitated participation in Parent Aware. Nearly 87% of the 237 rated programs in November, 2008 had received automatic ratings.

¹ The Appendix provides details about how Parent Aware is structured. The previous evaluation reports (Tout, Starr & Cleveland, 2009; Tout, Starr, Isner, Cleveland, Soli & Quinn, 2010) also have further details about the Parent Aware pilot.

² Parent Aware stakeholders interviewed for the Year One and the Year Two reports include members of the Parent Aware Implementation Team (see footnote 3), staff from early care and education programs eligible for or participating in Parent Aware, staff from organizations that provide services for parents and/or provide supports for early care and education programs, legislators, and staff from the Minnesota Early Learning Foundation.

- The Year Two report covered the next 18 months of the pilot. By December, 2009, the number of rated programs in Parent Aware increased by 34%. Parent Aware had rated 318 programs that were serving over 20,000 children in the Parent Aware pilot areas. One-quarter of the programs had received ratings through the full (non-automatic) rating process, and 12% of fully-rated programs (all family child care programs) were English Language Learners, a high priority group for Parent Aware. Among the over 30 programs that were re-rated after being in Parent Aware for one year, the majority (82% of center-based programs and 90% of family child care programs) increased their star rating. Over 50% of re-rated programs moved to a 4-star rating. Stakeholders reported that Parent Aware has been successful in bringing the issue of quality to the forefront among programs and policymakers. Among parents with children in Parent Aware-rated programs, about 20% of parents said they had heard of Parent Aware, and stakeholders noted that additional outreach with parents was necessary. A radio campaign early in 2010 generated a 300% increase in traffic to the Parent Aware website, but traffic decreased after the radio campaign ended. Looking ahead to statewide implementation, stakeholders reflected on the need to build capacity for quality improvement supports, continue outreach and marketing efforts, and to consider how Parent Aware should be tailored to meet the needs of different geographical areas and different settings.

Building on the approach taken in the two previous reports, the present report includes ten sections and appendices that address critical implementation details as well as issues related to “validation” of Parent Aware. In the context of this report, validation refers to the process of demonstrating that the Parent Aware rating tool is functioning as intended and distinguishing meaningful levels of quality.

- Section 1 – we describe the current programmatic and market context for the Parent Aware pilot including an overview of changes to the program and an examination of the supply of programs and the tuition rates charged by programs in the pilot areas. This section was generated from a review of program documents and data (both internal and publicly available) and participation in meetings with the Parent Aware Implementation Team³.
- Section 2 – we synthesize data from multiple sources to describe the number and percent of eligible programs that have enrolled in Parent Aware, their patterns of enrollment, and the star ratings received by those programs. The information in this section provides a more comprehensive picture of whether and how Parent Aware has penetrated early care and education services in the pilot areas.
- Section 3 – we analyze the characteristics of programs participating in Parent Aware, including the number of children served by rated programs.

³ The Parent Aware Implementation Team is comprised of staff from agencies and organizations directly responsible for the day-to-day operation of the program. The Implementation Team includes staff from the Minnesota Department of Human Services, the Minnesota Child Care Resource and Referral Network, Resources for Child Caring, Child Care Resource and Referral Inc., and the Assessment and Training Center at the University of Minnesota.

- Section 4 – we conduct a detailed analysis of the Parent Aware Rating Tool and how it is working to measure and rate early care and education quality.
- Section 5 – we examine program improvement by analyzing changes over time in star ratings and the use of quality improvement supports.
- Section 6- we provide an analysis of the ERS and CLASS scores by star level.
- Section 7– we address children’s developmental outcomes in the context of Parent Aware. We provide information from a subset of children and families in Parent Aware-rated programs to understand children’s development across a range of outcomes and how experiences in early care and education programs are linked to those outcomes.
- Section 8 – we describe parents’ knowledge of and understanding of Parent Aware. We analyze data from parents sampled from Parent Aware-rated programs as well as parents participating in a related study to understand how parents with limited financial resources make decisions about early care and education.
- Section 9 – we provide a summary of key findings from the report.
- Section 10 – we use the summary findings to generate a set of implications and considerations for possible statewide implementation of Parent Aware.
- The Appendix provides additional information about Parent Aware, including an overview of the rating tool and details about the data sources used in the report.

Parent Aware At a Glance...

What is Parent Aware?

Parent Aware is a voluntary quality rating and improvement system (QRIS) for early care and education programs including licensed family child care programs, child care centers, Head Start, and School Readiness programs. It is being piloted in four Minnesota communities/areas including the city of Minneapolis, the city of Saint Paul, the Wayzata school district, and Blue Earth and Nicollet Counties.

The primary purpose of Parent Aware is to support parents by providing information about the quality of early care and education programs. Parent Aware uses ratings to recognize quality and promotes quality improvement using a variety of resources. Together, these strategies aimed at parents and early care and education programs target an ultimate goal of improving children's school readiness.

How are ratings assigned to early care and education programs?

Programs provide evidence of their quality and earn points in four areas:

- Family Partnerships
- Teaching Materials and Strategies
- Tracking Learning
- Teacher Training and Education

Programs submit documentation and supporting materials for each area. They receive an on-site observation and are scored on nationally-recognized scales that measure their environment, practices and interactions with children. They are assigned one to four stars depending upon the number of points earned.

Accredited child care centers, accredited family child care programs, School Readiness Programs and Head Start programs are awarded a 4-star rating automatically if they demonstrate current accreditation status, compliance with licensing, or compliance with applicable state or federal program performance standards.

How do parents learn about the ratings?

Ratings are posted on the Parent Aware website (www.parentawareratings.org). Parents can search for programs by pilot area and in a variety of languages including English, Hmong, Spanish, and Somali. They can also call their local child care resource and referral agency for assistance.

Section 1. PROGRAMMATIC AND MARKET CONTEXT FOR THE PARENT AWARE PILOT

The Parent Aware pilot is scheduled to conclude at the end of June, 2011. With this date approaching, many of the Parent Aware administrative and policy activities in 2010 since the release of the Year 2 Evaluation Report (March, 2010) have focused on planning and preparations for possible statewide implementation. Other early care and education quality improvement efforts related to a QRIS framework have also been underway in 2010. In this section we briefly outline these efforts. Following the description of these activities, we provide an overview of the market context for Parent Aware and how it has changed in the past six months.

Planning and Program Activities Related to Parent Aware

The Year 2 Evaluation Report outlined a number of legislatively directed activities related to Parent Aware (see Tout et al., 2010a). For example, the 2009 legislature directed the Minnesota Department of Human Services to use federal funds from the American Recovery and Reinvestment Act (ARRA) in a variety of ways including extension of the Parent Aware pilot through June, 2011. This section provides a brief update on these ongoing activities as well as other planning and program efforts related to Parent Aware.

Building Quality initiative. ARRA Child Care and Development Fund dollars were directed to the Minnesota Department of Human Services toward the development of supports to prepare early care and education programs for a voluntary, statewide quality rating and improvement system. These funds are currently being used to support the Building Quality initiative which provides training, coaching, consultation, and grants administered through the Minnesota Child Care Resource and Referral system. Building Quality participants will also learn about the newly developed Minnesota Child Care Credential which provides a core curriculum for early care and education practitioners. Building Quality began in September, 2010 and will enroll 200 providers serving at-risk children statewide. Enrollment for the Minnesota Child Care Credential will begin in January 2011.

Cross-agency workgroup to develop a QRIS framework. The Minnesota Department of Human Services (DHS) and the Minnesota Department of Education (MDE) are partnering to develop a framework for a quality rating and improvement system. The legislation (Minnesota Statutes, chapter 124D) directs the state to use the evaluation results from the Parent Aware evaluation and expert consultation to make recommendations for a statewide quality rating and improvement system. The framework will include recommendations for a common set of child outcomes and program standards, a plan to link future funding to the framework, and a plan to realign existing state and federal administrative resources to implement the voluntary quality rating and improvement system. The draft indicators will be available for public comment beginning in November, 2010. Final recommendations for the framework are due to the legislature in March, 2011.

Support for providers “Getting Ready” for Parent Aware or for national accreditation. The Greater Twin Cities United Way has provided a second year of funding to

support providers in the Twin Cities metropolitan area who are preparing for Parent Aware or who are pursuing national accreditation. These efforts include early care and education programs that receive United Way funding as well as other early care and education providers who are interested in enrolling in or going through the Parent Aware re-rating process. Supports are provided primarily through options for training on Creative Curriculum, Environment Rating Scale consultation. The Accreditation Facilitation Project is also available for early care and education programs that would like to pursue national accreditation.

Planning for statewide implementation. The Minnesota Early Learning Foundation is working to establish or identify a private entity that would take responsibility for the ongoing evaluation and marketing of the quality standards, as well as acting as an objective watchdog to insure the quality standards remain based in research on which program elements promote school readiness. Additionally, The Minnesota Child Care Resource & Referral Network is working with local Child Care Resource and Referral agencies and other partners to develop a strategy for quality improvement supports to be included in a statewide system. It is expected that the State will continue to be responsible for the data system necessary to implement Parent Aware statewide. Finally, MELF and First Children's Finance are convening a number of interested stakeholders to explore options for financing a statewide Parent Aware rollout, including costs for operating the rating system, as well as aligning incentives to encourage programs to become rated. The Greater Twin Cities United Way, in cooperation with the Minnesota Early Learning Foundation, has been serving as a convener of the organizations involved in planning each element of the statewide Parent Aware QRIS, to insure that all efforts are coordinated and communicated among partners. The ultimate audience for these planning efforts is the Minnesota Legislature. A goal of the planning efforts is to provide legislators with enough information so legislation can be passed in the 2011 session, ensuring there is continuity between the pilot and the statewide rollout of Parent Aware.

Market Context

In addition to these planning and program activities, it is also helpful to examine the larger market context in which Parent Aware is being implemented. In this section, we provide an update on three important market indicators that were described in the previous two Evaluation Reports: the number of programs in Parent Aware pilot areas (described by type of care), accreditation status of programs, and weekly rates.⁴

Number of Programs in Parent Aware Pilot Areas. The numbers and types of early care and education programs in the Parent Aware pilot areas (and the southern Minnesota comparison area which is made up of Sibley, Le Sueur, Waseca, Faribault, Martin, Watonwan, and Brown counties) and their fluctuation across seven time points between May, 2008 and September, 2010 are shown in Tables 1 and 2 and Figures 1 and 2.

As shown in Table 1 and Figure 1, the numbers of center-based programs stayed virtually the same in the pilot areas in the metropolitan area (which includes Saint Paul, Minneapolis, and

⁴ Note that throughout this report, the use of the word *program* refers to a single early care and education program site. It does not refer to a group of sites or a grantee with multiple sites.

the Wayzata School District), Blue Earth and Nicollet counties, and the Southern Minnesota comparison group.

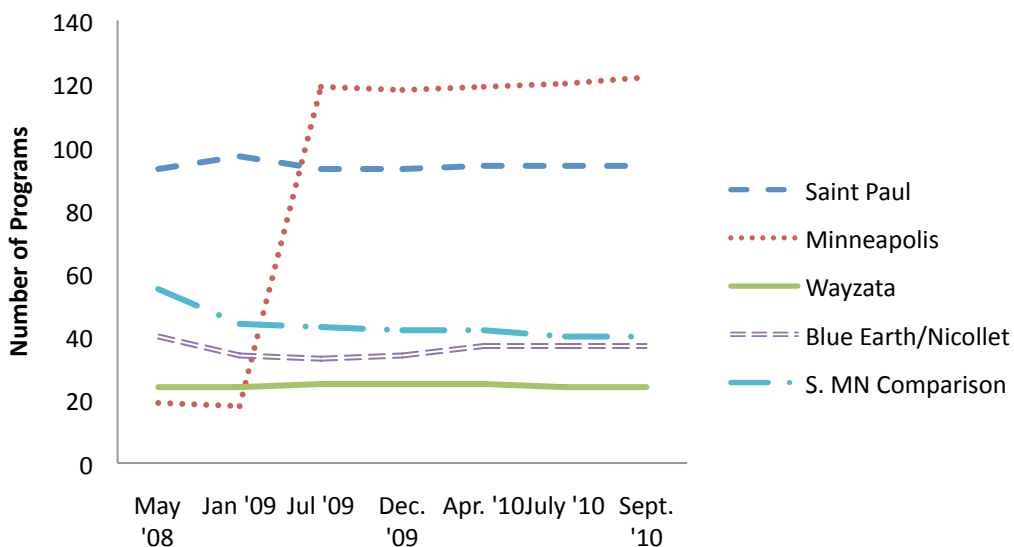
Table 1. Total number of center-based programs (includes child care centers, preschools, Head Start and Early Head Start programs) in Parent Aware pilot areas from May, 2008 to September, 2010

Pilot area	May '08	Jan '09	Jul '09	Dec '09	Apr '10	July '10	Sept '10
Saint Paul	93	97	93	93	94	94	94
Minneapolis*	19	18	119	118	119	120	122
Wayzata	24	24	25	25	25	24	24
Blue Earth/Nicollet	40	34	33	34	37	37	37
S. MN Comparison	55	44	43	42	42	40	40

Source: Minnesota NACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010

*Note: The Minneapolis pilot area consisted of portions of North Minneapolis prior to April, 2009, at which time it expanded to include all of Minneapolis. The significant change in the number of programs between January and April, 2009 reflects the change in the size of the Minneapolis pilot area.

Figure 1. Numbers of center-based programs (includes child care centers, preschools, Head Start and Early Head Start programs) in Parent Aware pilot areas from May, 2008 to September, 2010



Source: Minnesota NACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010

The majority of the early care and education programs in the pilot areas are family child care programs (81% overall as of September, 2010). Similar to center-based programs, the

numbers of family child care programs across all pilot areas shows very little variation from May, 2008 to September, 2010 (see Table 2 and Figure 2).

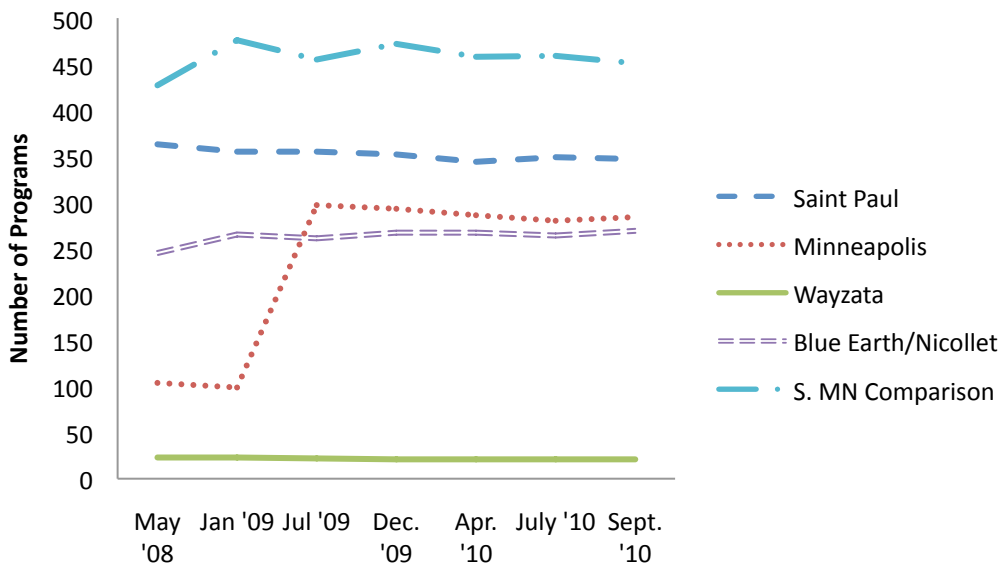
Table 2. Total number of family child care programs in Parent Aware pilot areas from May, 2008 to September, 2010

Pilot area	May '08	Jan '09	Jul '09	Dec '09	Apr '10	July '10	Sept '10
Saint Paul	363	355	355	352	344	349	347
Minneapolis*	104	99	297	293	286	280	284
Wayzata	23	23	22	21	21	21	21
Blue Earth/Nicollet	245	265	261	267	267	264	269
S. MN Comparison	427	476	455	472	458	459	451

Source: Minnesota NAACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010

*Note: The Minneapolis pilot area expansion occurred in April, 2009.

Figure 2. Numbers of family child care programs in Parent Aware pilot areas from May, 2008 to September, 2010



Source: Minnesota NACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010

Accreditation. Accreditation by a national accrediting body serves as a marker of quality because programs voluntarily demonstrate that they meet the set of standards designated by the accrediting body. The accrediting bodies recognized in Parent Aware include the National Association for the Education of Young Children, the National Early Childhood Program Accreditation, the National Association for Family Child Care, the Council on Accreditation, the American Montessori Society, and the Association of Montessori International-USA.

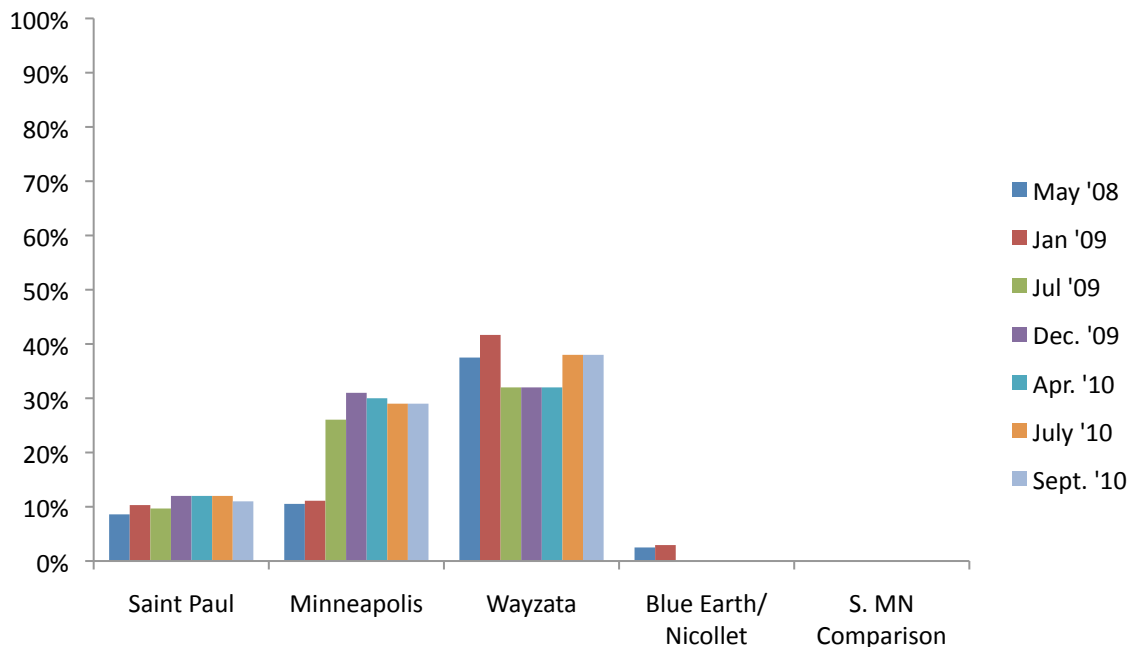
The percentage of accredited center-based programs (which includes accredited child care centers and preschools as well as Head Start, and Early Head Start programs accredited by the National Head Start Association) in the pilot areas stayed quite consistent from May, 2008 to September, 2010 (see Table 3 and Figure 3).

Table 3. Percent of center-based programs (includes child care centers, preschools, Head Start and Early Head Start programs) in Parent Aware pilot areas that are accredited

Pilot Area	May '08	Jan '09	Jul '09	Dec '09	Apr '10	July '10	Sept '10
Saint Paul	9%	10%	10%	12%	12%	12%	11%
Minneapolis	11%	11%	26%	31%	30%	29%	29%
Wayzata	38%	42%	32%	32%	32%	38%	38%
Blue Earth/Nicollet	3%	3%	0%	0%	0%	0%	0%
S. MN Comparison	0%	0%	0%	0%	0%	0%	0%

Source: Minnesota NAACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010

Figure 3. Percent of center-based programs in Parent Aware pilot areas that are accredited



Source: Minnesota NAACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010

There continued to be very few accredited family child care programs in the pilot areas (see Table 4). From May, 2008 to September, 2010 there was one accredited family child care program in each of the pilot areas, except Wayzata, and one in the Southern Minnesota comparison area. The Minneapolis pilot area had two accredited family child care programs from July, 2010 to September, 2010.

Table 4. Number of accredited family child care programs in Parent Aware pilot areas

Accredited family child care programs	May '08	Jan '09	July '09	Dec '09	Apr '10	July '10	Sept '10
St. Paul	0	0	0	1	1	1	1
Minneapolis	0	0	1	1	1	2	2
Wayzata	0	0	0	0	0	0	0
Blue Earth/Nicollet	1	0	1	1	1	1	1
S. MN Comparison	0	0	0	1	1	1	1

Source: Minnesota NAACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010

Weekly Rates. The weekly tuition rate for full-time care charged to parents is an important indicator to track over time, given its role in determining access to programs. Mean weekly tuition rates by area, program type, and child age as of April, 2010 are presented in Table 5 and 6. Rates are updated only once a year in NACCRRAware (the Child Care Resource and Referral database), so April, 2010 data reflect the most recent information. For child care centers and preschools, weekly rates in the urban areas (which include Saint Paul, Minneapolis, and Wayzata) ranged from just over \$200 for preschoolers in Saint Paul to over \$300 for infants in Wayzata. The weekly rates documented in the time period assessed here are very similar to the rates reported in the time period assessed in the Parent Aware Year 2 Evaluation Report: They were almost identical in Saint Paul but higher in Wayzata (for preschoolers from \$220 in 2009 to \$235 in 2010). However, with the small sample sizes reporting weekly rates, it is difficult to draw conclusions regarding changes in rates from Year 2 to Year 3 of the Parent Aware pilot.

Weekly rates for child care centers and preschools (see Table 5) continued to be lower in the southern Minnesota regions included in the evaluation, ranging from \$130 for preschoolers in the comparison area to \$165 for infants in Blue Earth/Nicollet Counties. Sample sizes were too small to draw conclusions about changes in rates from Year 2 to Year 3.

Table 5. Mean weekly rates for child care centers and preschools by pilot area and child age group (April, 2010)

Child Age Group	St. Paul	Minneapolis	Wayzata	Blue Earth/Nicollet	S. MN Comparison
Infant	\$277.43 (n=29)	\$306.1 (n=42)	\$326.67 (n=6)	\$164.29 (n=14)	\$145.5 (n=4)
Toddler	\$232.16 (n=39)	\$249.22 (n=50)	\$261.63 (n=8)	\$153.38 (n=13)	\$135.5 (n=4)
Preschool	\$202.53 (n=44)	\$218.07 (n=59)	\$235.62 (n=8)	\$141.77 (n=13)	\$129.25 (n=4)

Source: Minnesota NACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010

For family child care programs (see Table 6), weekly rates for full-time care in the urban areas ranged from \$143 for preschoolers in Saint Paul to \$215 for infants in Wayzata. These rates went up several dollars from Year 2. In southern Minnesota, family child care rates ranged from \$111 for preschoolers in the southern Minnesota comparison area to \$123 for infants in Blue Earth/Nicollet. Rates in the rural areas went up anywhere from \$1-\$10 per week from a year earlier.

Table 6. Mean weekly rates for family child care programs by pilot area and child age group (April, 2010)

Child Age Group	St. Paul	Minneapolis	Wayzata	Blue Earth/Nicollet	S. MN Comparison
Infant	\$159.13 (n=215)	\$181.15 (n=169)	\$215 (n=10)	\$123.3 (n=166)	\$118.98 (n=99)
Toddler	\$148.04 (n=217)	\$172.12 (n=173)	\$200.5 (n=10)	\$119.67 (n=167)	\$113.97 (n=100)
Preschool	\$142.47 (n=216)	\$160.93 (n=170)	\$186 (n=10)	\$115.67 (n=167)	\$111.14 (n=100)

Source: Minnesota NACCRR Aware, Minnesota Child Care Resource and Referral Network, September 2010

Summary of Programmatic and Market Context

As the Parent Aware pilot nears its conclusion (June, 2011), many of the administrative and policy activities in 2010 have focused on preparing for the possible statewide implementation of Parent Aware. Several agencies are working to identify strategies to prepare for statewide implementation including how it would be administered, monitored, and financed. Other Parent Aware related efforts going on in 2010 include professional development in the Building Quality initiative, cross-agency work in developing a QRIS framework including recommendations for a common set of program standards, and the Getting Ready initiative that supports providers preparing for Parent Aware.

An analysis of market context variables that were examined in the Year 2 Evaluation Report did not show much change across the past six months or across the pilot period as a whole. There were no large changes in the number of programs in Parent Aware pilot areas, the proportion of programs with accreditation, or the weekly rates of programs from those presented in the Year 2 Evaluation Report.

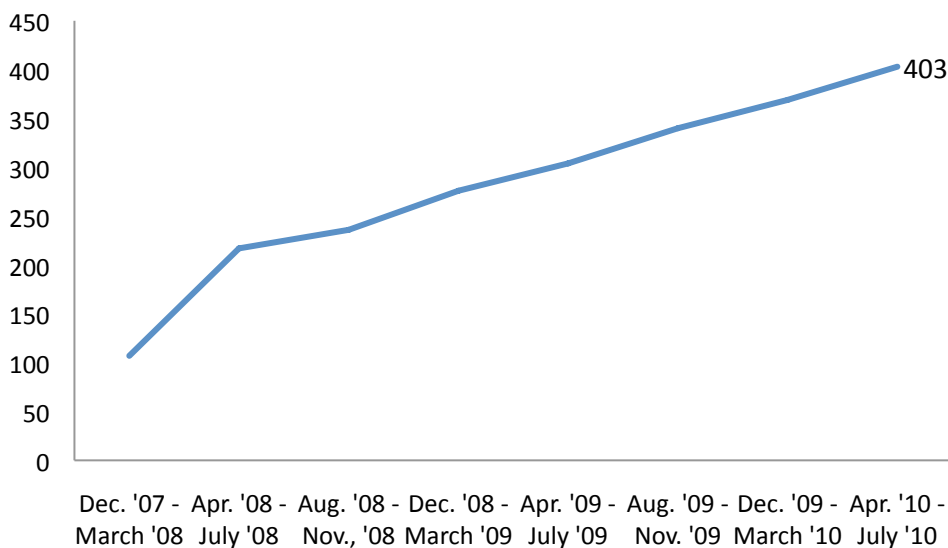
Section 2. PROGRAM PARTICIPATION AND RATING

There are a number of important indicators to track that can aid understanding of implementation and growth of Parent Aware. These indicators include the cumulative number of programs that have received a first or *initial* rating, the number of programs with *current* ratings in Parent Aware (which includes initial ratings and re-ratings), and the percent of eligible programs participating in the pilot. This section provides an overview of participation trends from the start of Parent Aware through September, 2010, a breakdown of numbers of currently rated programs (as of July, 2010), and numbers of participating programs relative to all programs in the pilot areas that are eligible to participate. An overview of programs and Parent Aware star ratings is provided at the end of this section.

Cumulative Number of Initial Ratings Given

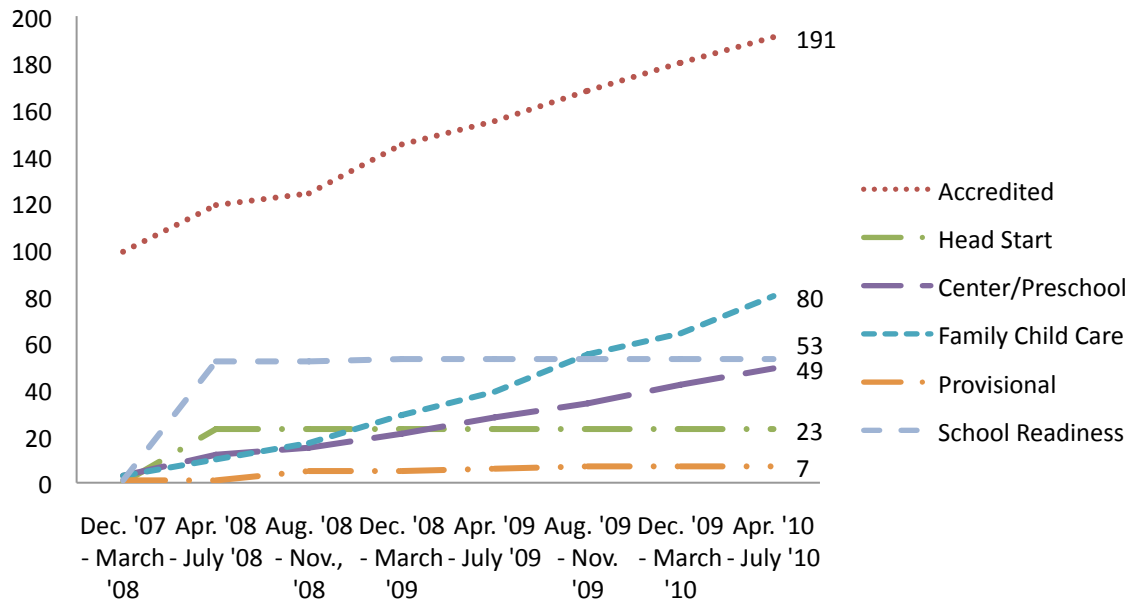
Parent Aware provides several opportunities for programs to enroll and be rated throughout the year. Figures 4 and 5 show the cumulative number of initial ratings given over nine 4-month periods, starting with December, 2007 through July, 2010. As of July, 2010, 403 programs had received an initial rating in Parent Aware (see Figure 4). Of these, 191 programs were accredited (which includes both center-based programs and family child care programs, though the vast majority are center-based), 49 were center-based programs (child care centers and preschools) that went through the full rating process, 80 were family child care programs, 23 were Head Start programs, 53 were School Readiness programs, and 7 were provisionally rated child care programs (see Figure 5). Accredited programs, center-based programs, and family child care programs continue to apply and receive initial ratings from Parent Aware. In contrast, nearly all eligible Head Start and School Readiness programs were rated early in the pilot, so there are no further programs of these types that could participate in the pilot.

Figure 4. Cumulative number of programs with initial ratings in Parent Aware



Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services as of July 31st, 2010

Figure 5. Total number of programs with initial ratings in Parent Aware by program type



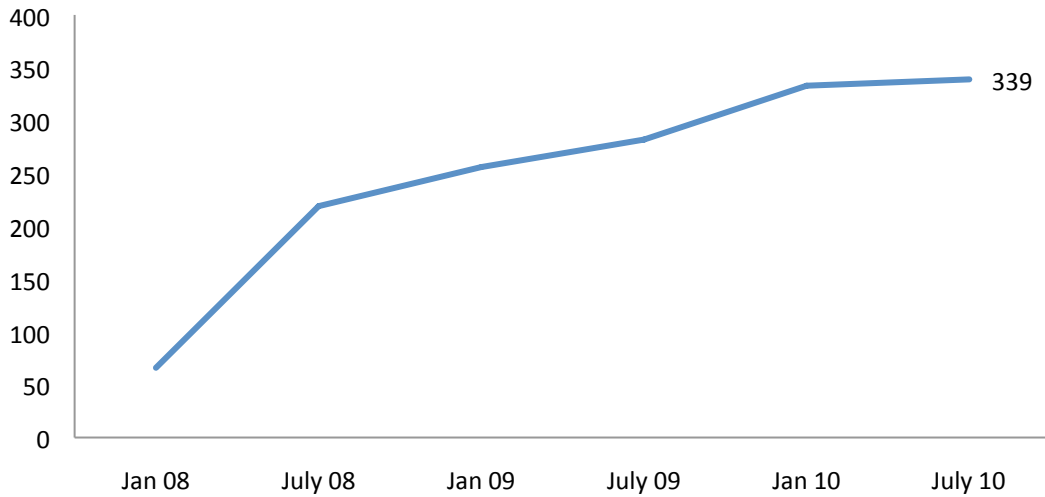
Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services as of July 31st, 2010

Number of Current Ratings

Examining the cumulative number of initial ratings that have been designated offers a look at the overall picture of participation in Parent Aware across the pilot. However, this measurement strategy includes programs that may no longer be participating and those with expired ratings. To obtain up-to-date participation information, it is useful to examine programs with *current* ratings. As of July, 2010 (based on the dates on which rating certificates were issued) there were 339 currently rated programs in Parent Aware (see Figure 6). Of these, 150 were accredited programs, 67 were family child care, 54 were School Readiness programs, 45 were center-based programs (child care centers and preschools), and 23 were Head Start programs (see Figure 7).

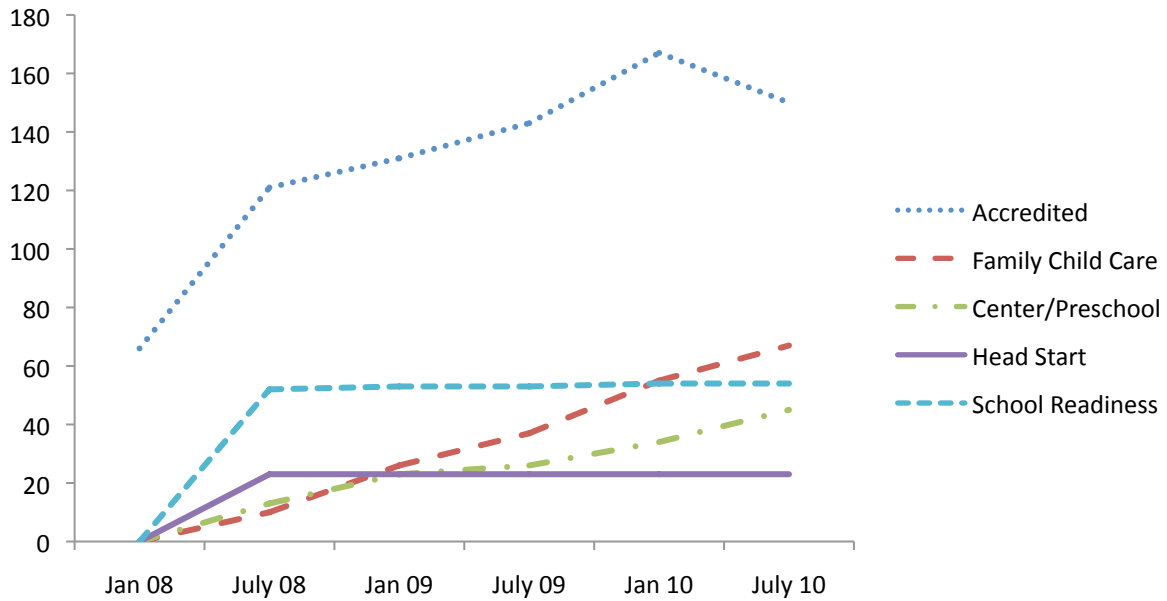
Examining the graph in Figure 7, it is clear that the number of accredited programs with current ratings declined in the most recent time period examined. However, this is likely due to a delay in issuing new rating certificates for these programs (which is done on an annual basis) and not to accredited programs actually dropping out of Parent Aware.

Figure 6. Total number of current ratings in Parent Aware by date rating certificate was issued



Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services as of July 31st, 2010

Figure 7. Total number of current ratings in Parent Aware by date certificate issued and program type

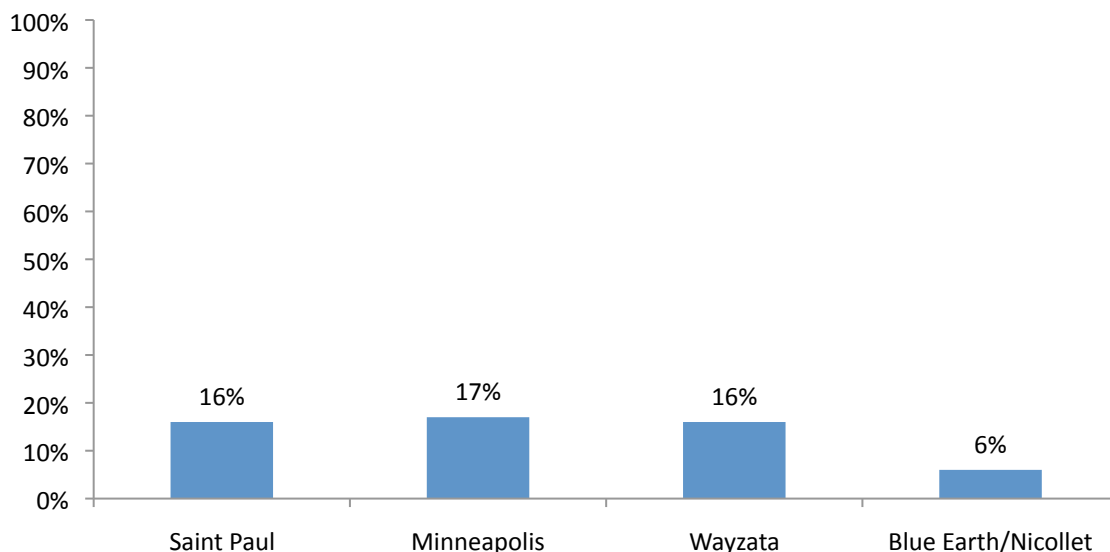


Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services as of July 31st, 2010

Participation in Parent Aware

A breakdown of Parent Aware participation in terms of percent of eligible programs in each pilot area is contained in Figure 8. Percentages of eligible programs (excluding School Readiness programs)⁵ enrolled in Parent Aware range from 6% in Blue Earth/Nicollet counties to 17% in Minneapolis.

Figure 8. Percent of eligible programs enrolled in Parent Aware by pilot area as of Sept. 2010



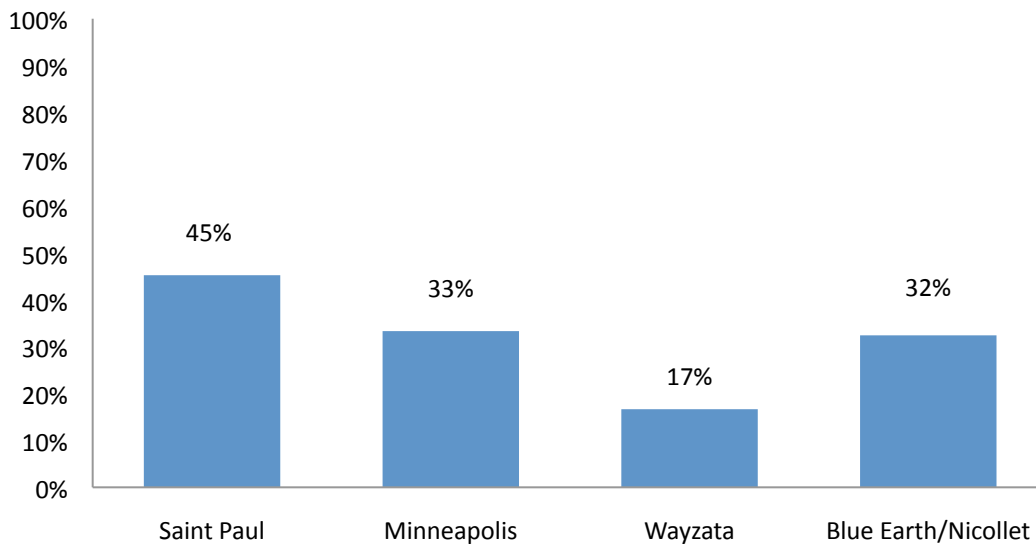
Source: Minnesota NAACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010

Overall, 14% of all eligible programs (excluding School Readiness programs) in the pilot areas (Saint Paul, Minneapolis, Wayzata, and Blue Earth/Nicollet Counties) are enrolled in Parent Aware as of September, 2010. In addition, 74% of eligible accredited programs in the 7-county metropolitan area are enrolled in Parent Aware. Nationally, most voluntary QRIS have a participation rate 30% or lower, with a few notable exceptions that have a participation rate of 50% - 60% (Tout et al., 2010b).

Looking at overall participation density across center-based programs and family child care programs masks an important trend that appears when participation of eligible programs by pilot area is broken down by program types. Figures 9 and 10 show that participation among eligible center-based programs is significantly higher than among eligible family child care programs. Across pilot areas, 32% of eligible center-based programs but only 9% of eligible family child care programs are participating in Parent Aware. Participation rates for center-based programs are notably higher than family child care programs in Saint Paul, Minneapolis, and Blue Earth/Nicollet pilot areas (see Figures 9 and 10). In Saint Paul, for example, 45% of eligible center-based programs have a Parent Aware rating.

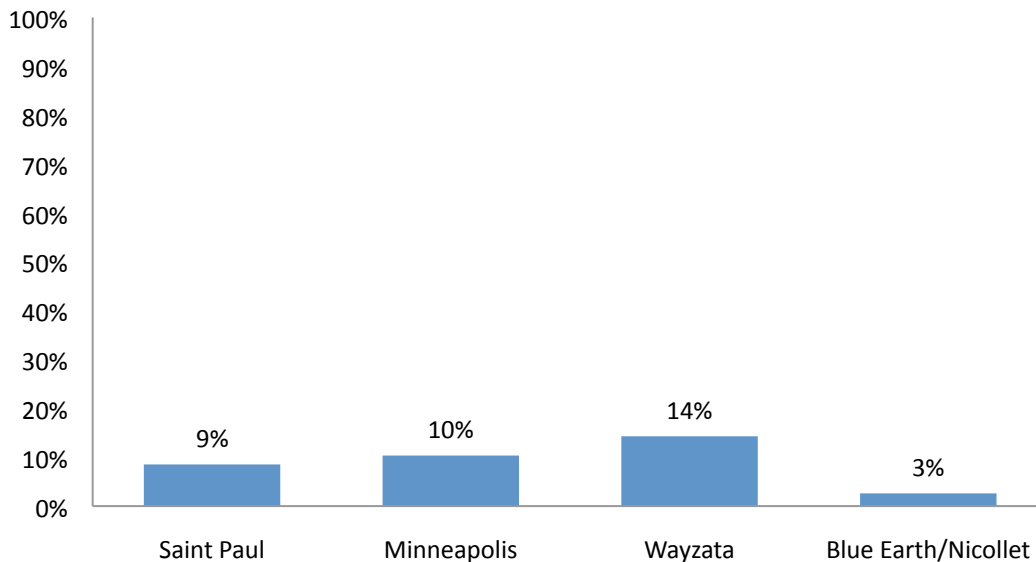
⁵ Nearly 100% of eligible School Readiness programs in the pilot areas enrolled in Parent Aware.

Figure 9. Percent of eligible center-based programs enrolled in Parent Aware by pilot area as of Sept. 2010⁶



Source: Minnesota NAACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010

Figure 10. Percent of eligible family child care programs enrolled in Parent Aware by pilot area as of September 2010



Source: Minnesota NAACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010

⁶ This includes accredited and non-accredited child care centers.

Ratings of Programs in Parent Aware

A breakdown of currently rated programs by pilot area and program type is contained in Table 7. According to the Minnesota Department of Human Services, 339 programs had a current Parent Aware rating as of July, 2010.

Table 7. Parent Aware ratings by pilot area and program type as of July, 2010

Pilot Area	Program Type	4 Star-Automatic	4 Stars	Provisionally Rated	3 Stars	2 Stars	1 Star	Total
7 County Metro Accredited	Head Start /Early HS	1						1
7 County Metro Accredited	Family child care	3						3
7 County Metro Accredited	Child care centers	108						108
7 County Metro Accredited	Preschools	2						2
7 County Metro Accredited	TOTAL	114	0	0	0	0	0	114
Blue Earth/Nicollet	Head Start/ Early HS	2						2
Blue Earth/Nicollet	Family child care	1	1	0	4	1	0	7
Blue Earth/Nicollet	Child care centers	0	3	0	7	0	0	10
Blue Earth/Nicollet	School Readiness	3						3
Blue Earth/ Nicollet	TOTAL	6	4	0	11	1	0	22
Minneapolis	Head Start/ Early HS	9						9
Minneapolis	Family child care	2	7	0	13	8	1	31
Minneapolis	Child care centers	15	3	1	5	7	0	31
Minneapolis	Preschools	1	0	0	0	0	0	1
Minneapolis	School Readiness	20						20
Minneapolis	TOTAL	47	10	1	18	15	1	92
St. Paul	Head Start/Early HS	11						11
St. Paul	Family child care	1	9	0	9	9	2	30
St. Paul	Child care centers	13	4	1	7	5	2	32
St. Paul	Preschools	0	0	0	0	0	0	0
St. Paul	School Readiness	29		1				30
St. Paul	TOTAL	54	13	2	16	14	4	103
Wayzata	Family child care	0	0	0	1	2	0	3
Wayzata	Child care centers	4	0	0	0	0	0	4
Wayzata	School Readiness	1						1
Wayzata	TOTAL	5	0	0	1	2	0	8
TOTAL								339

Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services, as of July 31st, 2010

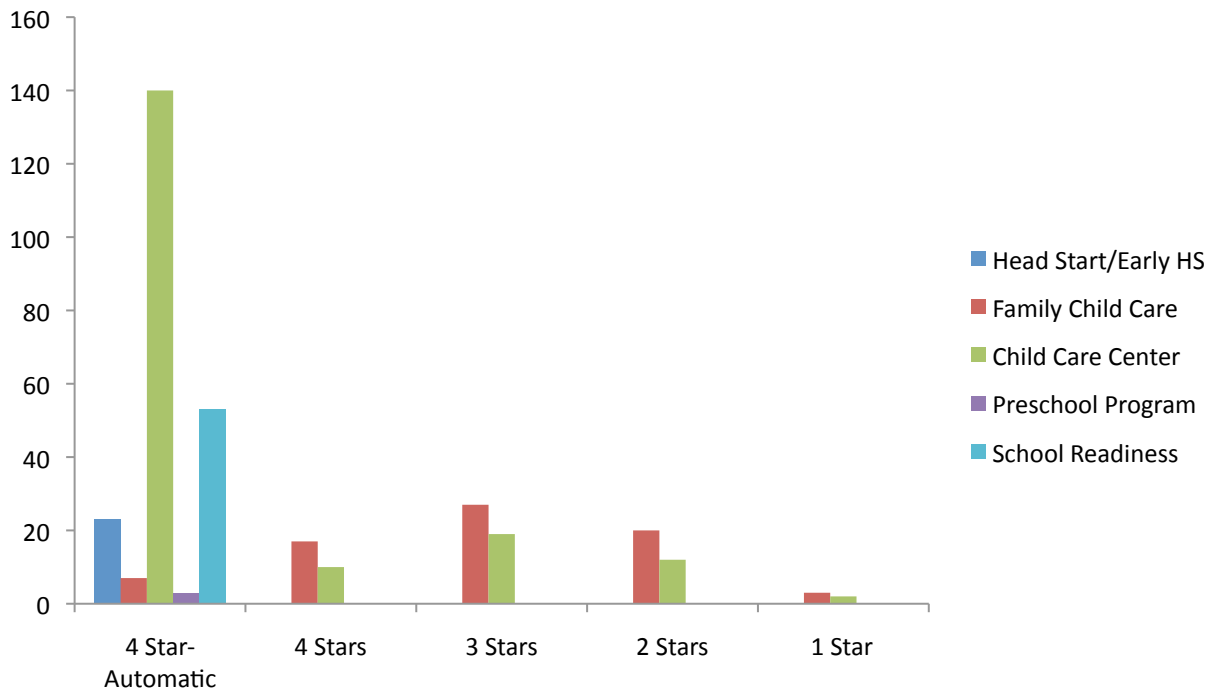
Table 8 and Figure 11 focus on program type and star rating. Approximately two-thirds of currently rated programs (226 or 67%) completed the automatic rating process to receive a 4-star rating. Over 60% (140) of these automatically-rated programs were accredited child care centers. One-third (110) of currently rated programs were fully-rated (see Table 8). Of those fully-rated programs, 27 received 4 stars (10 child care centers, 17 family child care programs), 46 received 3 stars (19 child care centers, 27 family child care programs), 32 received 2 stars (12 child care centers, 20 family child care programs), and only 5 programs received 1 star (2 child care centers, 3 family child care).

Table 8. Current star ratings by program type as of September, 2010

Program Type	4 Star-Automatic	4 Stars	Provisionally Rated	3 Stars	2 Stars	1 Star	Total
Head Start/Early HS	23	0	0	0	0	0	23
Family child care	7	17	0	27	20	3	74
Child care centers	140	10	2	19	12	2	185
Preschool program	3	0	0	0	0	0	3
School Readiness	53	0	1	0	0	0	54
Total	226	27	3	46	32	5	339

Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services as of July 31st, 2010

Figure 11. Number of programs at each star level



Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services as of July 31st, 2010

Looking across currently rated programs in the Parent Aware pilot, the majority of programs have a 4-star rating that was received through the automatic rating process for accredited programs, Head Start/Early Head Start programs, or School Readiness programs. Of the 110 programs with full ratings, 25% of programs received 4 stars, 42% received 3 stars, 29% received 2 stars, and 4% received a 1-star rating.

Summary of Participation and Ratings

Participation in Parent Aware is steadily increasing. As of September, 2010, 403 early care and education programs have received initial ratings from Parent Aware. Over the past 10 months, 63 new programs have received initial ratings, with more family child care programs participating than other programs. By the end of July, 2010, there were 339 programs with current Parent Aware ratings.

Approximately 14% of eligible center-based, family child care, and Head Start/Early Head Start programs in the pilot areas of Saint Paul, Minneapolis, Wayzata School District, and Blue Earth and Nicollet Counties were participating in Parent Aware as of September, 2010. Center-based programs participate in Parent Aware at a 23% higher rate than family child care centers, with 45% of eligible centers participating in Saint Paul, 33% participating in Minneapolis and 32% participating in Blue Earth and Nicollet counties.

A high proportion of eligible accredited programs have enrolled in Parent Aware and received an automatic 4-star rating. Almost three-quarters (74%) of eligible accredited programs in the 7-county metropolitan area were participating in Parent Aware as of September, 2010. Additionally, nearly 100% of School Readiness programs in the pilot areas have enrolled in Parent Aware.

The majority of currently rated programs in Parent Aware have received an automatic 4 star rating due to their accreditation status, or because they are Head Start/Early Head Start or School Readiness programs. Of the 33% fully-rated programs, two-thirds received 3 or 4 stars. One-third received 2 stars (29%) or 1 star (4%).

In summary, participation in Parent Aware is growing steadily, but it still includes a relatively small percentage of non-accredited programs. Participation in Parent Aware is clearly facilitated by the automatic rating process; smaller numbers of programs are participating in the full rating process, and it appears that programs are more likely to participate at higher quality levels (3- or 4-star ratings). The next section of the report provides further details about characteristics of Parent Aware programs and an in-depth examination of the Parent Aware Rating Tool.

Section 3. CHARACTERISTICS AND EXPERIENCES OF PROGRAMS WITH PARENT AWARE RATINGS

In this section of the report, we provide a description of the programs that are participating in Parent Aware. We include information about the number and characteristics of children served, details about the programs, and responses to open-ended survey items asking about participants' experiences in Parent Aware.

Number of Children Served by Parent Aware-rated Programs

Parent Aware-rated programs are currently serving approximately 21,850 children. Most of those children are being served in accredited child care centers, School Readiness programs, and Head Start programs which can enter Parent Aware with an automatic 4-star rating. Although there are more fully-rated family child care programs (67) than fully-rated center-based programs (including child care centers and preschools) (43), more children are served in fully-rated child care centers because these programs have a larger average enrollment. Table 9 shows the average and total number of children enrolled in each type of program participating in Parent Aware.

Table 9. Children enrolled in currently-rated Parent Aware programs

Provider Type	Average Number of Children Enrolled at each site	Number of programs in Parent Aware	Total number of children enrolled*
Fully-rated family child care	9.2	67	616.4
Accredited family child care	6	7	42
Fully-rated child care centers and preschools	51.5	43	2,215
Accredited child care centers and preschools	84.6	143	12,097.6
Head Start and Early Head Start programs	186.1	23	4,280.6
School Readiness programs	47.8	54	2,581.2

Source: Minnesota NAACCRRAware (September 2010), Minnesota Child Care Resource and Referral Network and the Minnesota Department of Education (personal communication, 10/18/2010)

*Child enrollment data could not be obtained from two fully-rated family child care programs, two fully-rated child care center, one accredited child care center, five Head Start and Early Head Start programs, and one School Readiness program. The average enrollment from the sites that did report enrollment numbers was used to estimate the total number of children served.

Table 10 contains details about the age distribution of children served in programs participating in Parent Aware. As can be seen in Table 10, Head Start programs and School Readiness programs serve very few infants and toddlers. In contrast, family child care programs

and center-based programs are serving similar percentages of infants and toddlers relative to the total number of children served.

Table 10. Age distributions of children in currently-rated Parent Aware programs

	Family child care (N=72)	Child care centers and preschools (N=185)	Head Start/ Early Head Start programs (N=18)	School Readiness programs (N=53)	Overall (N=328)
Infants	11%	12%	4%	0%	9%
Toddlers	19%	21%	8%	0%	17%
Preschool Children	47%	51%	88%	100%	61%
School-Age Children	22%	15%	0%	0%	14%

Source: Minnesota NAACCRRAware (September 2010), Minnesota Child Care Resource and Referral Network (September 2010) and the Minnesota Department of Education (personal communication, 10/18/2010)

Table 11 contains an examination by star level of the number of children enrolled in programs participating in Parent Aware. This table clearly shows that the bulk of children served by Parent Aware-rated programs are enrolled in programs with automatic 4-star ratings.

Table 11. Enrollment by star level

Star Level	Average number of children enrolled at each site	Number of programs in Parent Aware	Total number of children served
1 star	26.8	5	134
2 stars	21	32	672
3 stars	27.8	49*	1,360
4 stars, fully-rated	28.3	27	763
4 stars, automatically-rated	83.9	226	18,953

Source: Minnesota NAACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010

*3 programs are provisionally rated.

Children Receiving Subsidies through the Child Care Assistance Program

Of the 262 currently-rated family child care programs and center-based programs (in which NACCRRAware data were available) in Parent Aware, 219 reported that they are currently caring for children whose tuition is subsidized by the Child Care Assistance Program (CCAP).⁷ This represents 74% of family child care programs and 90% of center-based programs. No family child care programs and only 1% of center-based programs report that they are unwilling to serve children who receive CCAP.

⁷ Based on data reported in Minnesota NAACCRRAware, Minnesota Child Care Resource and Referral Network, accessed in September 2010.

These numbers align with survey data collected by the Parent Aware Evaluation showing that 73% of family child care programs are caring for at least one child who is receiving CCAP. Across the 26 family child care programs surveyed, there are a total of 4 infants, 20 toddlers, and 63 preschool children receiving CCAP benefits. Among directors of center-based programs who responded to the survey, 83% reported that they are currently serving children receiving CCAP benefits. Across 47 center-based programs, there are a total of 123 infants, 285 toddlers, and 586 preschoolers receiving CCAP benefits.

Using data from the Parent Aware Evaluation survey, it is possible to create an estimate of the number of children in Parent Aware-rated programs that are receiving CCAP. As can be seen in Table 12, the estimated number of children receiving CCAP in Parent Aware-rated family child care programs and center based programs is approximately 4,224 children (note that this estimate does not include children served in Head Start/Early Head Start or School Readiness programs). This represents about 20% of the total number of children enrolled. Note that this percentage is much lower than those reported in the MELF Baseline Study which found nearly 60% of children enrolled in center-based programs and 46% enrolled in family child care programs in the urban pilot areas received CCAP (Chase & Moore, 2008). These discrepancies are likely due to the sampling strategy for the MELF Baseline Study which did not include the 7-county metropolitan area (and approximately 1/3rd of programs in Parent Aware are accredited center-based programs from the 7-county metropolitan area).

Table 12. Parent Aware programs serving children who receive Child Care Assistance Program (CCAP) subsidies

Type of care	% who serve any children receiving CCAP	% of infants receiving CCAP	% of toddlers receiving CCAP	% of preschoolers receiving CCAP	Estimated total number of children receiving CCAP in Parent Aware programs
Family child care	73%	31%	38%	49%	248
Child care centers and preschools	83%	39%	40%	36%	3976
Estimated Total	80%	37%	39%	40%	4,224

Source: 2010 Parent Aware Evaluation Survey data from 26 family child care provider and 47 directors of center-based programs

Children who are English Language Learners

Survey data also reveals that 19% of family child care providers and 70% of directors of center-based programs report that they are serving at least one child who is an English language learner. In both family child care programs and center-based programs, these children are more

likely to be preschoolers than infants or toddlers. Across 26 family child care programs, there are a total of 3 infants, 0 toddlers, and 57 preschool children who are English language learners. Across 47 center-based programs, there are 24 infants, 132 toddlers, and 824 preschoolers who are English language learners.

Using data from the Parent Aware Evaluation survey, estimates of the total numbers of English language learners in Parent Aware programs can be created. As can be seen in Table 13, the estimated number of children who are English language in Parent Aware-rated family child care programs and center-based programs is approximately 1,040 children.

Additionally, information from the School Readiness programs in Saint Paul indicate that 736 children are English language learners (which is nearly half of the over 1,400 children served in those program). Similarly, the Head Start programs participating in Parent Aware report that approximately 50% of the children they serve are English languages learners.⁸ Thus, as a conservative estimate, about 10% of the children served in Parent Aware-rated programs are English language learners. This is a lower percentage than the percentage of households with a primary language other than English in the MELF pilot areas as estimated by the MELF Baseline study (Chase & Moore, 2008). The Baseline Study reported that about half of the households in the Minneapolis and St. Paul pilot and comparison areas, spoke a primary language other than English (including Spanish, Somali and Hmong). The percentage was much lower (approximately 10%) in Blue Earth and Nicollet counties and the southern Minnesota comparison areas.

Table 13. Parent Aware programs serving children who are English language learners

Type of care	% who serve any ELL children	% of infants who are ELL	% of toddlers who are ELL	% of preschoolers who are ELL	Estimated total number of children who are ELL served in Parent Aware programs
Family child care	19%	8%	0%	14%	60
Child care centers and preschools	70%	3%	4%	10%	980
Estimated Total	56%	4%	3%	11%	1,040

Source: 2010 Parent Aware Evaluation Survey data from 26 family child care providers and 47 directors of center-based programs

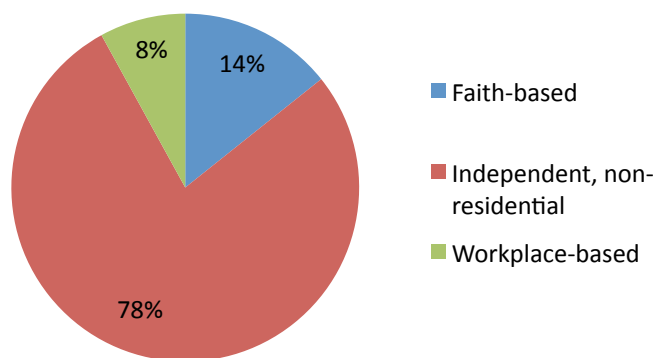
Characteristics of the Programs Rated by Parent Aware

⁸ Note that this is based on survey data obtained from three Head Start programs that are participating in the Evaluation.

In this section, we explore the characteristics of the family child care programs and center-based programs that are currently rated (either through the automatic rating or the full rating process) by Parent Aware.⁹ We rely on data collected by the Minnesota Child Care Resource and Referral Network through their NACCRRAware data system.

Nearly all family child care programs (99%) self-describe as for-profit businesses. There is more variation among center-based programs in their auspices. According to NACCRRAware, 59% of center-based programs are non-profit organizations while 41% are for-profit businesses. A few (8%) of these center-based programs are workplace-based, some are faith-based (14%), but the vast majority (78%) are independent, non-residential programs (note that none of the programs in Parent Aware are residential sites for children). The majority of center-based programs that describe themselves as independent programs are for-profit businesses, whereas the majority of faith-based programs and workplace-based programs are non-profit organizations.

Figure 12. Auspice of center-based programs with Parent Aware ratings.



Source: Minnesota NAACRRRAware, Minnesota Child Care Resource and Referral Network, September 2010. N=175 center-based programs.

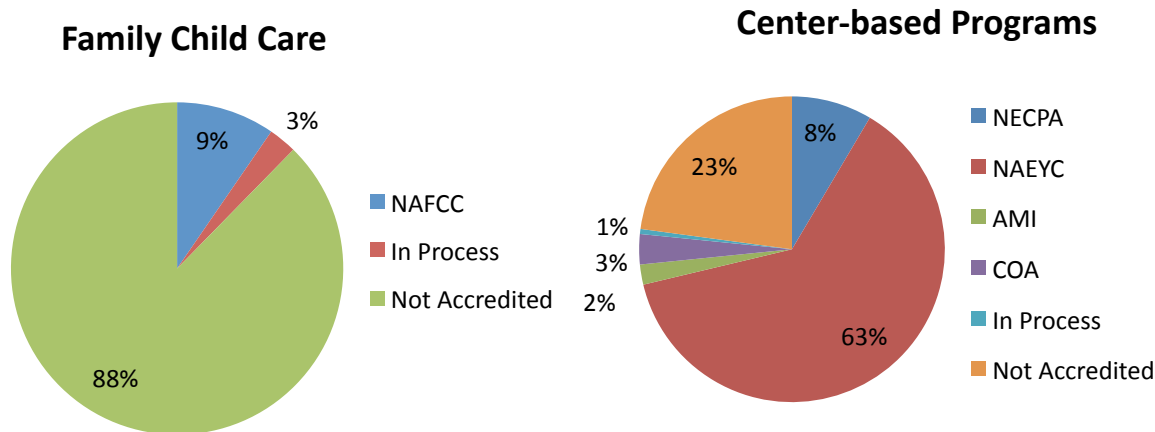
The vast majority (83%) of the independent programs are also accredited, compared to 71% of workplace-based programs and 50% of faith-based programs. As noted earlier in this report, a large portion of the center-based programs in Parent Aware are accredited child care centers that receive an automatic 4-star rating.

Accreditation and Affiliation. Programs can receive an automatic 4-star rating if they are accredited by one of the following accrediting bodies: National Association for Family Child Care (NAFCC), National Association for the Education of Young Children (NAEYC), Council

⁹ Note that this analysis does not include Head Start/Early Head Start programs and School Readiness programs that were automatically rated in Parent Aware. Information is not included for all of these programs in NACCRRAware which was the source of data for this section, so it was not possible to look at site-level variations in characteristics. Further analysis of these programs would be beneficial and will be attempted in future reports.

on Accreditation (COA), National Early Childhood Program Accreditation (NECPA), American Montessori Society (AMS), or Association of Montessori International-USA (AMI).¹⁰

Figure 13. Accreditation status of family child care programs and center-based programs with Parent Aware ratings

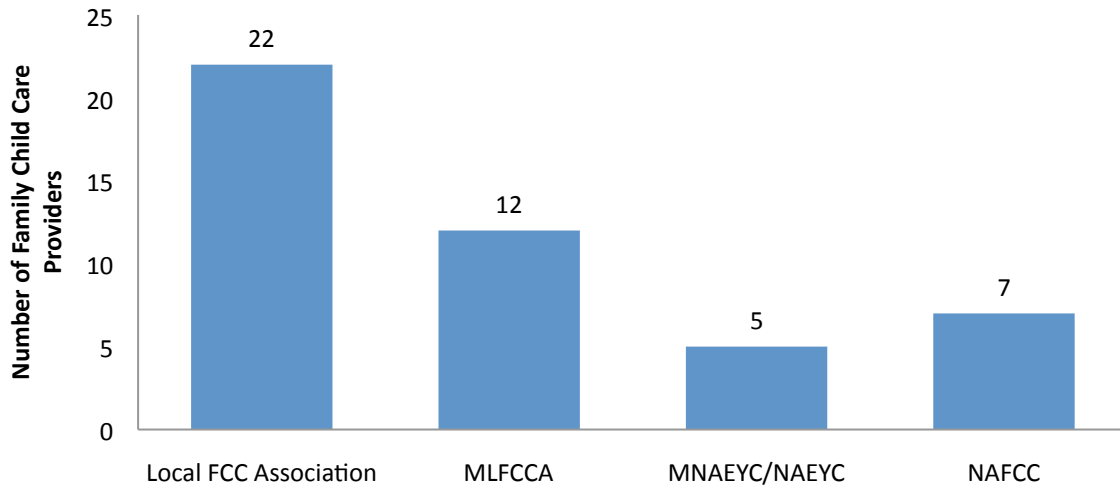


Source: Minnesota NAACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010. N=73 family child care providers and 188 center-based programs.

Family child care programs and center-based programs may be affiliated with professional organizations that provide a variety of resources, including opportunities for networking and professional development for child care/early education professionals. Over one-third (38%) of family child care providers with a Parent Aware rating reported being a member of a professional organization. Family child care providers who did report being affiliated with an organization most often reported being a part of a local neighborhood or county family child care association. These providers were less likely to be members of a statewide association like the Minnesota Licensed Family Child Care Association (MLFCCA) or a national association like NAFCC or NAEYC.

¹⁰ Accreditation by these same accrediting bodies makes programs eligible for differential reimbursement when they serve children receiving subsidies through the Child Care Assistance Program.

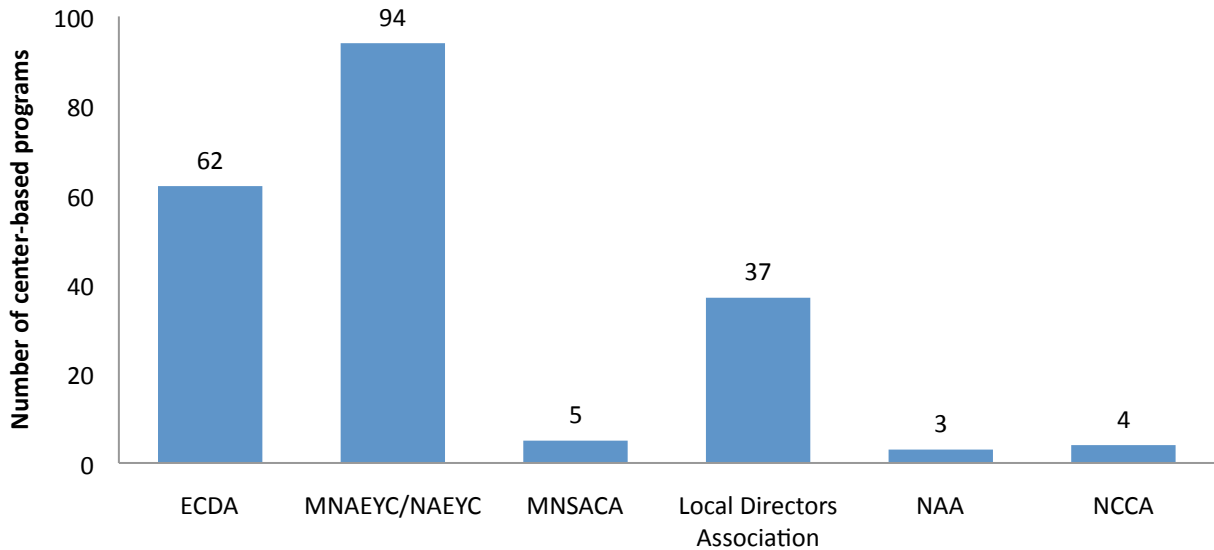
Figure 14. The professional affiliations of family child care providers with Parent Aware ratings



Source: Minnesota NAACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010. N=74 family child care programs.

In contrast, nearly three-quarters of directors in center-based programs (73%) reported being affiliated with at least one professional organization. The National Association for the Education of Young Children (NAEYC) was the most commonly reported affiliation, with exactly 50% of center-based programs reporting affiliation with either NAEYC and/or its Minnesota chapter, MNAEYC. Another popular affiliation is the Early Childhood Director's Association (ECDA), as reported by one-third (33%) of respondents from center-based programs. Most but not all of the directors who reported being a member of a local directors' association were also members of the ECDA. Other less frequently reported affiliations include the Minnesota School-Age Care Alliance (MNSACA), the National Child Care Association (NCCA), and the National Afterschool Association (NAA).

Figure 15. The professional affiliations of center-based program directors with Parent Aware ratings

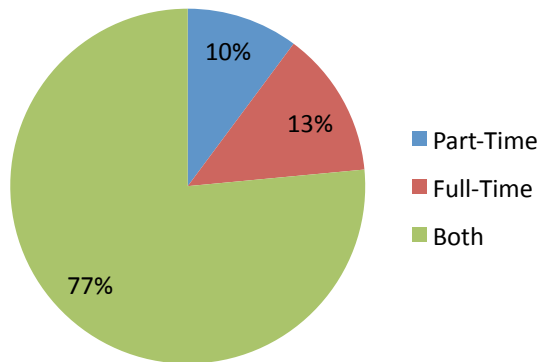


Source: Minnesota NAACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010. N=188 center-based programs

Hours of Care. Nearly all family child care programs and center-based programs with Parent Aware ratings (98%) provide child care services five days per week, Monday through Friday, leaving 2% of programs that provide care four or fewer days per week. Only 7% provide care over the weekend in addition to Monday through Friday.

Most (76%) Parent Aware-rated programs offer care both on a part-time (less than 30 hours per week) and a full-time basis (more than 30 hours per week). Another 13% offer only full-time care and 10% offer only part-time care.

Figure 16. Programs with Parent Aware Ratings offering full-time vs. part-time care



Source: Minnesota NAACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010. N=285

Some programs are willing to accept children in their program, even if they only come infrequently, or as needed. Just over half of Parent-Aware rated programs (52%) are willing to accept children on a drop-in or as-needed basis. More specifically, 59% of family child care programs and 57% of center-based programs will accept children on a “drop-in” basis whereas no preschools, Head Start programs, or school-based programs offer this form of care.

Care during non-traditional hours. Given that a significant proportion of children cared for in Parent Aware-rated programs come from low-income families, and low-income parents are more likely to work non-traditional hours, it is important to know how many program with Parent Aware ratings are providing care during non-traditional hours. Less than 10% of programs with Parent Aware ratings offer 24-hour care, even on an occasional basis. As is shown in Table 14, family child care programs are more likely than center-based programs to offer care before 5am, but also more likely to start their program at 7am or later.

Table 14. Start times for Parent Aware-rated programs

Program type	% who start care before 5am	% who start care between 5:00 and 6:45am	% who start care between 7am and 8:30am	% who start care after 8:30am
Family child care (N=73)	10%	45%	45%	0%
Centers and preschools (N=184)	1%	71%	23%	4%

Source: Minnesota NAACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010.

As is shown in Table 15 below, family child care programs are more likely than center-based programs to offer child care that extends beyond 10pm, but also more likely to end their program before 6pm.

Table 15. End times for Parent Aware-rated programs

Program type	% who end care before 5pm	% who end care between 5:00 and 5:45pm	% who end care between 6pm and 9:45pm	% who end care at 10pm or later
Family child care (N=73)	3%	45%	33%	19%
Centers and preschools (N=184)	9%	13%	76%	3%

Source: Minnesota NAACCRRAware, Minnesota Child Care Resource and Referral Network, September 2010.

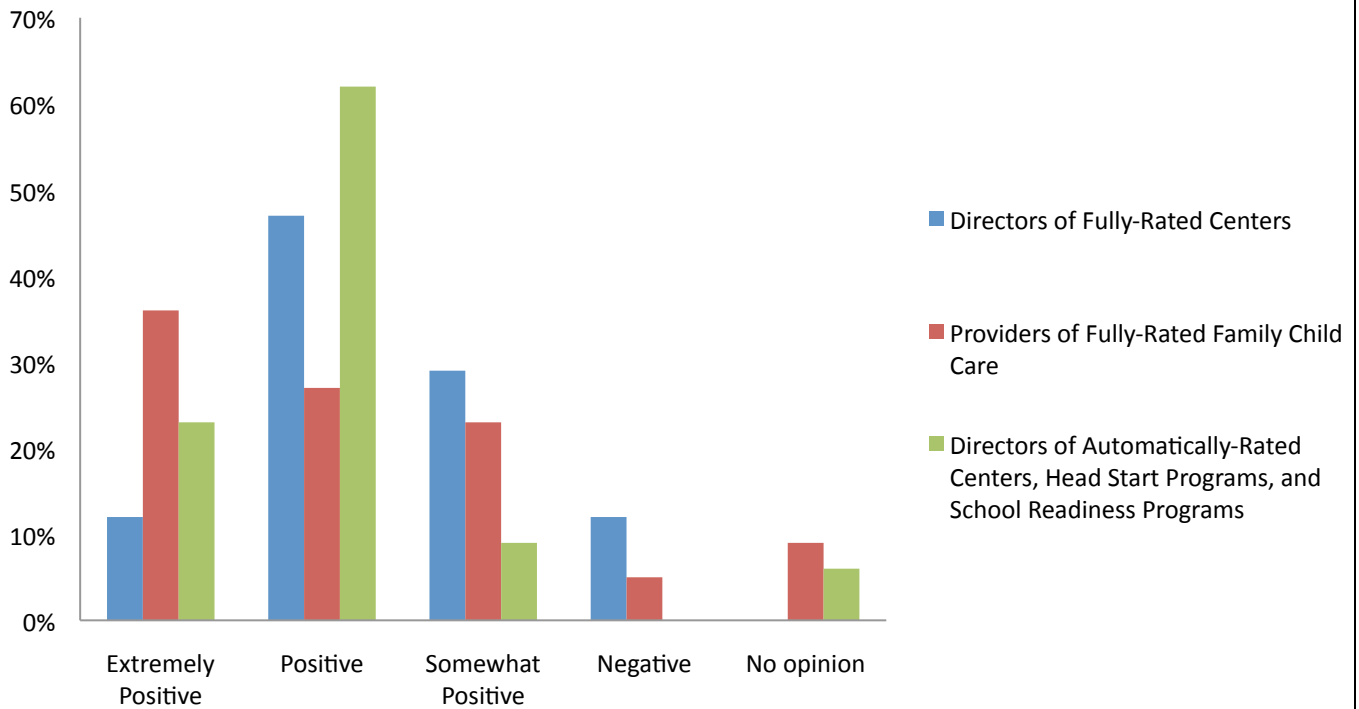
Turnover. Directors of center-based programs were asked about the size of their staff and turnover in their staff. Nearly a quarter (24%) reported that none of their teaching staff had

left for any reason in the last 12 months. However, another 24% reported that at least 50% of their teaching staff had left in the last 12 months. The mean turnover rate was 30%. Generally, programs are replacing these lost workers. Nearly three-quarters of respondents (73%) reported hiring replacements for all of the teaching staff that had left in the last 12 months.

Satisfaction with Parent Aware

Family child care providers, child care center directors, Head Start center managers, and teachers in center-based programs, were asked to respond to open-ended survey items about their overall impression of Parent Aware and were asked to rate their satisfaction with Parent Aware on a 5-point scale. The majority of programs reported that they had “extremely positive” or “positive” impressions. Fully-rated programs were more likely than automatically-rated programs to report having “negative” overall impressions of Parent Aware. Automatically-rated programs reported having more “positive” impressions of Parent Aware, though this difference was not statistically significant. Programs that received a 4-star rating, whether fully-rated or automatically-rated, were significantly more likely than programs receiving three or fewer stars to report having positive impressions of Parent Aware ($t=1.90$, $df=74$, $p<.05$).

Figure 17. Overall impression of Parent Aware reported by participants



Source: 2010 Parent Aware Evaluation Survey. Responses from 22 directors of fully-rated center-based program, 17 family child care providers, and 34 directors of automatically-rated centers, Head Start programs, and School Readiness programs.

Directors had mostly positive comments when asked to elaborate on their overall impression of Parent Aware. Directors of fully-rated programs were slightly more critical of Parent Aware than were directors of automatically-rated programs and had more to say about the

program overall. It is likely that directors of fully-rated programs had more experiences with Parent Aware than directors of automatically-rated programs due to the more extensive rating process they completed.

For example, some directors of fully-rated programs acknowledged how Parent Aware will help parents and programs alike as parents will have a better opportunity to find high quality child care for their children and it will have a positive impact on the professionalism of the child care field.

- “We believe it is showing the families we serve that we are committed to quality. Parent Aware is helping families understand the importance of quality care.”
- “Great resource for parents. Positive impact on center's professionalism.”

Other directors of fully-rated programs acknowledged that Parent Aware, in theory, can be helpful but in practice some modifications and changes should be made.

- “The idea of evaluating a program is always good - gives a new perspective on what is going well and what can be improved. However, I think the paperwork is too much and too repetitive.”
- “In theory it is a great program and the standards are for great care, but some of the standards are hard to put into practice.”
- “I was not impressed with the ITERS & ECERS observations. They made no attempt to become familiar with our philosophy or to understand the program.”

A couple of directors from fully-rated programs reported having overall negative impressions of Parent Aware. They were critical of Parent Aware’s philosophy and approach to standardization.

- “Does not fit our philosophy. Expects things now in line with philosophy and then "punishes" because of it.”
- “One size fits all approach”

When asked to explain their positive opinion of Parent Aware, directors of automatically-rated programs reported on the benefits of a quality rating and improvement system in general.

- “The standards and expectations are a great enhancement and professional acknowledgement of the program's mission and accomplishments.”
- “Parent Aware is great because it gives parents more opportunity to find high quality child care.”
- “Seems to increase awareness of program quality.”
- “Positive. Like our accreditation, Parent Aware helps us strive to provide a high quality program. Their assessments are helpful in pointing out areas of improvement. Their staff is professional and knowledgeable.”

Echoing the concerns of some directors of fully-rated programs, one director of an accredited program also noted that Parent Aware is not flexible in its standards, “[I] think it is important to have Parent Aware as a tool, but think it should be open to assessment tools that meet pedagogy of school [sic].”

Fully-rated family child care providers¹¹ have positive things to say about the goals of Parent Aware, but are also critical at times of its implementation.

- “I agree with Parent Aware mission. I don't agree with some of the ways that they try to meet their goals. There are flaws in this system. My hope is that they will recognize the flaws and correct them. I am a full supporter in Parent Aware's Goals and Mission. I would like to see the process improve.”
- “I think it is very much lacking in the family child care area. I feel it is set up for center based child care only.”
- “I wish the curriculum that we are encouraged to purchase or learn focused more on the academic/concepts to prepare children for Kindergarten. For example, Creative Curriculum focuses/emphasizes on social interaction and motor skills. Many parents want to know if their child should know to count and recognize letters, etc. Parent Aware often needs to have observers who recognize that home daycares do not have the resources/people as daycare centers and needs to modify the observation packets. We have to also "live in our homes" and "sectioning areas off" is unrealistic at times. Also, they want [us] to purchase numerous equipment that clutters our homes and prevents us from providing quality care.”
- “Because of limited time and lack of resources and services, support was delayed from the improvement and rating level. I didn't receive the service of re-rate process until this year. I feel I need a person who speaks my language so that the support I will receive is at the same rate as other providers who their specialist, ERS consultants, etc. speaks the same language as them. If there are no future supports or resources to help us with this kind of concerns, I would have to say I will not want to be a part of the project or recommend this project to other [name of language group] providers.”

A couple of fully-rated family child care providers commented that Parent Aware is helping them improve the quality of care they provide to young children and is helping parents recognize quality care.

- “It has help me to come out of my shell and do things I thought I could not do. My parents has seen a lot of changing here at my daycare.”
- “I love the changes made to my program by participating in Parent Aware. My daycare families are very happy with the steps I'm taking by continuing with Parent Aware.”

One provider described her experience by acknowledging that not everything has been perfect, but that in her opinion, the pluses seem to outweigh the minuses.

- “Any experience has its pros and cons. Overall I am pleased that I have chosen to participate and will continue to do so.”

Another provider expressed that by participating in Parent Aware, providers are demonstrating their commitment to quality.

- “I think it is a really important tool that parents can use. It shows that providers are dedicated to their job and to making their program better, if needed.”

¹¹ Four family child care providers with automatic ratings completed surveys, but their responses included with the responses of automatic center-based programs to protect anonymity.

Teachers in fully-rated center-based programs were also asked their overall impressions of Parent Aware. Some common themes emerged. Many teachers reported feeling that the idea of a quality rating and improvement system is well intentioned and that it has the best interests of teachers, children and families in mind, but some changes could be made to improve how it is implemented. Teachers acknowledged that Parent Aware creates important standards.

- “I think it is helpful in identifying quality programs and holds those programs accountable for providing quality service to the children in our community.”
- “I think it will help parents have some means of assessing early childhood education and centers - something it's been difficult to do as there's been no centralized, comprehensive info. Also, it could help centers get "up to snuff."
- “LOVE IT!! It has helped improve what I look for in colleagues and made my room move more smoothly.”

A few teachers reported that the scoring to determine their full rating from Parent Aware was unfair and that the standards were not flexible enough.

- “It doesn't leave room for your own way of doing things,”
- “Was not very impressed. The scoring is not very fair. It does not require core knowledge and the observer underscored the program in a few areas and missed some things.”
- “It is too easy to make temporary changes.”

Teachers in automatically-rated programs were also asked their overall opinion of Parent Aware. Their comments were less critical than those of teachers in fully-rated centers and described positive impressions.

- “Overall, Parent Aware is a positive, beneficial program to programs as well as families.”
- “It's a good resource for parents looking for quality child care.”
- “Good help for parents and centers to reach all kids' needs.”

Perceived Benefits of Parent Aware

Center directors and family child care providers from both fully-rated and automatically-rated programs were asked if Parent Aware has been beneficial to their program. Respondents in fully-rated programs were significantly more likely than automatically-rated programs to report that Parent Aware has been beneficial to their program (92% and 70%, respectively, $t=1.71$, $df=71$, $p<.05$). This may be attributable to the fact that only fully-rated programs are eligible for Quality Improvement supports. Four-star programs are not significantly more likely than programs with three or fewer stars to report benefiting from Parent Aware.

When asked to describe how Parent Aware has been beneficial to their program, directors report that Parent Aware has provided them with training dollars, money for supplies and equipment, support from Parent Aware staff, and credibility in the eyes of parents. Directors from fully-rated programs are more likely to report that Parent Aware has been beneficial in tangible services from the program, while directors in automatically-rated programs note the positive impact it has had and can potentially have on parents.

Comments from directors of fully-rated programs tended to reflect the process that the programs went through to achieve their full rating.

- “The support staff has helped us make improvements and been a wonderful support network.”
- “It has provided me with an easy-to-follow (and implement) standard for quality that goes above and beyond the states' minimum requirements.”
- “It helped us get all staff trained on our curriculum and assessment.”
- “Provided our center with improvement supports, and helped improve our way of collecting info.”
- “We received funds to upgrade our classrooms. But it has also taken a lot of our time and energy to do it.”
- “You always gain by stepping back and looking at your site. However, the stress and increased paperwork does not benefit children.”

Directors from automatically-rated programs also indicate that Parent Aware has been beneficial to their program overall, primarily as a tool that parents can use to help them find high quality child care programs.

- “We have a high rating and people can look us up on the website, but I don't know if many parents have heard of it.”
- “It benefited the children and parents in numerous ways! It allowed us to make improvements to our center quality which benefits everyone. We also appreciate the feedback from the observations.”
- “Families see the rating and feel more confident they are choosing a quality program.”
- “Only when we explain what it is, then parents seem to be impressed.”
- “Parents notice the banner.”

Family child care providers also report that Parent Aware has been beneficial to their program. They cite several areas in which the program has benefited them.

- “Professionalism. Better communication with parents. Health and safety improvements.”
- “Helps me by receiving improvement dollars to enhance my program to a high quality environment.”
- “Brings my program to another level - especially in the eyes of parents.”
- “It has given me a better look at the needs of children before school.”
- “As a provider with a 4-star rating, I have the sign on my front fence. I have gotten so much positive feedback and recognition for it. Lots of prospective clients recognize it as a benefit to them.”
- “The program helped me purchase outside equipment and learning materials!”
- “Helped me to focus and be more intentional in what I am teaching.”
- “The materials and support to my child care has been wonderful. I do like the support of the trainers and resource specialist. It's nice to have someone to answer questions and provide resources. I don't feel so alone.”

Summary of Program Characteristics and Perceptions

In this section we described the characteristics of currently-rated programs in Parent Aware and the children they serve. We find that:

- 339 programs are currently-rated by Parent Aware, and two-third of those programs are automatically-rated as a 4- star program.
- These programs are serving over 21,000 children. Over 85% of these children are served in automatically-rated 4-star programs and over 60% are preschool-aged.
- 74% of family child care providers and 90% of center-based programs serve children who receive CCAP benefits. This number does not include Head Start programs or School Readiness programs. We estimate this amounts to over 4,000 children receiving CCAP benefits served in Parent Aware programs.
- Over half (56%) of Parent Aware-rated family child care providers and center-based programs serve ELL children, as do most if not all Head Start programs and School Readiness programs. We estimate this amounts to over 4,000 ELL children served in Parent Aware programs.
- All accredited family child care providers are accredited by NAFCC. Most accredited center-based programs (82%) are accredited by NAEYC.
- Most currently-rated Parent Aware programs (77%) offer both full-time and part-time care.
- Less than 10% of currently-rated programs offer 24-hour care, even on an occasional basis.
- There is more variation in the start times and end times of family child care providers than center-based programs, meaning family child care providers are more likely to open very early and more likely to stay open very late.
- A quarter of programs surveyed experienced no staff turnover, while another quarter experienced at least 50% staff turnover.
- Directors from automatically-rated programs have more positive overall perceptions of Parent Aware than directors from fully-rated programs.
- In contrast, directors from fully-rated programs are more likely to report that Parent Aware has benefited their program.

Section 4. AN IN-DEPTH EXAMINATION OF THE PARENT AWARE RATING TOOL

One important component of validation of the Parent Aware Rating Tool involves examination and analysis of the quality indicators and the pattern of scores that programs receive on the indicators. In this section, we provide an in-depth look at the rating tool itself including the four categories of program standards that form the framework for the rating tool, the individual indicators that make up each category, and how these indicators are scored. We provide descriptions of how programs have scored on these indicators in their initial ratings and provide corresponding survey data to explore the relationship between a program’s self-perceptions of its quality and the rating tool’s evaluation of a program’s quality. To learn more about how the survey was collected and which programs are represented, please see the description of data sources found on page 146 of the Appendix.

Overview of Ratings

We begin by looking at the four categories of programs standards that form the framework for the Parent Aware Rating Tool: Family Partnerships, Teaching Materials and Strategies, Tracking Learning, and Teacher Training and Education. Table 16 contains an overview of these four categories and the basic scoring structure of the Parent Aware Rating Tool. Each category is composed of two to seven indicators that are worth up to ten points. These categories were selected by the original Parent Aware development team based on existing research evidence linking these program elements to school readiness for children.

Table 16. Categories of programs standards that are measured and rated in Parent Aware

Family partnerships	Teaching materials and strategies	Tracking learning	Teacher training and education
Programs communicate with families so that early education is delivered in a way that is respectful of family norms and traditions, and so that parents are involved, contributing members of the learning community that supports children’s growth and development.	Programs have an educational plan and a setting with appropriate, play-based learning materials, and provide the types of child-adult interaction that research has shown makes a difference in children’s school readiness.	Programs observe children’s progress toward achieving the skills and abilities needed to be fully prepared for school success to enable providers and early educators to individualize instruction and use that information to enhance communication with families.	Programs have early childhood educators with education and training on child development and early childhood education. Programs have a highly-qualified director or education coordinator. Staff preparation is recorded and documented through the Minnesota Center for Professional Development Registry. Points are awarded based on the steps achieved by staff in the Career Lattice.
10 points possible/ 4 stars possible	10 points possible/ 4 stars possible	10 points possible/ 4 stars possible	10 points possible/ 4 stars possible

Total points possible in Parent Aware: 40

Points in all four categories of best practices are totaled. Stars are awarded using the following scale:

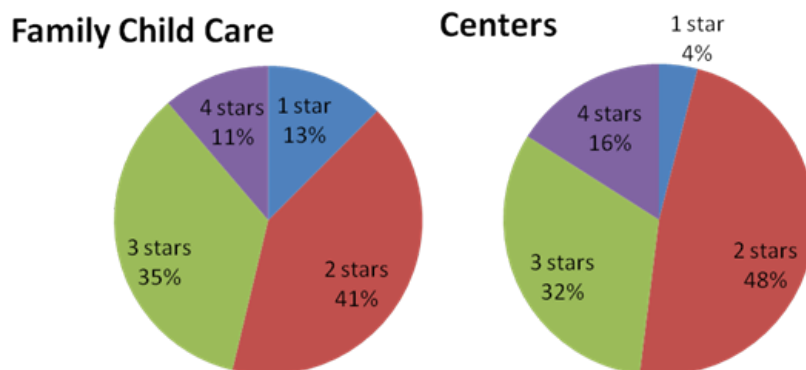
- 1 star = 0 – 11.9 points
- 2 stars = 12 – 23.9 points
- 3 stars = 24 – 31.9 points (Programs that serve preschoolers must also be using an approved curriculum in preschool classrooms to earn three or more stars.)
- 4 stars = 32 – 40 points (Center-based programs that serve preschoolers must also receive a score of 3 or higher for each subscale of the CLASS in preschool classrooms or have been granted an exception to this policy.)

The stars awarded in each category are reported on the Parent Aware website and can be viewed by parents seeking more detailed information about a program’s rating. Points, in contrast, are not available online.

In the following section, the scores of 130 programs on the Parent Aware Rating Tool will be examined in depth. These are the initial ratings of the 130 programs that had received at least one full-rating from Parent Aware as of July 31st, 2010. This does not include accredited family child care programs, accredited center-based programs, Head Start programs, or School Readiness programs, since those programs all received an automatic rating. Initial ratings were chosen for analysis because they are the best measure of the initial quality of programs, before programs made improvements specifically designed to improve their rating. Re-ratings will be examined in more detail in Section 5 of this report.

We begin by looking at the distribution of star ratings by provider type. Figure 18 shows that just over half of both family child care programs (54%) and center-based programs (52%) are receiving one or two stars in their initial rating. In both program types, 2-star and 3-star ratings are more common than 1-star or 4-star ratings. The differences in star ratings by program type are not significant. For the remainder of this section, scores for family child care programs and center-based programs will be reported together unless there are notable or significant differences between their scores.

Figure 18. Distribution of initial star ratings by program type



Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services as of July 31st, 2010

Distribution of star ratings by pilot area can also be examined. Table 17 shows that in all pilot areas, both 1-star and 4-star initial ratings are less common than 2-star and 3-star initial ratings. Programs in Blue Earth/Nicollet are earning more stars, on average, than programs in the other pilot areas, but with a relatively small number of programs participating. Programs in Minneapolis and St. Paul are receiving similar initial ratings. Overall, differences among provider types and pilot areas are not significant.

Table 17. Distribution of initial star ratings by pilot area

Star Rating	Minneapolis	St. Paul	Blue Earth/ Nicollet	Wayzata	Total
1 Star	6	6	0	0	12
2 Star	22	30	3	2	57
3 Star	13	19	11	1	54
4 Star	9	5	3	0	17
Total	50	60	17	3	130

Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services as of July 31st, 2010.

Next, we examine the four categories that make up the overall star rating. Below, Table 18 describes the average subtotal scores of the 130 initial ratings in each of the four categories. Programs score highest, on average, in the Family Partnerships category and lowest in the Teaching Materials and Strategies category and the Tracking Learning category. This pattern holds true for family child care programs and for center-based programs, with the exception that for family child care programs the lowest category subtotal is in the Tracking Learning category while for center-based programs, the lowest category subtotal is in the Teaching Materials and Strategies category. The table also shows that the average category subtotals tend to be higher for center-based programs than for family child care programs, with the exception that family child care programs are scoring slightly better in Teaching Materials and Strategies.

Table 18. Descriptive statistics for Parent Aware category subtotals

Indicator Categories	Overall mean (N=130)	Overall standard deviation	Family child care mean (N=80)	Family child care standard deviation	Center-based mean (N=76)	Center-based standard deviation
Family Partnerships	8.42	1.9	8.2	2.09	8.77	1.5
Teaching Materials & Strategies	4.35	2.43	4.43	2.68	4.22	1.99
Tracking Learning	4.67	3.61	4.11	3.73	5.55	3.24
Teacher Training & Education	5.4	3.24	5.01	3.24	6.02	3.18

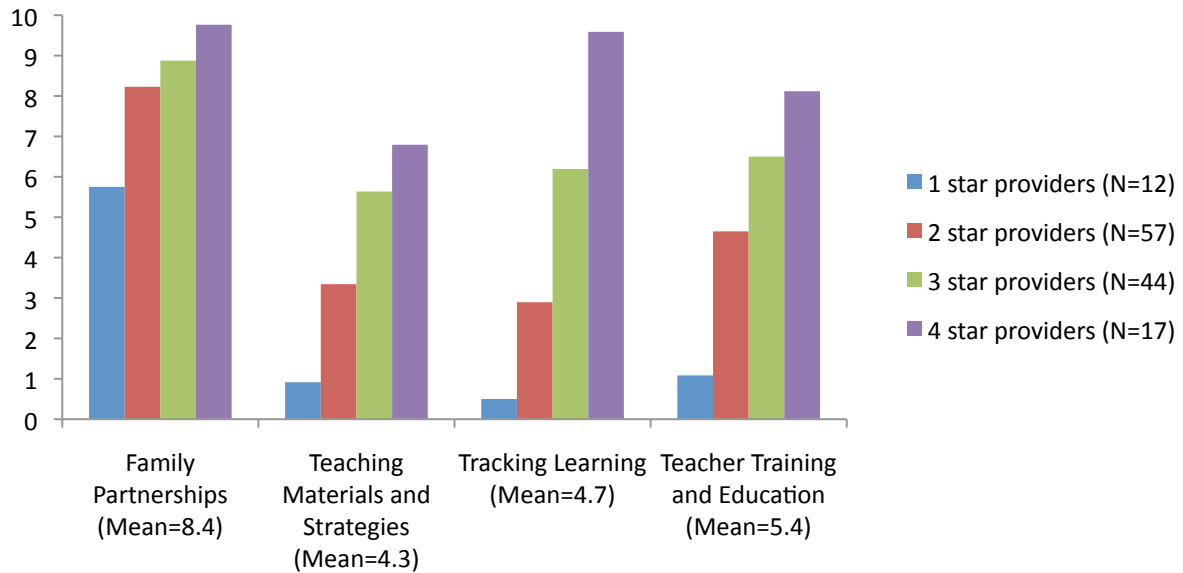
Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services as of July 31st, 2010.

In addition to looking at the average score in each category, it is helpful to examine the standard deviation, a measure of the variance in scores (also in Table 18). The standard deviation in a category score provides a picture of how much variation there is in scoring. Ideally, category scores will show a diversity of scores which would indicate that the measurement and rating process are tapping something that varies across programs in ways that are important for actual practices and children's day-to-day experiences in the program. Measures that do not vary across programs ultimately do not provide much information. For example, if 100 out of 100 programs score all 10 points available in a particular category, the standard deviation would be zero. A possible conclusion is that all 100 programs were outstanding and by chance scored all available points in the category. A more plausible explanation, however, is that the points are too easy to achieve. In reality, then, two programs that scored all 10 points in a category, might look very different in practice on the dimension being assessed. If categories have small standard deviations and overall high average scores, a reasonable conclusion is that further work is needed to strengthen the measurement of that category.

Of the four Parent Aware program standard categories, the Family Partnerships category shows the least variation in scores earned, with an overall standard deviation of 1.9. Standard deviations in the three other categories are higher. All three have means near five, the midpoint of possible scores in each category. Yet there is more variance in the Tracking Learning category (3.61) and the Teacher Training and Education category (3.24) indicating that there is a greater range of scores in these categories. The standard deviation for the Teaching Materials and Strategies category is 2.34 which is slightly higher than Family Partnerships and lower than the Tracking Learning and Teacher Training and Education standard deviations. These patterns are the same for family child care providers and center-based programs.

Below, Figure 19 describes the average category subtotals for fully-rated programs by their star rating. As would be expected, 4 star programs have higher averages in all of the categories than their lower-rated counterparts. The range of category subtotals is smaller in the Family Partnerships category than in the other categories, with even 1-star programs earning an average of 5.75 points in Family Partnerships.

Figure 19. Category points subtotals by star rating for initial ratings of 130 fully-rated programs



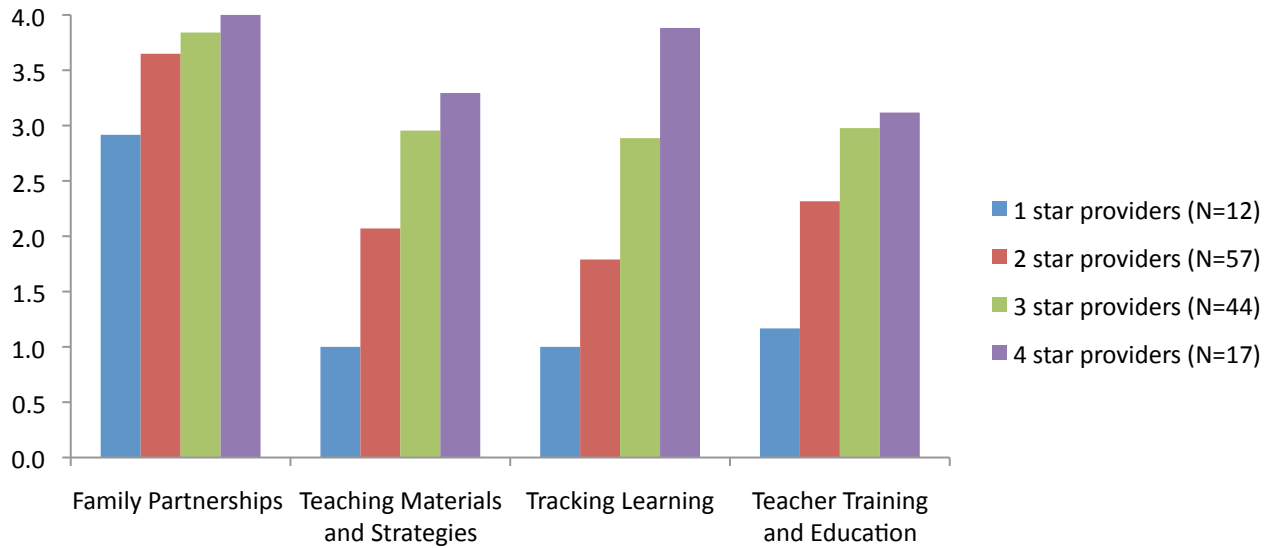
Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services as of July 31st, 2010.

As noted above, category subtotals are also converted into category-specific star ratings, which are different than overall star ratings. For these calculations, the following scale is used:

- 1 star = 0 – 2 points
- 2 stars = 2.5 – 4 points
- 3 stars = 4.5 – 7 points
- 4 stars = 7.5 – 10 points

As would be expected, programs with an overall star rating of 4 score better, on average, in each category than their lower rated counterparts. Again, the smallest range is seen in the Family Partnerships category, where even programs with an overall 1-star rating scored, on average, 2.9 stars.

Figure 20. Category stars by star rating for initial ratings of 130 fully-rated providers



Source: Parent Aware Rating Tool database, Minnesota Department of Human Services, as of July 31st, 2010.

We turn next to a more detailed review of each indicator category in Parent Aware. These reviews use information that comes from the Parent Aware Rating Tool database as well as survey data collected through the Parent Aware Evaluation.

Family Partnerships

The goal of the Family Partnerships category is to “Communicate with families so that early education is delivered in a way that is respectful of family norms and traditions, and so that parents are involved, contributing members of the learning community that supports children’s growth and development.” Table 19 describes how points can be earned in the Family Partnerships category.

Table 19. Points available in the Family Partnerships category

Family Partnerships	Points possible (Family child care and center-based programs)
Program collects feedback from parents	1 point
A written plan is developed for using parent feedback	1 point
Program uses family communication strategies	
If 2 strategies, 1 point	
If 3 strategies, 2 points	
If 4 strategies, 3 points	3 points
Program conducts intake interviews	1 point
Program refers parents to preschool screening	1 point
Program creates transition plans for children	1 point
Program meets with parents about transitions	2 points
Total possible	10 points

Source: Parent Aware Program Materials.

Feedback from parents. Programs can earn a point for documenting how they get feedback from parents by submitting a copy of the survey used to collect this information. Programs can earn a second point by providing documentation that the parent feedback is then used to plan ahead and make improvements in the program. Nearly every program (97%) of programs received a point for collecting feedback from parents and 90% of programs received an additional point for using that feedback to make improvements in the program. Survey findings find that 99% of providers are collecting feedback from parents at least twice a year. Notably, automatically-rated programs report collecting feedback significantly less often than fully-rated programs ($t=1.83$, $df=69$, $p<.05$).

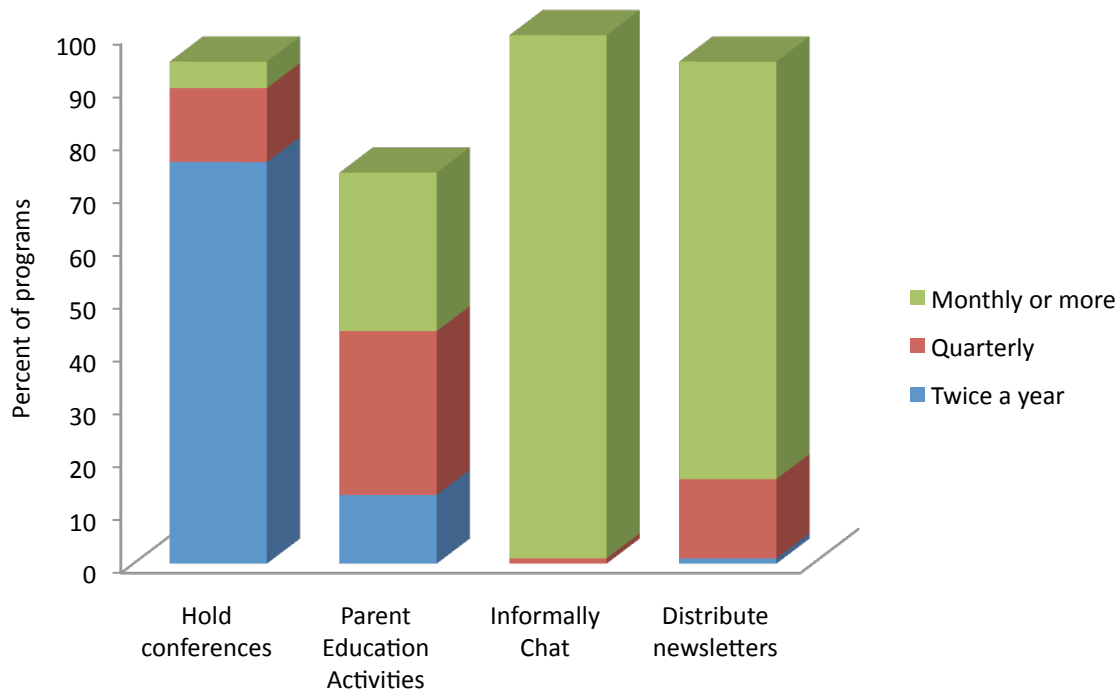
In the survey, family child care providers and teachers in center-based programs were asked different sets of follow-up questions about how the feedback from parents is used. Family child care providers were asked what they do with the feedback they collect. Among those who collect feedback, all reported putting it to use. The majority (85%) reported that they make concrete plans for making changes parents request, while the other 15% said they take note the potential changes they could make (but don't make concrete plans right away). Teachers from center-based programs were asked if they see feedback collected by the center or receive a written summary of it. The majority (57%) of teachers said they see a written summary of the results and 38% said that they hear about the results verbally from the director.

Communication strategies. Programs can earn up to three points for demonstrating that the program has utilized multiple strategies for communicating with families in the last twelve months. Examples of Family Communication Strategies are: newsletters, parent information bulletin boards, daily reports or schedules sent home to families, parent conferences, a website, email messages to parents, "homework" assigned to parents, home visiting, and events for the entire family. While all programs scored well on this indicator, center-based programs were more likely than family child care programs at the initial rating to earn more points for family communication strategies. All center-based programs earned at least two points, with 92% of center-based programs earning three points. In contrast, only 70% of family child care programs earned three points and 21% earned two points.

Ratings data does not include information on which communication strategies programs are using to communicate with parents. To learn more about this, the Evaluation Survey asked family child care providers and directors of center-based programs about the specific communication strategies they use. Survey findings show all providers reporting multiple family communication strategies, and centers reporting more frequent communication with parents and more strategies for connecting with parents. The survey asked directors of center-based programs and family child care providers how often they implemented the following family communication strategies: providing parent education activities, holding conferences, distributing newsletters, and informally chatting with parents. Among those that completed the survey, providers report, on average, holding conferences twice a year (though some family child care providers do not hold conferences at all) (see Figure 21). The majority of both family child care programs (71%) and center-based programs (77%) report distributing newsletters on a monthly basis. Among those programs who provide parent education activities at all, they are most often offered by center-based programs quarterly and by family child care providers

monthly. All survey respondents report informally chatting with parents, with over 90% reporting that they do so daily. Automatically-rated programs reported offering parent education activities more frequently than fully-rated programs, a difference that is nearing significance ($t=1.53$, $df=68$, $p=.07$).

Figure 21. Family communication strategies used by Parent Aware-rated programs



Source: 2010 Parent Aware Evaluation Survey, N=26 family child care providers and 50 directors of center-based programs.

Intake interviews with parents. Programs can earn a point in Parent Aware if they document that they conduct a meeting with each family upon enrollment to discuss the child’s entrance into the program. According to the Parent Aware Manual, this Intake Interview should include a discussion of program policies, the child’s needs and preferences, and the family’s needs and preferences including those related to the family’s culture. While program policies may be covered in a group orientation session, individual meetings with families are needed to discuss family-specific matters. Over 75% of programs earned a full point for demonstrating that they conduct intake interviews and another 7% earned half of a point. Center-based programs are more likely to earn these points than family child care programs.

The Evaluation Survey asked programs about using a form to guide the intake process. Programs were asked if they use an intake survey, and if so, does it ask about health information, childrearing practices, and cultural traditions. Survey findings show that 95% of programs use an intake survey. Of these programs, almost all programs (96%) ask for health information. Fewer, but still a majority (67%), also ask parents about their childrearing practices and cultural traditions.

The survey also asked programs about the strategies used to learn about children's linguistic, racial, religious, and cultural backgrounds as well as families' child-rearing practices. Respondents could select any or all of the following options: parent survey or questionnaire (annual or more frequently), intake survey (one time only), informal conversation with parents, parent liaison/parent coordinator, home visits, intentionally asking parents verbally (but not in a written format), and activities with children about their families and their family traditions. Providers most often reported that they learn about children's backgrounds through informal conversations with parents, though 55% report that they intentionally ask parents about the family's background. Other popular methods for learning about children's backgrounds are: leading activities with children that focus on family traditions (66%), an intake survey/form (57%), and an annual parent survey (55%). Notably, more family child care providers reported that they intentionally ask parents about their backgrounds (71%) than teachers in center-based programs (49%). In contrast, teachers from center-based programs were more likely than family child care providers to report doing activities with children about their families and their family traditions. Only a few programs, mostly centers, reporting conducting home visits (17%) or report have a parent liaison/parent coordinator (10%). Respondents from automatically-rated programs are more likely than respondents from fully-rated programs to report conducting home visits or leading activities with children focused on their family and family traditions.

Preschool screenings. In Minnesota, all children are required to have a preschool screening before entering Kindergarten. Preschool screenings are offered free of charge from the local school district, but it is important that parents know about this requirement and where they can get their free screening. Programs can earn a point toward their Family Partnership subtotal by sharing information with parents regarding preschool screening. In order to receive this point, programs must document how they share information with parents about when and where preschool screenings will be held. Acceptable documentation includes: Brochures or flyers from preschool screening agency or organization (not brochures marketing the 0 to 3 year old screenings) or letters to parents reminding them of the screenings. Over 92% of both centers and family child care programs earned a point for providing parents with referrals for preschool screenings.

The survey asked programs if they provide information about preschool screening, and if so, do they give parents written information about where and when their child can be screened and/or if they give this information verbally. 97% of programs report that this give parents written information about preschool screening. 25% reported that the give this information verbally to parents. Only 3% of programs (all family child care) reported that they do not provide parents with information about screenings. Over a quarter of center-based programs (26%) reported that they offer this screening on-site.

Transition practices. Transitions are developmental milestones for children, and also represent a large change in a child's daily routine. Careful planning and coordination with parents is necessary to help children manage the transition successfully. Programs can earn one point for demonstrating that they have a written plan for transitioning children when the child moves to a new classroom (or reaches a milestone) AND a written plan for transitioning children to Kindergarten. Programs can receive half a point for "Transition Plans" if they have a transition plan for transitions between classrooms but not for transitions to Kindergarten, or vice versa.

Center-based programs were more likely than family child care programs to meet this indicator, with 70% of centers earning a full point (and another 12% earning a half point) but only 66% of family child care programs earning a point (and another 4% earning a half point).

Programs can earn two points for demonstrating that transition plans are created with parent input and shared with parents at a meeting. Programs can receive one point for “Transition Meetings” if they can document that parents have seen transition plans, but not that parents were consulted about the plan, or vice versa. About two thirds of programs earned a full point for this indicator (66% of family child care and 64% of centers), but centers were much more likely to earn a half points (5% of family child care and 14% of centers).

The survey asked programs if they talk to parents about transitions and if so, which of the following communication strategies they use to connect with parents about an upcoming transition: sending materials home, talking during informal times (like pick-up and drop-off), and talking in person during formal conference times. The majority (81%) of family child care programs report that they talk to parents about a child’s major milestones, but fewer (57%) talk with parents about the transition to Kindergarten. The majority (83%) of centers report talking to parents when children are transitioning between classrooms, and slightly fewer (79%) report talking to parents about the transition to Kindergarten. Between 47%-67% of programs said that they send materials home, talk with parents informally, and talk with parents at formal conference times.

Respondents from automatically-rated programs were significantly more likely to report communicating with parents about transitions between classrooms and the transition to Kindergarten. Respondents from automatically-rated programs were also significantly more likely than respondents from center-based programs to use all of these communication methods: sending materials home, talking to parents during informal times like pick-up and drop-off, and talking to parents during formal conference times.

Table 20. Distribution of total points earned in the Family Partnerships category in initial ratings

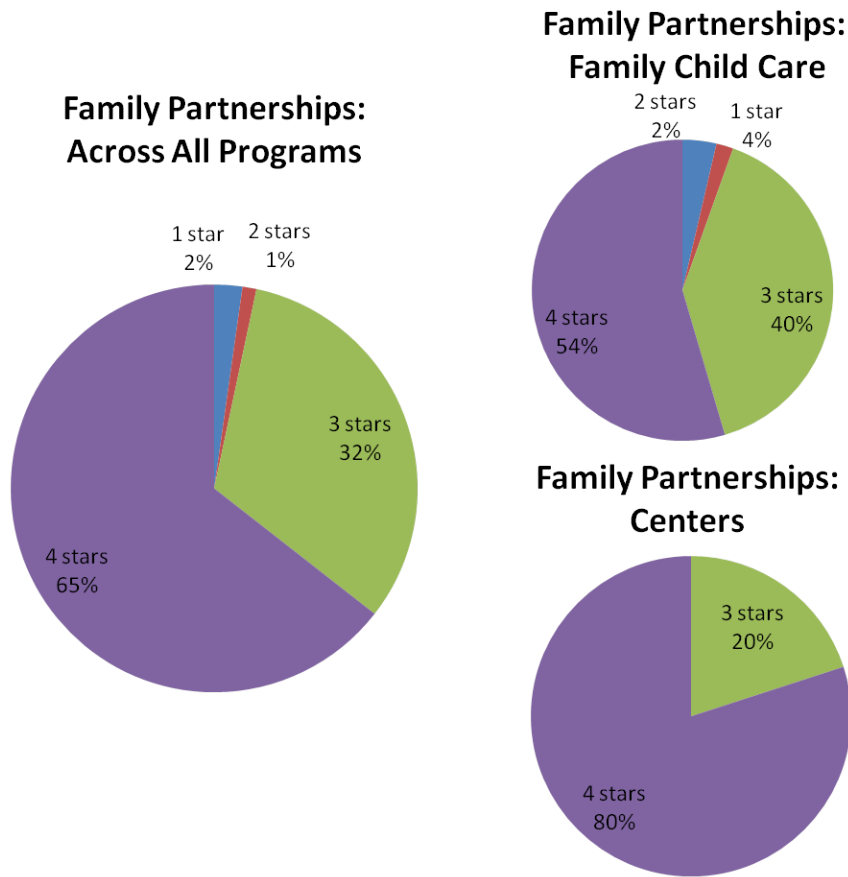
	% of family child care programs	% of center-based programs	% of all programs
0 or 0.5 Points	1%	0%	1%
1 or 1.5 Point	0%	0%	0%
2 or 2.5 Points	1%	0%	1%
3 or 3.5 Points	1%	0%	1%
4 or 4.5 Points	0%	0%	0%
5 or 5.5 Points	6%	4%	5%
6 or 6.5 Points	10%	10%	10%
7 or 7.5 Points	13%	6%	10%
8 or 8.5 Points	14%	12%	13%
9 or 9.5 Points	16%	28%	21%
10 Points	38%	40%	38%

Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services, Initial Ratings as of July 31st, 2010.

Overall, center-based programs received significantly higher category point subtotals in Family Partnerships, with an average category subtotal of 8.8 compared to 8.2 for family child care programs. For both family child care programs and center-based programs, ten points is the most common score received. Almost all family child care providers (97%) scored at least five points, and 100% of centers scored at least five points in this category. The average points subtotal in the Family Partnerships category is higher than the average points subtotal in any of the three other Parent Aware categories.

As noted earlier, a program's category score is also translated into a category star rating. More programs received 4 stars in the Family Partnerships category than in any other category. The distribution of Family Partnership category star ratings is shown below. Not surprisingly, given the difference in category points subtotals, center-based programs received significantly more stars than family child care programs.

Figure 22. Distribution of Family Partnership category stars



Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services, Initial Ratings as of July 31st, 2010.

Teaching Materials and Strategies

The goal of the Teaching Materials and Strategies category is to have an educational plan and a setting with appropriate, play-based learning materials, and to provide the types of child-adult interaction that research has shown to have a positive effect on children’s school readiness. These indicators assess the educational approaches used by the program as well as the environment within which children play and learn. Table 21 describes how points can be earned in the Teaching Materials and Strategies category.

Table 21. Points available in the Teaching Materials and Strategies category

Teaching Materials and Strategies	Points possible (Family child care)	Points possible (Centers)
<p>Program uses a research-based curriculum and staff have been trained in the curriculum (required for preschool classrooms to achieve 3 or 4 stars). If programs use an approved curriculum for one but not both age groups (infant/toddler and preschoolers), they may receive partial credit (half the available points). If the curriculum is not approved, the provider may earn up to two points for demonstrating that the program’s curriculum/approach is aligned with the Minnesota Early Childhood Indicators of Progress (ECIPs).</p>	5 points	3 points
Environment Rating Scale Scores		
<p>If average ERS score is at least 3.5, family child care providers earn 2 points and centers earn 1 point.</p>	5 points	4 points
<p>If average ERS score is at least 4.0, family child care providers earn 3 points and centers earn 2 points.</p>		
<p>If average ERS score is at least 4.5, family child care providers earn 4 points and centers earn 3 points.</p>		
<p>If average ERS score is at least 5.0, family child care providers earn 5 points and centers earn 4 points.</p>		
CLASS scores (preschool classrooms only)		
<p>In each of three (3) subscales,</p>		
<p style="padding-left: 40px;">If score is 1 or 2 = 0 points</p>	N/A	3 points
<p style="padding-left: 40px;">If score is 3, 4 or 5 = .5 points</p>		
<p style="padding-left: 40px;">If score is 6 or 7 = 1 point</p>		
Total possible	10 points	10 points

Source: Parent Aware Program Materials.

Programs can earn points if their staff are trained in and implement a research-based curriculum from a pre-approved list OR use a curriculum that has been recommended for approval by the Parent Aware Curriculum Review Committee (with final approval decisions made by the Minnesota Department of Human Services). Centers can earn up to three points while family child care programs can earn up to five points. Regardless of points earned, providers must have an approved curriculum for preschool classrooms (though not necessarily for infant/toddler classrooms) to achieve 3 stars or higher for the overall Parent Aware rating.

In addition to documenting use of an approved curriculum, programs must also provide documentation showing that the provider/teacher has completed a minimum of eight hours of training on the use of the curriculum for each age group in the setting (infant/toddler and preschoolers). To document that the curriculum is actually in use, programs must provide at least three lessons plans showing that the curriculum has been implemented in the past six months for each age group (infant/toddler and preschoolers). If their curriculum is not approved, they can earn up to two points by demonstrating that their daily activities align with the Early Childhood Indicators of Progress.

Table 22. Points earned for using, and being trained in, a research-based curriculum

Points	Family child care (n=80)		Center-based programs (n=50)		Overall (n=130)	
		%		%		%
No credit (0 points)	11	14%	5	10%	16	12%
Half credit for one age group (0.5 points for centers, 1 point for family child care)	1	1%	1	2%	2	6%
Half credit for both age groups (1 point for centers, 2 points for family child care)	10	12%	16	32%	26	20%
Full credit for one age group (1.5 points for centers, 2.5 points for FCC)	8	10%	2	4%	10	8%
Half credit for one age group and full credit for the other age group (2 points for centers, 3.5 points for family child care)	4	5%	1	2%	5	4%
Full Credit (3 points for centers, 5 points for FCC)	46	58%	25	50%	71	55%

Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services, Initial Ratings as of July 31st, 2010.

Among the initial ratings given to 130 programs, family child care programs were more likely than centers to earn all the available points for having a curriculum, with 58% of family child care programs earning five points and 50% of centers earning three points (or five points if they only serve infants and toddlers). Both types of programs were more likely to have an approved curriculum (or activities aligned with ECIPs) for preschoolers than for infants and toddlers.

Additional insight into curriculum use can be found by examining survey data from the Evaluation. The majority of providers reported in the survey that they use a formal written curriculum: 92% of centers and 84% of family child care. Of those who said they used a formal curriculum, most center-based programs (63%) and most family child care programs (95%) reported that they use some version of Creative Curriculum (See Table 23). Other formal curricula, however, may not be approved by the Parent Aware Curriculum Review Committee and therefore would not earn indicator points in this category. It is noteworthy that trainings for Creative Curriculum have been offered regularly in Minnesota since the Parent Aware pilot began. Training for other curricula have been offered as well but have not been as well attended as the trainings for Creative Curriculum.

Table 23. Percent of Parent Aware providers who report using the following curricula

Curriculum	Center-based program (N=53)	Family child care programs (N=21)
Creative Curriculum for Family Child Care	-	11 (52%)

Curriculum	Center-based program (N=53)	Family child care programs (N=21)
Creative Curriculum for Infants, Toddlers, and Twos	28 (57%)	0 (0%)
High/Scope for Infants and Toddlers	4 (8%)	0 (0%)
Program for Infant/Toddler Care (PITC)	3 (6%)	0 (0%)
Creative Curriculum for Preschool	26 (53%)	8 (38%)
High/Scope for Preschoolers	7 (14%)	0 (0%)
Opening the World of Learning (OWL)	2 (4%)	0 (0%)
Program uses an approach, such as Montessori or Project Approach	4 (8%)	4 (19%)
Program uses a locally developed curriculum	7 (14%)	1 (5%)

Source: 2010 Parent Aware Evaluation Survey

Most programs (73% of center-based programs and 93% of family child care programs) report having received formal training (from trained instructors or curriculum developers) on use of the primary curriculum used for infants and toddlers. Likewise, most providers (73% of Centers and 90% of Family Child Care) report having received formal training (from the curriculum developers) on use of the primary curriculum used for preschool-aged children. It is possible, however, that these providers were trained in a formal curriculum that is not approved by the Parent Aware Curriculum Review Committee or that their training does not reach the standards required by Parent Aware.

To complete the requirements of the Teaching Materials and Strategies category, programs must participate in an on-site observation conducted by trained observers who have demonstrated consistently reliable use of the tools from the Assessment and Training Center (ATC) from the Center for Early Education and Development (CEED) at the University of Minnesota. In family child care programs, observers use the Family Child Care Environment Rating Scale – Revised (FCCERS-R; Harms, Cryer & Clifford, 2007) to assess the quality of the environment, materials, routines, health and safety precautions, and teacher-child interactions. In center-based programs, observers complete the Early Childhood Environment Rating Scale – Revised (ECERS-R; Harms, Clifford & Cryer, 1998) or the Infant and Toddler Environment Rating Scale Revised (ITERS-R; Harms, Cryer & Clifford, 1990) depending on the ages of children in the selected classroom. One-third of the classrooms serving each age group are randomly selected for observation.

There are seven subscales within the Environmental Rating Scale: Space and Furnishings, Personal Care Routines, Language-Reasoning, Activities, Interaction, and Program Structure. Within each of these subscales, programs are given a score from 1.0 to 7.0. For center-based programs, these scores (whether from the ITERS-R or the ECERS-R) are then averaged across all the subscales and across the classrooms to create a single program environment rating scale (ERS) score between 1.0 and 7.0. Indicator points are then determined based on the average ERS score with one additional requirement: If any classrooms receives a score less than 3.0, the program will earn zero points for this indicator. Table 24 provides more details about the distribution of points.

Table 24. Points earned for environment rating scale (ERS) scores in initial ratings

Average ERS score, across classrooms	Points earned for center-based programs	Percent of center-based programs that earned these points (N=50)	Points earned for family child care providers	Percent of family child care providers that earned these points (N=80)
< 3.5 OR one classroom with a score of < 3.0	0	50%	0	70%
At least 3.5	1	24%	2	15%
At least 4.0	2	12%	3	8%
At least 4.5	3	14%	4	4%
At least 5.0	4	0%	5	4%

Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services, Initial Ratings as of July 31st, 2010.

As evident in Table 24, family child care programs were more likely than center-based programs to receive an average ERS score of less than 3.5 and therefore earn zero points for this indicator. In contrast, family child care programs were also more likely than center-based programs to receive an average ERS score of at least 5.0 and therefore earn the maximum number of points for this indicator.

As part of the Teaching Materials and Strategies category, center-based programs (but not family child care programs) are observed using the Classroom Assessment and Scoring System (CLASS; Pianta, La Paro & Hamre, 2008) which assesses the quality of emotional support and instruction. Programs can earn up to three points for scores on the CLASS. There are three subscales of the CLASS: Emotional Support, Instructional Support, and Classroom Organization. Unlike scores on the ERS, program scores are not averaged across the subscales of the CLASS. Programs can score between 1.0 and 7.0 on each of the CLASS subscales and get up to one point toward their Teaching Materials and Strategies score for each of these subscales. A CLASS score below 3.0 earns no points. A CLASS score of 3.0- 5.9 earns half a point. A CLASS score of 6.0-7.0 earns a full point. Thus, a program that scores a 6.0 or higher on all three subscales of the CLASS would earn three points. A program that scores a 3.0-3.9 in Emotional Support, a 4.0-4.9 in Instructional Support, and a 5.0-5.9 in Classroom Organization would get half a point in each section and thus receive a total score of 1.5 points.

All preschool classrooms must receive a CLASS score of 3.0 or higher on each subscale (Emotional Support, Instructional Support and Classroom Organization) in order for a program to achieve an overall 4-star Parent Aware rating. The Minnesota Department of Human Services (DHS) will make exceptions in cases where a program has enough total points to achieve a 4 star rating if the program meets all the requirements below:

- Achieves a CLASS score in the mid-range (3.0-5.9) in the Emotional Support subscale
- Achieves a CLASS score in the mid-range (3.0-5.9) in either of the other two subscales—Instructional Support or Classroom Organization

- The program develops and submits to DHS an improvement plan to raise the score in subscale that was scored below the mid-range. Improvement plans may include activities such as staff training, mentoring, coaching, studying CLASS videos or attending CLASS trainings.

DHS then approves the plan and communicates that to the program. The plan must be initiated within one month of the date the rating is received and must be completed within a timeframe that allows for re-rating within six months. This exception can be granted only one time.

Table 25. Percent of center-based programs that earned CLASS scores (and corresponding indicator points) in their initial rating

CLASS category score	Indicator points earned	Emotional Support	Instructional Support	Classroom Organization
Less than 3.0	0	0%	70%	0%
At least 3.0	0.5	68%	30%	91%
At least 6.0	1	32%	0%	9%

Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services, Initial Ratings as of July 31st, 2010. N=50.

Programs scored significantly better in the Emotional Support subscale of CLASS than in any other subscale, and significantly worse in the Instructional Support subscale. All programs received a CLASS score of at least 3.0 in Emotional Support and nearly a third received a score of at least 6.0. In contrast, no programs received a score of six or more in Instructional Support and the majority received a score of less than three. As described above, if a program scores below 3.0 in any subscale, they are not eligible to receive an overall 4-star Parent Aware rating unless they submit to DHS a plan for how they will raise the low score in six months. This means that 70% of programs were ineligible for an overall 4-star Parent Aware rating in their initial rating and had to submit an improvement plan in order to receive a 4-star rating.

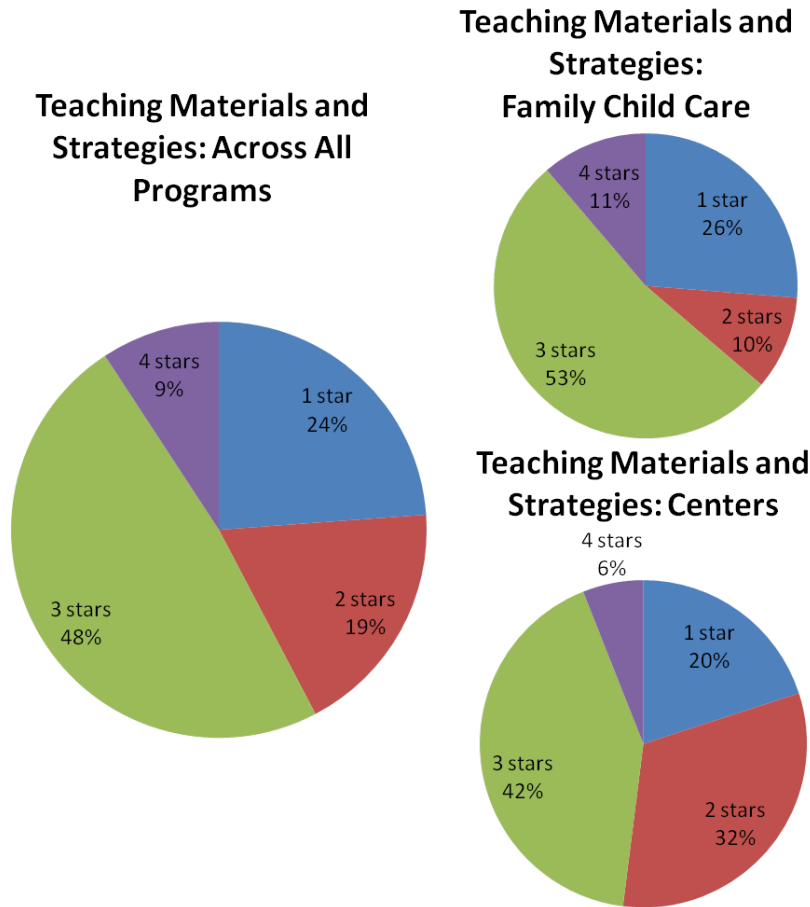
Table 26. Total points earned in the Teaching Materials and Strategies category

Points	% of Family child care programs (n=80)	% of Center-based programs (n=50)	% of All programs (n=130)
0 or 0.5 Points	13%	0%	8%
1 or 1.5 Point	1%	6%	3%
2 or 2.5 Points	21%	24%	22%
3 or 3.5 Points	1%	14%	6%
4 or 4.5 Points	1%	10%	5%
5 or 5.5 Points	38%	24%	32%
6 or 6.5 Points	3%	10%	5%
7 or 7.5 Points	11%	6%	9%
8 or 8.5 Points	4%	6%	5%
9 or 9.5 Points	4%	0%	2%
10 Points	4%	0%	2%

Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services, Initial Ratings as of July 31st, 2010.

Overall in the Teaching Materials and Strategies category, family child care programs and center-based programs did not score significantly differently. The mean category score was 4.2 for family child care programs and 4.4 for center-based programs.

Figure 23. Distribution of Teaching Materials and Strategies category stars



Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services, Initial Ratings as of July 31st, 2010.

Although family child care programs and center-based programs did not receive significantly different category point subtotals, the difference in their distribution of category star ratings is clear. The majority (64%) of family child care programs received 3 or 4 stars compared with only 48% of center-based programs.

Tracking Learning

Tracking Learning indicators measure how programs are following each child’s progress as he/she grows and develops, how they share their observations about children’s progress with the children’s families, and whether that information is used to guide instruction and design individual goals for the child. A select set of assessment tools have been pre-approved by Parent

Aware. Other assessment tools must be reviewed and approved by the Child Assessment Review Committee (described below). Table 27 describes how points can be earned in the Tracking Learning category.

Table 27. Points available in the Tracking Learning category

Tracking Learning	Points possible
Program uses an approved, research-based instructional assessment tool at least twice per year, and staff have training on its use = 4 points	4 points
Program uses an unapproved assessment tool but can document how children’s progress is being tracked = 2 points (If program is using a tool with some, but not all, age groups, partial credit is given.)	
Providers share assessment information with children’s families at least twice per year. If approved tool, 3 points are possible. If informal tool, 1 point is possible. (If program is using a tool with some but not all age groups, partial credit is given.)	3 points
Use child assessment information to guide instruction and design goals for individual children. If approved tool, 3 points are possible. If informal tool, 1 point is possible. (If program is using a tool with some but not all age groups, partial credit is given.)	3 points
Total possible	10 points

Source: Parent Aware Program Materials.

Programs can earn up to four points for their assessment tools. To get four points, programs must use a child assessment tool that is on the pre-approved list of assessments or submit their assessment tool for review and receive approval from the Department of Human Services. They must be able to show that they use the assessment tool at least twice a year by submitting one completed child assessment from the last six months. They must also submit copies of training certificates that demonstrate that their lead instructors have completed a minimum of eight hours of training on the use of the instructional child assessment for each group (infant/toddler and preschoolers).

Programs that do not use a pre-approved assessment tool and those who do not seek or receive approval for the assessment tool they use from the Child Assessment Review Committee, can earn two points for providing a narrative description of how they are tracking children’s progress using a non-approved assessment tool or through informal assessments. Programs that are not using an approved tool can earn no more than four total points in the Tracking Learning Category.

Table 28. Points earned by providers for using child assessment tools

Points earned	% of Family child care programs (n=80)	% of Center-based programs (n=50)	% of All programs (n=130)
0	25%	8%	18%
1	10%	2%	7%

Points earned	% of Family child care programs (n=80)	% of Center-based programs (n=50)	% of All programs (n=130)
2	35%	50%	41%
4	29%	40%	33%

Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services, Initial Ratings as of July 31st, 2010.

Center-based programs are significantly more likely than family child care programs to earn points for using a child assessment tool. Nearly all (91%) of center-based programs earn at least 2 points on this indicator, compared to only 62% of family child care programs. Both center-based programs and family child care programs are more likely to earn points for using assessment tools with preschoolers than with infants and toddlers.

According to the survey data, nearly all programs (100% of center-based programs and 88% family child care programs) report that they routinely and formally track the development or progress of children. However, the child development assessment tool(s) reportedly used by center-based programs and family child care programs vary greatly (see Table 29). Note that the respondents may have reported using more than one of the child assessment tools.

Table 29. Child assessment tools used by programs

Assessment tools	Centers (N=53)	Family Child Care (N=22)
Creative Curriculum for Infants, Toddlers & Twos: Developmental Continuum Assessment Toolkit	25	20
Creative Curriculum for Preschool: Developmental Continuum Assessment Tool for Ages 3-5	30	14
High/Scope Child Observation Record (COR) for Infants and Toddlers	2	1
High/Scope Child Observation Record (COR), Second Edition	2	0
The Ounce Scale	6	3
The Work Sampling Checklist, Preschool 3	17	0
The Work Sampling Checklist, Preschool 4	15	
Program uses an instructional child assessment tool that is not included on the list above	20	2

Source: 2010 Parent Aware Evaluation Survey. Note that all tools on this list are on the approved list of assessments for Parent Aware.

Table 29 includes all of the Parent Aware-approved child assessment tools. For center-based programs who completed the Evaluation survey, the most commonly-used child assessment tool (among the approved tools) is the Creative Curriculum Developmental Continuum Assessment Toolkit. Yet 38% of directors in center-based programs report using an instructional child assessment tool that is not pre-approved. For family child care providers completing the survey, the most commonly-used child assessment tool (among the approved tools) is also Creative Curriculum's Developmental Continuum Assessment Toolkit. Only 9% of family child care providers report using a child assessment tool that is not pre-approved. Most directors and teachers in center-based programs (91%) and most family child care providers

(92%) report in the Evaluation Survey that they have received formal training (from trained instructors or the assessment tool developers) on the primary tool used in their program.

Programs can earn up to three indicator points for sharing assessment information with children's families at least twice per year. Programs must submit documentation that a parent-teacher conference was held and that this information was provided during it, or provide written summaries or printouts of assessment results with parent signatures to indicate that parents have seen the results. If the assessment tool is approved, three points are possible. If the assessment tool is unapproved or informal, one point is possible. If the program is using a tool with some but not all age groups, partial credit is given.

Overall, about one-third of programs earn no points, about one-third earn partial credit, and about one-third earn full credit. However, center-based programs received significantly more points on this indicator than family child care programs. About half of all family child care programs (43%) earned no points on this indicator in their initial rating compared to only 12% of center-based programs. Likewise, over a third of center-based programs (34%) earned full credit while only 25% of family child care programs earned all available points on this indicator.

The survey data tell a contrasting story. All survey respondents reported sharing child assessment results with families. All of the surveyed teachers and nearly all of the family child care providers (92%) reported sharing results with families at least twice a year. Again, comparison of the survey data with the Parent Aware rating data indicates that providers may be engaging in good practices but either a) are not able to articulate these practices when providing documentation to Parent Aware, or b) are not engaging in these practices at the level that Parent Aware ratings require.

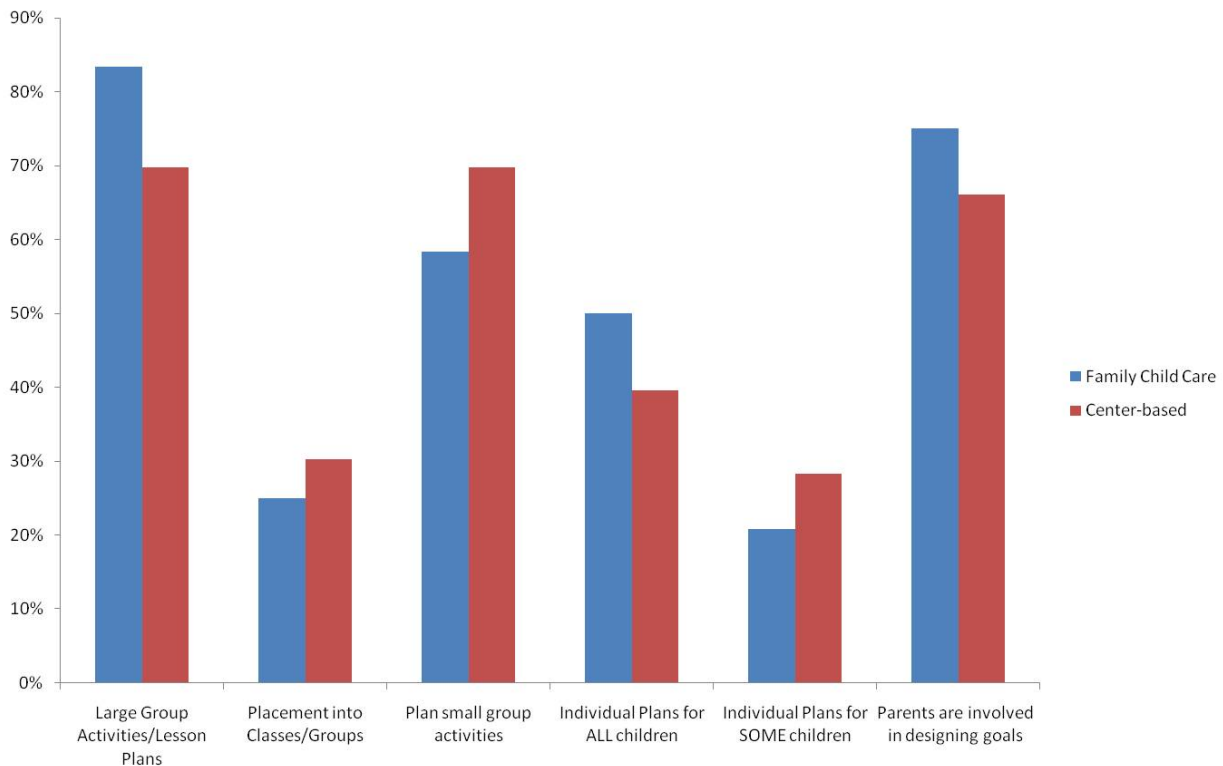
Finally, programs can earn up to three points for using child assessment information to guide instruction and design goals for individual children. Programs must submit documentation of how assessment results affect goal-setting and lesson planning and provide a narrative description of how these results inform their plans. If the assessment tool is approved by the Assessment Review Committee, three points are possible. If the assessment tool is unapproved or administered informally, one point is possible. If a program is using a tool with some but not all age groups, partial credit is given.

Center-based programs received significantly more points on this indicator than family child care programs. Half of all family child care programs (50%) earned no points on this indicator in their initial rating compared to only 20% of center-based programs.

In the survey, teachers and family child care providers were asked, "How do you use the results from these assessments to design goals for individual children and to guide instruction?" Overall, programs responded similarly (See Figure 24). The majority reported that they use assessment results to plan large group activities/create lesson plans (74%), to plan small group activities (66%), and to collaborate with parents in designing goals for their child (69%). Fewer programs reported using assessment results to determine placement in a classroom/group (29%), or to create individual plans for some (26%) or all (43%) children. In addition, teachers in center-based programs were asked if they discuss the assessment results with other staff in their

classroom or center. The majority of teachers (60%) reported that they discuss assessment results with other staff.

Figure 24. How teachers/providers use the results of child assessment to guide instruction



Source: 2010 Parent Aware Evaluation Survey. N=24 family child care programs, 53 center-based programs.

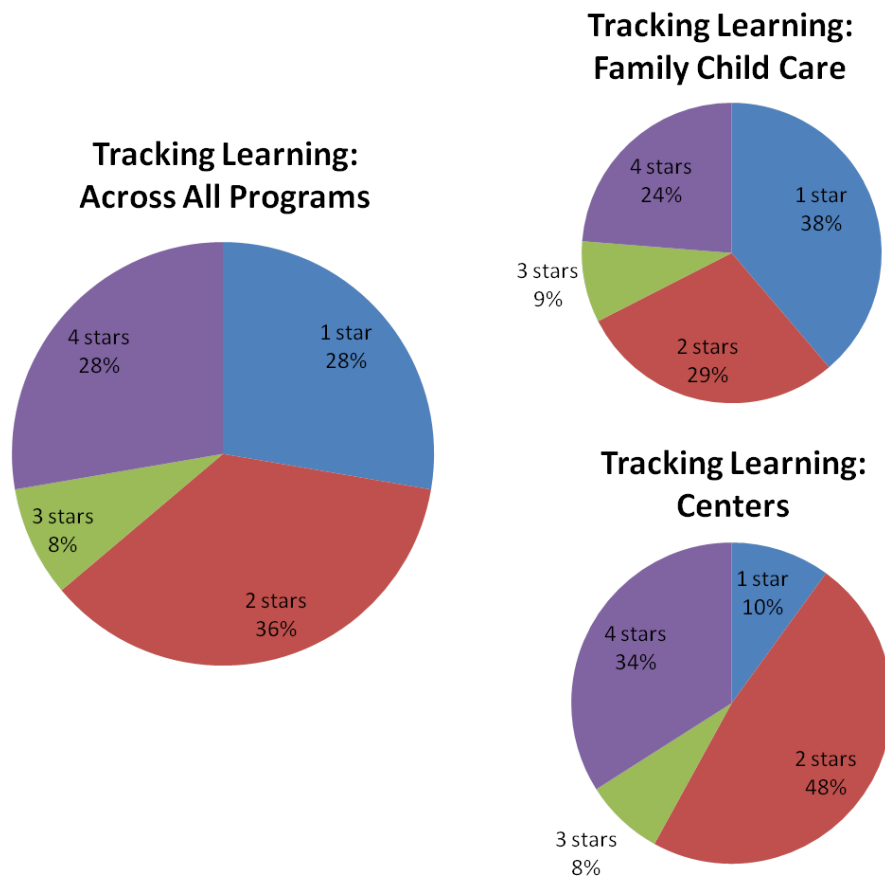
Table 30. Total Points earned in the Tracking Learning Category for initial ratings

	Family child care programs (N=80)	Center-based programs (N=50)	All programs (N=130)
0 Points	25%	2%	16%
1 or 1.5 Points	6%	6%	6%
2 or 2.5 Points	8%	8%	8%
3 or 3.5 Points	13%	14%	13%
4 or 4.5 Points	18%	28%	22%
5 or 5.5 Points	5%	4%	5%
6 or 6.5 Points	0%	2%	1%
7 or 7.5 Points	3%	2%	2%
8 or 8.5 Points	0%	6%	2%
9 or 9.5 Points	0%	0%	0%
10 Points	24%	28%	25%

Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services, Initial Ratings as of July 31st, 2010.

Overall in the Tracking Learning category, center-based programs scored significantly better than family child care programs, with an average score of 5.6 for centers and 4.1 for family child care. Family child care programs were much more likely to earn no points in this category than center-based programs. Indeed, on each indicator in this category, the most commonly earned score for family child care programs was zero points. Center-based programs also did not excel in this category. On each indicator in this category, the most commonly earned score for center-based programs was partial credit (more than zero, but less than the full points available).

Figure 25. Distribution of Tracking Learning category stars



Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services, Initial Ratings as of July 31st, 2010.

Center-based programs received significantly more Tracking Learning category stars than family child care programs. While nearly 40% of family child care programs earned just one star in this category, the majority of center-based programs (nearly 50%) earned two stars. When looking only at initial ratings, Tracking Learning is the category in which providers (both centers and family child care programs) earn the lowest category points totals and the lowest star ratings.

Teacher Training and Education

The indicators in the Teacher Training and Education category measure the professional and educational credentials of staff and providers in Parent Aware-rated programs. In the initial Parent Aware guide, all programs were required to complete and submit professional development worksheets that captured information about the education and training of staff or family child care providers. However, the documentation and scoring of this category has evolved as the Minnesota Center for Professional Development (MNCPD) has launched the MNCPD Registry.

The MNCPD Registry provides the official record for training, education, and employment in the field of early childhood and school-age care in Minnesota. Once providers have enrolled in the Registry, they are assigned to Career Lattice Steps based on the information provided. There are twelve steps on the Career Lattice, each recognizing the achievement of a specified number of training hours, credentials, certificates, college credits, and degrees earned. As providers complete training in the eight Minnesota Practitioner's Core Competency content areas to develop the knowledge and skills they need to provide quality care and education for the children and families, they advance on the Career Lattice.

As the MNCPD Registry became functional, the worksheets were replaced by the Registry. Now instead of documenting teacher education and training in a paper format, this information is recorded permanently in the Registry, and can be accessed by Parent Aware directly.

Programs earn points in this category based on the education and training of program staff, as measured by the MNCPD Registry. Therefore, lead teachers are required to join the MNCPD Registry in order to earn any points. This requires submitting documentation of work experience, transcripts from degrees earned, proof of certificates and credentials earned, and membership cards that document membership in professional organizations. Table 31 describes how points can be earned in the Teacher Training and Education category.

Table 31. Points available in the Teacher Training and Education category

	Points possible (family child care programs)	Points possible (center- based programs)
Lead teachers have earned degrees, credentials or are pursuing training to reach a higher step in the Minnesota Career Lattice (http://www.mncpd.org/career_lattice.html).	10 points	10 points
Educational Coordinator holds a Bachelor's degree in early childhood education or related field.	N/A	Required to achieve 4 stars in this category
Provider or lead teachers have professional development plans	Up to 2 points	Required to achieve 3 or more stars in this category
Total possible	10 points	10 Points

Source: Parent Aware Program Materials.

For centers, the average step on the Career Lattice of all the lead teachers is calculated. Centers must also submit the Teacher Training and Education Worksheet as part of their Quality Documentation Packet. This worksheet requires them to list each lead teacher’s name, position, date of hire, classroom name, and step on the Career Lattice.

For family child care programs, only the provider whose name is on the child care license must join the MNCPD Registry. If there is more than one name on the license, everyone whose name is on the license must submit documentation to the Registry. Registry scores are then averaged to determine the overall program score. Registry scores are averaged only for those providers who spend at least 20 hours per week working with children. If the program is open only part-time, only providers who spend at least 50 percent of the program’s operating hours with the children is required to submit documentation to the Registry.

Family child care programs earn one point in this category if their average Career Lattice score is 1, two points if their average Career Lattice score is 2, and so on. Among 43 initial ratings of family child care programs where Career Lattice score was recorded¹², the average score was 3.4 points.

Family child care programs at Steps 1 – 8 in the Career Lattice are eligible to achieve two bonus points if they have professional development plans describing how they will move up to the next step in the Career Lattice. Providers achieving Step 9 are eligible for one bonus point for having professional development plans. Providers achieving Step 10 or higher are not eligible for bonus points for having a professional development plan. These professional development plans must include: the lead teacher’s name, three professional development goals, the Core Competency areas associated with two of those goals, whether they are receiving college credit for the completion of each goal or not, and the time frame for completing the goals. Among 68 initial ratings of family child care program where the Career Lattice score was recorded, the average score was 3.8 and 84% of programs received points for having a professional development plan (or scored 10 points on the lattice and didn’t qualify for PD plan points).

In contrast, center-based programs cannot earn any points if their average Career Lattice score is 3.0 or less. If the average score is more than 3.0 and less than 4.0, the program earns three points. If the average score is more than 4.0 and less than 5.0, the program earns four points. To score a full ten points, a program’s average Career Lattice Step must be over 10.0. Among 36 initial ratings of center-based programs where the average Career Lattice score was recorded, the average points earned were 6.6 points.

Table 32. Points earned in the Teacher Training and Education category

	Family child care providers (N=80)	Center-based programs (N=50)	All providers (N=130)
0 Points	10%	12%	11%
1 Point	0%	0%	0%
2 Points	20%	4%	14%

¹² As described at the start of the Teacher Training and Education Section, early in the Parent Aware pilot, a different scoring system was used in the Teaching Materials and Strategies category. Career Lattice points were not collected under that system; therefore ratings issued under the old system are excluded from this discussion.

	Family child care providers (N=80)	Center-based programs (N=50)	All providers (N=130)
3 Points	3%	6%	4%
4 Points	24%	12%	19%
5 Points	4%	2%	3%
6 Points	5%	12%	8%
7 Points	4%	10%	6%
8 Points	14%	8%	12%
9 Points	1%	28%	12%
10 Points	16%	6%	12%

Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services, Initial Ratings as of July 31st, 2010.

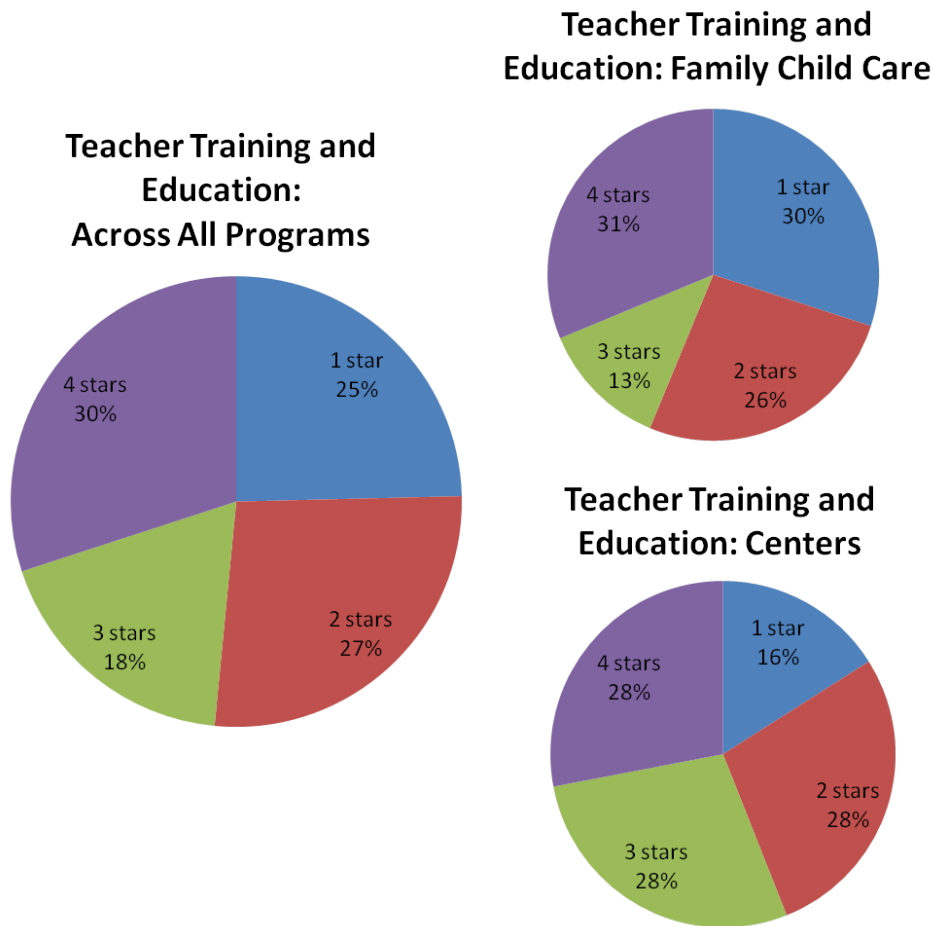
As seen in Table 32, a small but significant portion of programs (10% of family child care and 12% of Centers) earned no points in this category. Zeros can result from low levels of education and training or from failure to join the MNCPD Registry.

Moreover, centers are judged by two additional criteria. In order to achieve three or more stars in the Teacher Training and Education category, centers must demonstrate that all lead teachers have professional development plans. Among 32 initial ratings of center-based programs where the presence or absence of this indicator was recorded, 6 centers (19%) did not meet this indicator and were therefore unable to earn three or more stars in this category. Only three of the six, however, would have otherwise earned three or more stars in this category.

Secondly, in order to achieve four or more stars in this category, centers must demonstrate that the program's Education Coordinator has at least a Bachelor's degree. In many centers, the director serves as the Education Coordinator. However, this could also be another staff person or a lead teacher who also has duties related to helping the program implement the curriculum consistently across classrooms (and any other practices related to helping children become ready for school). This is often the staff person who approves the child care program plan as required by Licensing in Rule 3. Among 36 initial ratings of center-based programs where the presence or absence of this indicator was recorded, eight centers did not meet this indicator and were therefore unable to earn four stars in this category. Four of the eight would have otherwise earned a four star in this category.

Therefore, the category star rating for Teacher Training and Education is determined primarily using the Career Lattice points total (out of a possible 10 points) but with the above restrictions also in place.

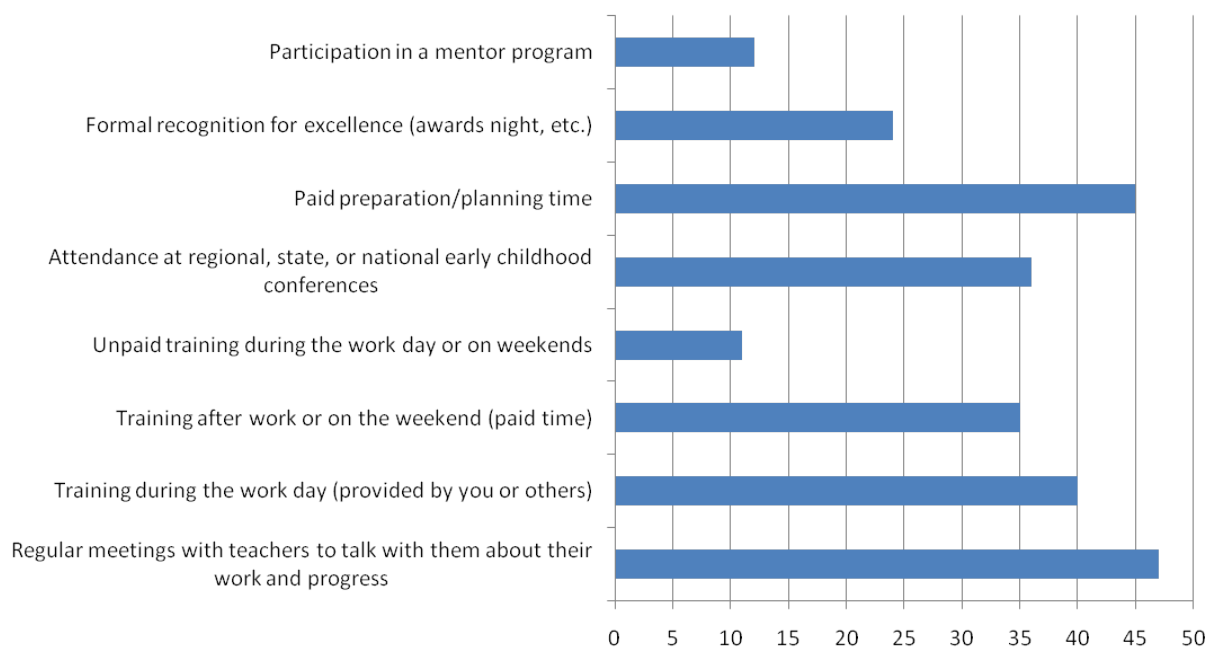
Figure 26. Distribution of Teacher Training and Education category stars



Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services, Initial Ratings as of July 31st, 2010.

To find out more about professional development practices, the 2010 Parent Aware Evaluation Survey asked directors of center-based programs about the types of professional development support they provide teachers. Directors were most likely to report supporting professional development by having regular meetings with teachers to talk with them about their work and progress and by providing teachers with paid preparation/planning time (see Figure 27). Directors of center-based programs also reported supporting teachers' attendance at regional, state, or national early childhood conferences and offering training to their teachers, during regular work hours or outside regular work hours, that is considered paid time.

Figure 27. Number of directors of center-based programs who reported offering a form of professional development support to teachers

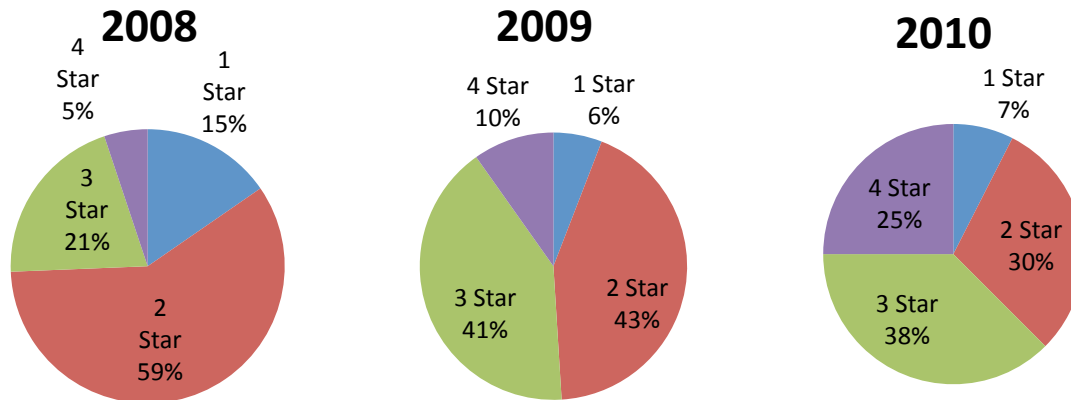


Source: 2010 Parent Aware Evaluation Survey. N=47.

Patterns in Initial Ratings over Time

In addition to describing the distribution of points earned in each category, it is also instructive to examine overall trends in the star ratings that programs achieve. One interesting trend is that initial ratings have improved over time. As shown in Figure 28, the distribution of star ratings has changed considerably over the three years of the Parent Aware pilot. Among 39 initial ratings issued in 2008, 74% were 1-star or 2-star ratings. Among 50 initial ratings issued in 2009, 49% were 1-star or 2-star ratings. Among 40 initial ratings issued between January and July of 2010, only 37% were 1-star or 2-star ratings. These changes over time are statistically significant (ANOVA, $F(3, 127)=6.49$, $p<.01$; post-hoc $t=2.47$, $p<.01$ between 2008 and 2009 and $t=1.44$, $p<.10$ between 2009 and 2010).

Figure 28. Distribution of initial star ratings over time



Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services, Initial ratings as of July 31st, 2010. N= 39 in 2008, 51 in 2009, 40 in 2010

This pattern is duplicated when looking at total points earned at initial rating. Programs that received their initial rating in 2008 earned, on average, 19.5 points; programs that were initially rated in 2009 earned an average of 23.3 points; and programs that were initially rated in 2010 earned an average of 25.4 points. These differences are statistically significant (ANOVA, $F(3, 127)=6.30, p<.01$; post-hoc $t=2.43, p<.01$ between 2008 and 2009 and $t=1.37, p<.10$ between 2009 and 2010).

To understand more about this trend, it is helpful to look at the trend in category star ratings over time. Similar to the overall star ratings, star ratings in the Family Partnerships category and in the Tracking Learning category also demonstrate a significant upward trend over time ($F(3, 127)=5.46, p<.01$ and $F(3, 127)=3.76, p<.05$, respectively) In the Family Partnerships category, the improvement is significant only between 2009 and 2010 ($t=3.47, p<.001$). In the Tracking Learning category, the improvement is marginally significant between 2008 and 2009 ($t=1.34, p<.10$) and also between 2009 and 2010 ($t=1.53, p<.10$). The factors contributing to these trends warrant further exploration. Possible explanatory factors include:

- The guidelines, practices and decision rules for scoring indicators in these categories have changed slightly over time;
- Programs that joined Parent Aware later were of higher quality than programs that joined earlier;
- Programs were receiving quality improvement supports (from Parent Aware or other quality improvement programs in the state) prior to their rating;
- Provider Resource Specialists who provide quality improvement technical assistance and support for programs became more adept over time at helping programs to submit the documentation needed to earn more points; or,
- Some combination of these possibilities is related to higher initial ratings over time. For example, some programs may have waited to enter Parent Aware until they had received quality supports and thus achieved a higher quality level.

These various explanations will be examined further in the final report on the Parent Aware Pilot.

Understanding Scoring Patterns that Lead to Four Stars

Another strategy for understanding the patterns of scoring in Parent Aware is to examine the different “pathways” that programs can take to achieve a 4-star rating through the full rating process. This analysis can inform decisions about optimal structures and provisions needed in a rating scale for ensuring that programs at the highest rating are distinct in their quality

We begin by looking at the rating structure and the indicators that must be met to achieve higher levels in Parent Aware. First, a program cannot earn more than 2 stars unless they can demonstrate that they use a research based curriculum and that the provider/lead teachers have been trained in the curriculum. Second, center-based programs cannot achieve more than 3 stars unless the program receives a score of at least 3.0 in each subscale of the CLASS or requests an exception to this rule (a request which can be granted only one time and only if the Instructional Support subscale is the only subscale score under 3.0). Programs that do not serve preschoolers are exempted from both these provisions.

The points system in the Parent Aware Rating Tool is structured in such a way that it is technically possible to receive 4 stars overall while still receiving 1 star in any one category. For example, a program that received ten points in three of the categories and two points in the fourth category would have an overall point total of 32. This would mean an overall score of 4 stars, but with only one star in one of the four categories. While this did not occur in any initial rating, data from re-ratings indicate that one program did achieve a 4-star rating overall with a one-star rating in the Teacher Training and Education category. A program cannot, however, earn a 4-star overall rating if it earns only two stars in two categories. In contrast, over 40% of programs that got a 4-star rating overall received only two stars in one of the rating categories. In other words, it is not necessary for a program to receive four stars in all four categories in order to receive a 4-star rating overall, but a program trying to reach a 4- star overall can only afford to have one category in which it is scoring low.

Next, we examine how scores on the observational measures affect ratings. Notably, the scores on the Environment Rating Scales constitute 10% of a center’s overall rating and just 12.5% of a family child care provider’s overall rating. The result is that programs do not need to score at a high level on the ERS in order to receive a 4-star rating. In fact, 35% of programs with a 4-star overall rating received zero points for their ERS score (meaning that they had an average ERS score under 3.5 points or had at least one classroom with a score under 3.0). Likewise, 50% of programs with a 3-star rating received zero ERS points.

Similarly CLASS observations account for a small portion – 7.5% – of the overall rating for a center-based program (CLASS is not used in family child care homes. Over a quarter of fully-rated 4-star centers received a score below 3.0 on the Instructional Support subscale of the CLASS and thus had to apply for a CLASS exception. Over three-quarters of these centers also received a score below 6.0 on either the Emotional Support subscale or the Classroom Organization subscale and therefore earned only half a point on these indicators. Thus, earning

more than 1 point (out of 3 possible CLASS points) is not a critical driver for earning a 4-star overall.

A final step in examining patterns of scoring is to look at the common features among programs that received an initial rating of 4 stars. The first notable pattern is that no program got a 4-star rating without also getting 4 stars in Family Partnerships (and 84% of programs with a 3-star rating also received 4 stars in Family Partnerships). As noted above, programs scored well in this category, but getting 4 stars in the Family Partnerships Category appears to be a critical driver for earning 3 or 4 stars overall among programs that received initial ratings in Parent Aware.

Similarly, all but one program that got a 4-star rating also had 4 stars in Tracking Learning. Moreover, 4-star programs scored significantly better in the Tracking Learning Category than 3-star programs. Thus, getting 4 stars in the Tracking Learning Category does appear to be a driver for earning 4 stars overall.

In contrast, only 35% of programs that got a 4-star rating also had 4 stars in Teaching Materials and Strategies. Thus, getting 4 stars in the Teaching Materials and Strategies Category is not a critical driver for achieving a 4-star overall rating. However, 87% of 3- and 4- star programs receive at least 3 stars in Teaching Materials and Strategies.

The effect of the Teacher Training and Education category on achieving an overall 4-star rating is even more limited than the other three categories. Less than half of programs that got a 4-star rating also had 4 stars in Teacher Training and Education. Nearly 30% of programs received 3 stars in this category and nearly 30% received 2 stars in this category. Thus, getting 4 stars in the Teacher Training and Education Category does not appear to be a driver for earning 4 stars overall. Yet, 4-star programs scored significantly higher than 3-star programs on the Career Lattice. Only 6% of 4-star programs had an average lattice score less than 5 points, compared to 38% of 3-star programs. Thus, scoring at least five points on the Career Lattice may be a significant driver for earning 4 stars overall.

In summary, programs earning a 4-star rating in Parent Aware must meet indicators for having a research-based curriculum and, for center-based programs, scores on the CLASS, though an exception is possible on the CLASS indicator. Four-star programs in Parent Aware do not have to achieve high scores overall on the ERS and CLASS observations, nor do they have to do well across the four Parent Aware categories. With the current set of indicators, programs that receive 4-stars tend to receive 4-stars in the Family Partnerships and Tracking Learning categories but not necessarily in the Teaching Materials and Strategies categories and Teacher Training and Education.

Program Perceptions of the Parent Aware Rating Tool

The last piece of the in-depth examination of the Parent Aware Rating tool involves an analysis of program's perceptions of the tool and the rating process.

In the Evaluation Survey distributed in early 2010, family child care providers and center directors were asked, “Is the rating process fair?” Of the 19 family child providers (in both fully-rated and automatically-rated program) who responded to this question, 42% said yes to this question and 58% answered no. Among 26 directors from both fully-rated and automatically-rated center-based program, who responded to this question, 69% said yes and 31% said no. Family child care providers are significantly more likely to say that the rating process is unfair ($t=1.85$, $p<.05$). Three-quarters of automatically-rated providers reported that the rating process is fair, compared to just over 50% of fully-rated programs. This difference is not statistically significant, however. After providing a yes or no answer, family child care providers and directors of center-based programs were then asked to explain their response.

Just over half of family child care providers reported that the rating process is unfair. Several providers’ comments focused on the rating process applying more to center-based care settings rather than family child care settings. Below are some quotes from family child care providers commenting on the fairness of the rating process:

- “It's based on my program, my environment and how I care and interact with the kids. I show copies of things I do: assessments, parent letters, training, etc. It's MY program. I am "showing off.””
- “Family child care is expected to be like a center to be considered high quality. Parent Aware needs to specifically address the unique qualities of family child care.”

In contrast, center directors were significantly more likely to report that the rating process is fair than that it is unfair. Many directors mentioned concerns about the reliability or accuracy of the observational component. Below are some quotes from center directors commenting on the fairness of the rating process:

- “The whole process was done fairly and professional. All along we felt everyone helping us with the desire to improve our center.”
- “Absolutely NOT. Many items of instructional importance in the classroom were missed and no consideration was given for the level of students that a teacher was instructing...I do not believe the rating system reflects the quality program we offer for families and children.”
- “Unless you are able to send the same person each year to do the same observation it is not going to be fair because each person, even though I know they try to be objective, might see something different and score it accordingly.”

Family child care providers and directors of center-based programs were also asked, “Is the rating you received an accurate reflection of your program's quality?” Of the 20 fully-rated family child care providers and 13 directors of fully-rated center-based programs that responded, 70% of family child care providers and 62% of directors responded “Yes.” Of the 18 directors from accredited centers that responded, 72% responded affirmatively. Therefore, the majority of respondents from all programs reported that they think their rating is an accurate reflection of their program’s quality.

For respondents from all programs types who answered yes, responses centered on themes of hard work, striving to improve, and accuracy:

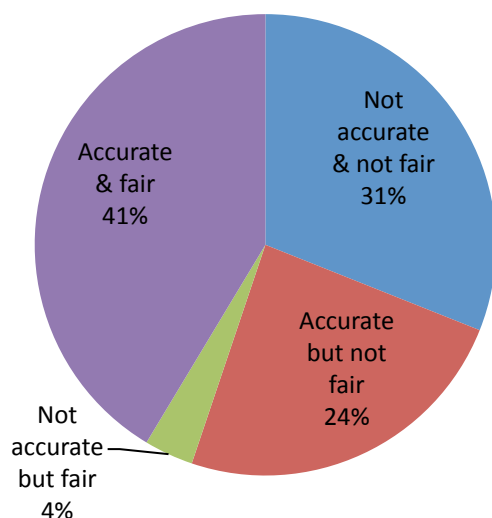
- “We were happy with the 3-star rating because we know how tough the standards are but of course we want to be the 4, and when we get it we will shout it from the roof tops and put it in our little local paper” (fully-rated family child care provider)
- “I believe so because we are striving to improve to not just being a child care "but a 4-star" quality organization. On-going Parent Aware is allowing us to make that happen.” (fully-rated family child care provider)
- “We knew our family relationships and professional development would be given a higher rating and our curriculum and assessment would be a lower rating. This was what Parent Aware found and was accurate.” (director of a fully-rated center-based program)

For respondents from all programs types who answered no, responses focused on reservations about the observations, issues with the process (submitting information, experience with Provider Resource Specialists and other issues.), and general disagreement with their rating:

- “I feel it is very difficult to rate a program through the eyes of one person's perceptions during one visit.” (director of an accredited center-based program)
- “We lost a lot of points on curriculum and assessment. Both have changed. Also lost point on the observations. Resource Specialist didn't help us prepare for these. Just said "It's all in the books." Felt we were unprepared.” (director of a fully-rated center-based program)
- “Obviously, if I thought my program was sub-par, I would not have put my business on the line. I think the quality of my program is more accurately presented and reflected by the quality of kids I churn out and my retention and success as a provider”. (fully-rated family child care provider)

A notable finding from these two survey questions is the fact that 28% of respondents from fully-rated programs found the rating to be either fair or accurate, but not both (see figure 29 below).

Figure 29. Perception of accuracy and fairness of the Parent Aware Rating tool among fully-rated programs



Source: 2010 Parent Aware Evaluation Survey, N=29 respondents (directors of center-based programs or family child care providers) from fully-rated programs

Summary of the Parent Aware Rating Tool

In this section we described the categories and indicators that comprise the Parent Aware Rating Tool and provided findings from the Evaluation Survey that elucidate how providers see their own quality and how they relate to the rating process. Important findings include:

- Programs score the highest number of category points in the Family Partnerships category. This category also has the least variation in scores. Thus, it will be important to examine the requirements for this category and identify revisions that could capture a wider variety of practices that are more successful in distinguishing program practices.
- Programs score lowest, on average, in the Teaching Materials & Strategies category and the Tracking learning category.
- The Tracking Learning category has the most variance in points.
- In overall points, center-based programs score higher, on average, than family child care programs. This pattern is true in every category except for the Teaching Materials and Strategies category.
- Survey data reveals no consistent pattern of differences between automatically-rated programs and fully-rated programs. On some indicators, automatically-rated programs report engaging in best practices more often than fully-rated programs, but on other indicators they report engaging in those practices less often than fully-rated programs. This reinforces findings from the Year 2 Report that the rating tool may be using a more rigorous process to assess quality than self-reported measures of quality.
- In the second and third year of the pilot, initial star ratings for new programs were significantly higher, on average, than they were the year before. Category stars are also rising significantly in the Family Partnerships category and the Tracking Learning category, but not in the Teaching Materials and Strategies category or the Teacher Training and Education category.
- The pathway to a 4-star rating typically includes use of an approved research-based curriculum for preschool-aged children, and nearly always includes attaining 4 stars in Family Partnerships, 4 stars in Tracking Learning, and low scores in no more than one of the other two categories.
- Using the current rating tool, programs can receive a 4-star rating even if they score at only a minimal level on the ERS or the CLASS.
- Approximately 40% of family child care providers and directors of center-based programs perceived the rating process to be accurate and fair. However, a sizable proportion (nearly one-third) felt the process was not accurate or fair

Section 5. RE-RATINGS AND QUALITY IMPROVEMENT

In this section, we examine the quality improvement efforts undertaken by Parent Aware-rated programs. We begin by describing data reported by the Provider Resource Specialists to the Minnesota Child Care Resource and Referral (CCR&R) Network on how providers have spent their Parent Aware quality improvement supports. Then, we describe findings from the Parent Aware Evaluation Survey of 47 directors of center-based programs and 26 family child care providers from both accredited and fully-rated Parent Aware programs. These survey questions focused on the larger question of what quality improvements activities child care programs have undertaken on their own (or with help) and how such efforts were funded.

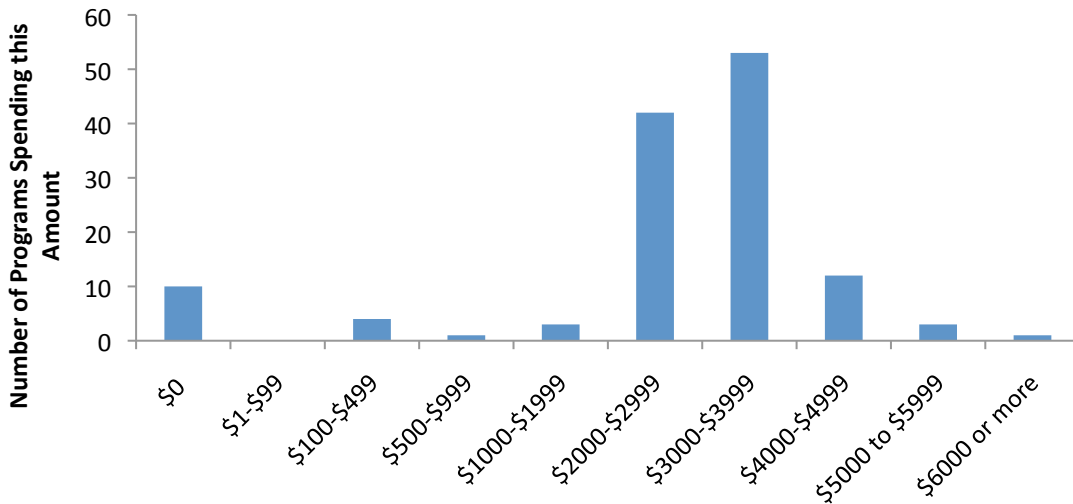
Use of Quality Improvement Supports

Parent Aware-rated programs that receive a rating of 3 or fewer stars are eligible to receive quality improvement supports from Parent Aware. The Minnesota CCR&R Network provided Child Trends with data documenting all quality improvement support funds spent before August 2010. The data describe 155 cases of quality improvement supports made for 112 programs (43 of whom received funds a second time) that had recently completed the rating process or still awaiting a rating. Provider Resource Specialists could allocate up to \$3000 or \$3500, depending on the year, for each program to purchase materials or trainings aligned with program improvement goals. The maximum dollar amount allocated per provider depends on the number of providers served per year and therefore fluctuated between \$3000 and \$3500. In certain instances, when a special need is found, programs can receive more than the maximum amount that has been designated.

The programs were awarded differing amounts over the year. Of the 155 cases included, 26 were ineligible for improvement supports because the program received a rating of 4 stars. Among the 129 cases that were eligible for supports, ten programs chose not to use the quality improvement funds. An additional six providers were close to receiving a 4-star rating and needed only a few particular items in order to reach the goal of a 4-star. These programs were given limited access to quality improvement supports.

As can be seen in Figure 30, the majority of programs are spending between \$2000 and \$3999 on their quality improvement supports. Half of the eight programs with quality improvement support expenditures of more than \$0 and less than \$2000 had only limited eligibility. Notably, 16 programs (12%) benefited from at least \$4000 of quality improvement support expenditures, despite the fact that allocations were usually between \$3000 and \$3500.

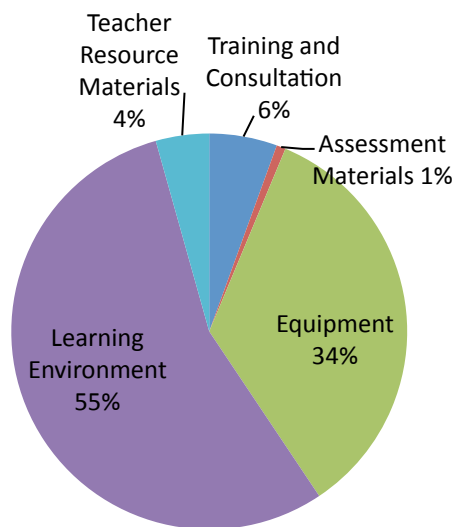
Figure 30. Total amount spent on quality improvement supports



Source: Minnesota CCR&R Network as of October 4th, 2010

Expenditures are separated into 5 categories: Teacher Resource Materials (curriculum manuals, etc.), Assessment Materials (digital cameras, reproducible masters, etc), Equipment (playground equipment, climbers, shelves, portable sinks), Learning Environment (toys, dolls, puppets, felt boards, craft supplies, etc), and Training and Consultation. Programs spent the majority of quality improvement support dollars on materials for the learning environment, followed by equipment. Programs spent the least amount of quality improvement support dollars on assessment materials (Figure 31).

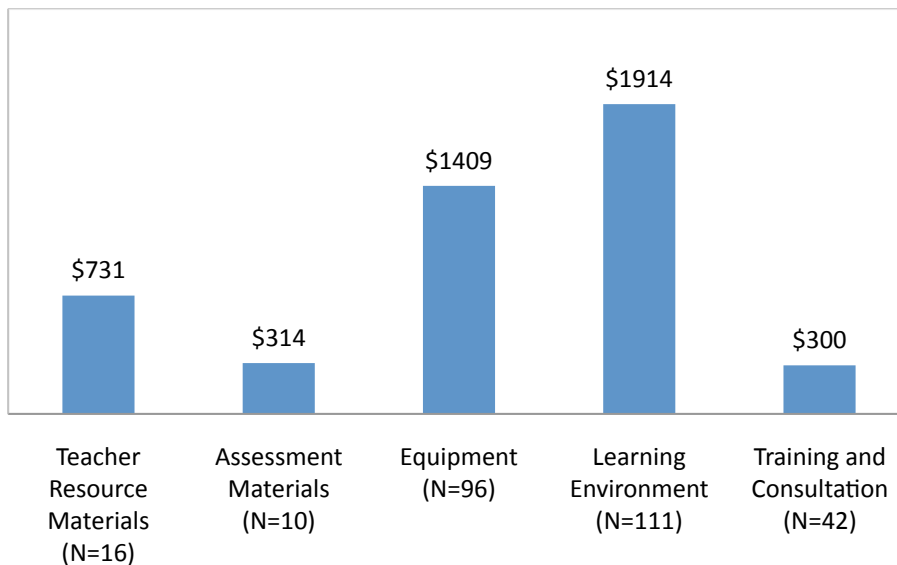
Figure 31. Percent of total Parent Aware quality improvement support dollars spent on different categories of expenditures



Source: Minnesota CCR&R Network as of October 4th, 2010

Among programs that did spend money on each of these categories, certain categories were more likely to have higher expenditures than others.¹³ Figure 32 provides details about the average spending when programs did spend money in a particular category. Materials for the Learning Environment and Equipment are both the most popular targets for expenditures and the areas with the highest average expenditure.

Figure 32. Average spending in each quality improvement category, among programs that spent any money at all on that category.



Source: Minnesota CCR&R Network as of October 4th, 2010

To further understand how programs are spending their quality improvement support dollars, we examined the characteristics of programs that might predict spending patterns. It is reasonable to expect, for example, that 1-star programs spend more on equipment than 3-star programs. However, no statistically significant differences in spending by initial star rating for any of the categories of expenditures were found.

Likewise, we hypothesized that expenditures might be related to initial category subtotals as programs aim to spend on the areas in which they are weakest. For example, programs that score higher on Tracking Learning in their initial rating may spend less on assessment materials since they need less improvement in this area; or, programs that score lower on Teacher Training and Education may spend more on Training and Consultation. Instead, we found that spending in these categories does not correlate in meaningful ways with initial category subtotals.

¹³ It is important to note that Parent Aware offers participants a number of free quality improvement opportunities such as training on curriculum and assessment that will influence how providers direct their quality improvement supports.

Another approach is to examine the relationship between spending in each of the areas described in Figure 32 and changes in Parent Aware category subtotals upon re-rating. A reasonable hypothesis, for example, is that increased spending on assessment materials would result in a greater increase in the Tracking Learning category subtotal. No statistically significant correlations were found.

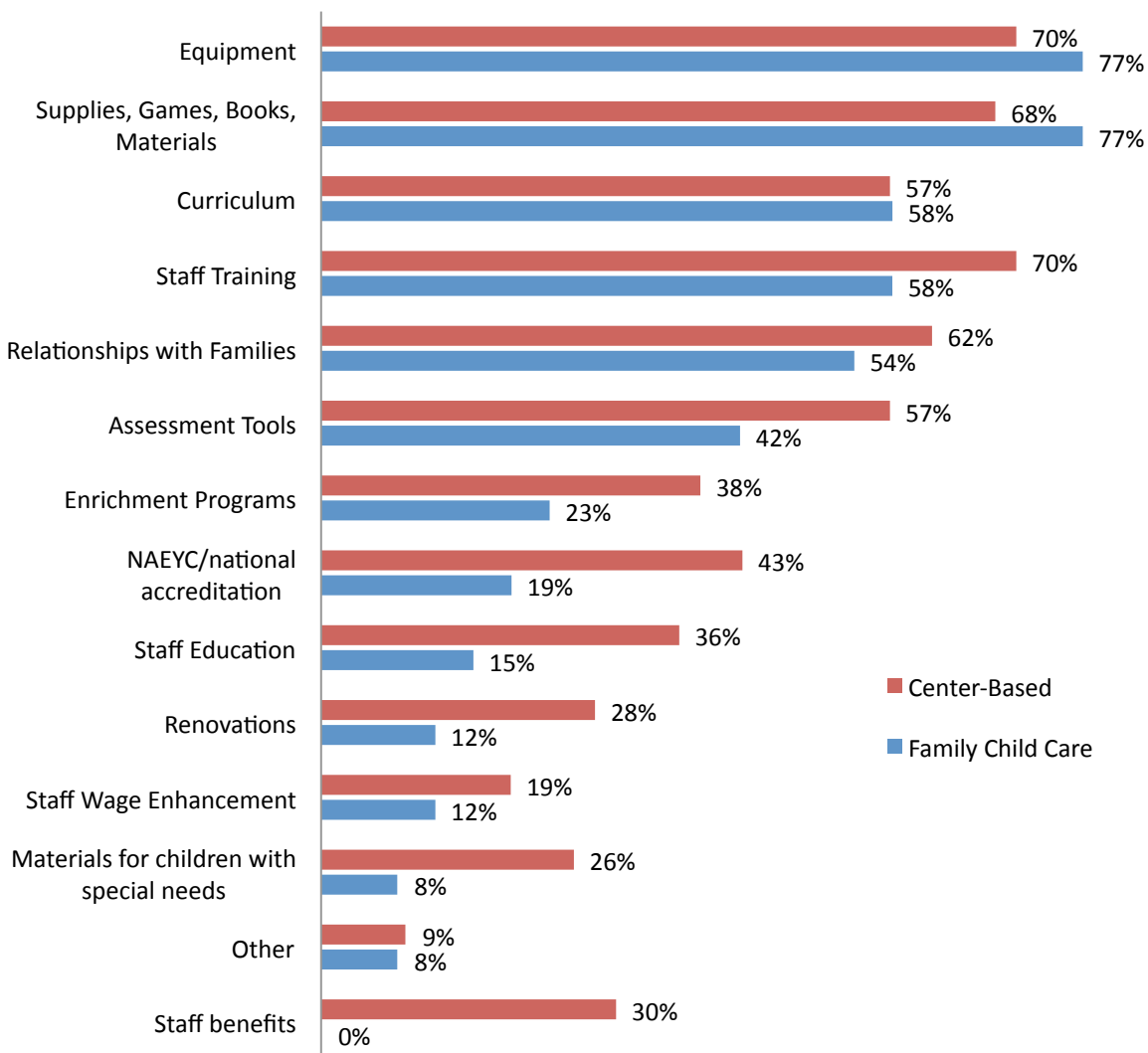
Lastly, because ERS consultation is a key piece of the quality improvement supports, it is useful to examine how spending patterns correlate with changes in a program's ERS score. Expenditures for equipment, the learning environment, and training/consultation might all be expected to be correlated with improved ERS scores. Again, however, no statistically significant correlations were noted.

Quality improvement supports beyond those offered in Parent Aware. The findings described above highlight the quality improvement supports provided by Parent Aware to fully-rated programs. Findings from the Parent Aware Evaluation survey provide information on a broader range of quality improvement initiatives being undertaken by Parent Aware-rated programs, and are not limited to fully-rated providers. The 2010 Parent Aware Evaluation survey asked center directors and family child care providers (in both fully-rated and automatically-rated programs) questions about their quality improvement efforts over the last two years. For most programs, this time period includes time prior to their involvement in Parent Aware. Survey questions asked how providers have used money from *all* available funding sources for quality improvements in their program (not solely Parent Aware quality improvement support dollars).

Using the survey data, we describe what providers report as the targets of their quality improvement efforts, the funds providers spend on quality improvements, and how programs would like to move forward in the future with quality improvement. This information could help Provider Resource Specialists (and leaders planning scaled-up quality improvement supports in a statewide QRIS) to think about what kind of quality improvement initiatives programs can and will undertake on their own (or with the help of other funding sources) and what may only be done with the encouragement and financial support of Parent Aware.

Targets of quality improvement efforts. In the Evaluation Survey, directors of center-based programs and family child care providers were asked to examine a list of target areas for quality improvement and indicate whether they have targeted this area or made improvements in the area in the last 2 years. Across program types, the most commonly reported targets for quality improvement were equipment and supplies, games, books, and materials. In addition to those two areas, over 50% of center-based programs reported targeting the following areas for quality improvements: staff training (not for college credit), relationships with families, curriculum, and assessment tools. Generally, family child care programs targeted the same areas as centers, but with more family child care programs targeting equipment and supplies, games, books, and materials, and with less than 50% of family child care programs targeting assessment tools.

Figure 33. Targets of quality improvement efforts in past two years



Source: 2010 Parent Aware Evaluation Survey. N=26 family child care, 53 center-based

Perception of changes made to programs because of Parent Aware. In the survey, family child care providers and directors of center-based programs were asked to describe any changes that they had made in their program as a result of Parent Aware. For both directors and family child care providers, the most popular response referred to implementing curriculum and the second most popular response was to reference changes made in the environment. For directors, receiving additional training and increased use of assessment were also commonly reported changes in the program. Below are some quotes from family child care providers about the changes they have made:

- “I have taken so many classes and learned so many new, better ways of doing things. The FCCERS helped me offer a much better environment.”
- “After receiving curriculum, I start planning activities with infants and toddlers.”

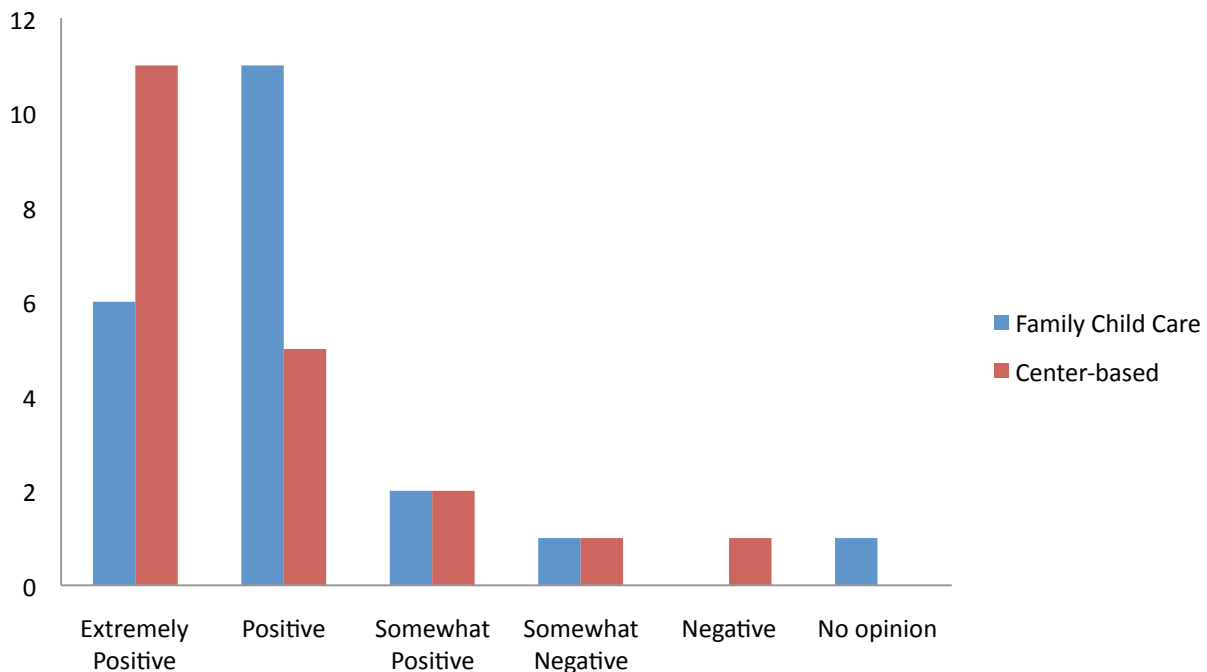
- “I was able to make the children's toys accessible to them by having the appropriate toys and shelves. I was also able to buy high quality, safe outdoor toys for the children.”
- “I have conferences twice a year because of Creative Curriculum.”

Directors of center-based programs also reported significant changes:

- “We now have a research based curriculum in both classrooms. We are trained in assessments and we made changes based on the classroom rating tool - the ITERS and the ECERS.”
- “Teachers have signed up on the MNCPD Registry and are taking more classes.”
- “We rewrote our daily schedule. We are training the teachers to have better verbal conversations with the children. With funds provided, we added more resources for teachers to use with the students in the classroom, replaced door knobs for handicap accessibility and provided further teacher training.”

Perception of experiences with Provider Resource Specialists. Provider Resource Specialists who work with programs are a key piece of the quality improvement process. On the survey, family child care providers and center directors were asked, “How would you describe your experience with your Provider Resource Specialist?” Responses were largely positive, with 79% of respondents reporting that their experiences with their Provider Resource Specialist were either positive or extremely positive. Family child care providers were more likely to report that their experience had been positive (but not extremely positive), while directors of center-based programs were more likely to report that their experience had been extremely positive.

Figure 34. Program perceptions of the Provider Resource Specialist (fully-rated programs)



Source: 2010 Parent Aware Evaluation Survey. N=21 fully-rated family child care, 20 fully-rated center-based

Programs were also asked in the survey, “In what ways has your Provider Resource Specialist been helpful to you and/or your program?” Among directors, teachers, and family child care providers, survey respondents most often said that the Provider Resource Specialist’s knowledge of the rating system and how to score well on it was the most beneficial thing they offered. Respondents mentioned how their Provider Resource Specialist was full of ideas for implementing practices, offered samples of documentation, and could answer questions when the rating system seemed unclear. In addition, directors of center-based programs and family child care providers also said that their Provider Resource Specialist was consistently available to them when needed. Several center directors, and fewer family child care providers, also said that they found the Provider Resource Specialist to be a supportive, friendly, and calming presence.

Respondents who found their Provider Resource Specialist to be less helpful stated that she was not a reliable source of information or answers, and did not keep in touch with them regularly about changes to the rating system. As Figure 34 shows, these negative responses were less common.

A recurring theme among all respondents, whether satisfied or not, was the importance of the Provider Resource Specialist in providing up-to-date and detailed information about the indicators and what was required to meet these indicators. Providers perceived the requirements to be shifting and relied on the Provider Resource Specialists for help in navigating those changes.

Summary of quality improvement supports in Parent Aware. Looking across the information presented about quality improvement supports in Parent Aware, the key findings include:

- A small proportion of programs (12%) expended at least \$4,000 in quality improvement supports between ratings. The majority expended an average of \$2,000-\$3,999.
- Most quality improvement support funds are being spent on learning materials for the classroom or equipment for the facility.
- There are no statistically significant, discernable patterns in quality improvement support spending by initial star level.
- Quality improvement support spending patterns are not related to initial category subtotals or to changes in category subtotal.
- Providers generally have a positive view of their Provider Resource Specialist and see themselves making significant improvement to their programs as a result of Parent Aware.

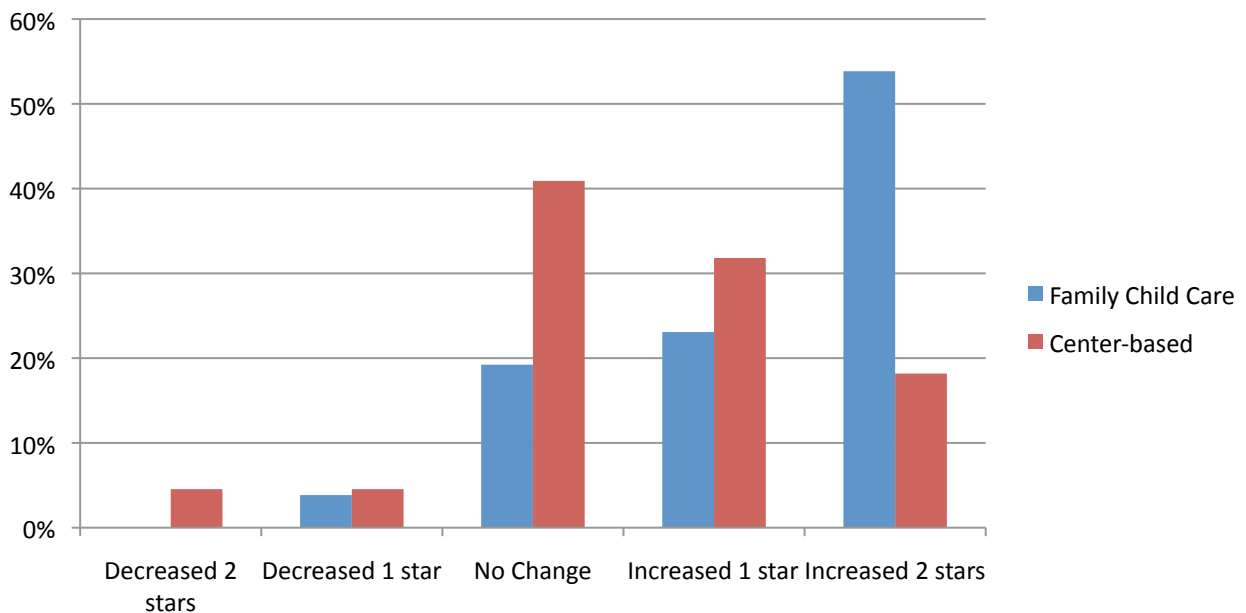
Change in Scores from Initial Rating to Re-Rating

In this section, we look further at quality improvement in Parent Aware by examining changes in programs’ scores between initial and re-ratings. While 130 programs have received an initial full rating, 48 programs (22 center-based programs and 26 family child care programs) have received two full ratings. Here, we look in depth at the pattern of changes within those 48 providers. It is important to note that these programs are not necessarily representative of all programs in Parent Aware. In fact, the 26 family child care programs who were re-rated scored significantly lower ($p < .05$) in their initial rating than the 54 family child care programs who have

received an initial rating but have not yet been re-rated. Recall that programs rated in 2008 or earlier scored lower on average than programs rated in 2009 or 2010. A variety of reasons for these statistically significant differences in rating levels by year were explained in Section 4 of this report. Thus, caution is warranted when examining patterns of re-rating for this group of programs.

A primary finding of this analysis of re-ratings is that 65% of re-rated programs received a higher star rating in their second rating than in their initial rating, and 29% of programs received the same overall star rating. Only 6% of programs earned fewer stars at re-rating. This pattern is broken down by program type in Figure 35. This figure shows that family child care programs are more likely to increase their star rating than center-based programs with a mean increase of 1.3 stars for family child care programs and 0.5 stars for center-based programs, though the difference is not statistically significant. This finding is likely related to the fact that family child care programs received fewer stars on average than center-based programs upon initial rating and thus had more room to improve.

Figure 35. Changes in overall star rating from initial rating to re-rating



Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services as of July 31st, 2010. N=26 family child care, 22 center-based

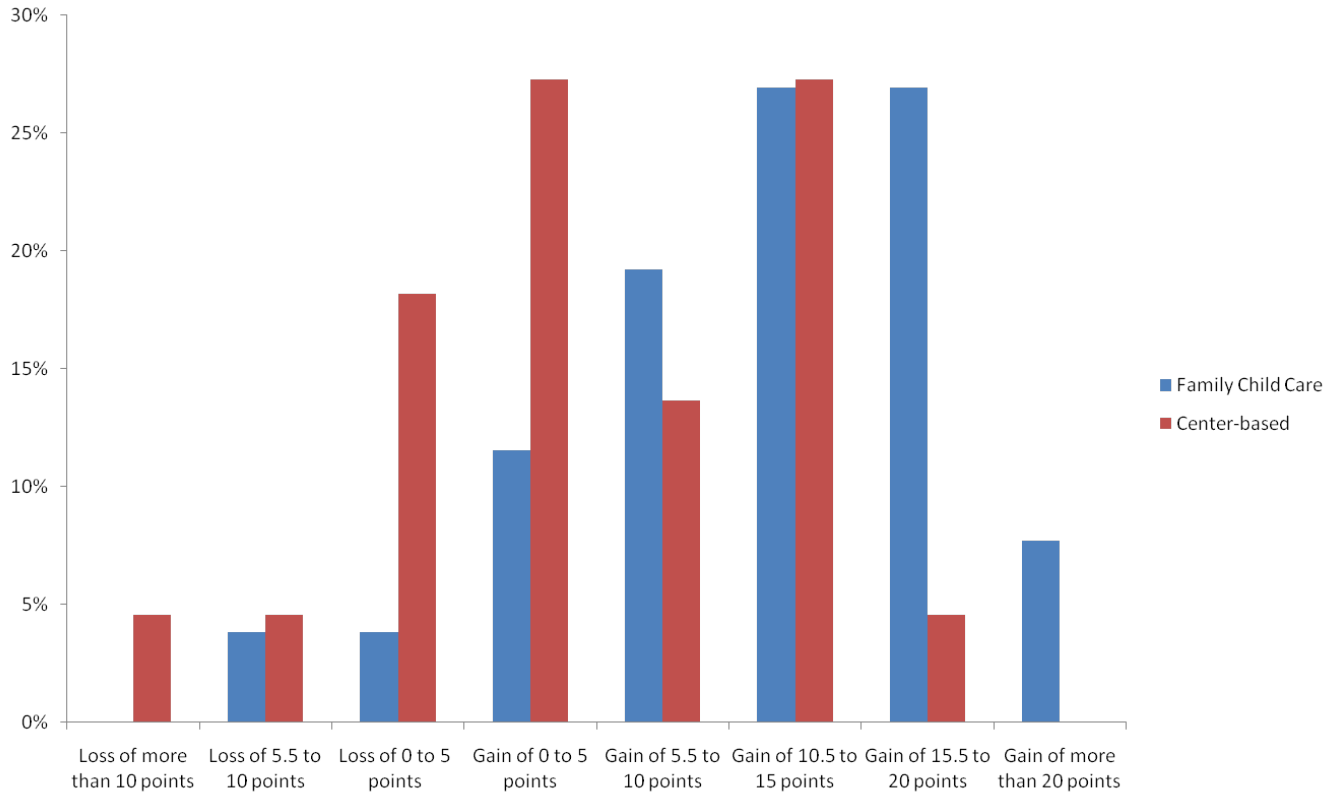
Looking closer at the 18 programs (4 center-based program and 14 family child care programs) that increased their star rating by 2 stars from initial rating to re-rating, 15 of the 18 programs received a full 10 points in Family Partnerships at the time of re-rating and 16 of the 18 programs received a full 10 points in Tracking Learning at the time of re-rating. This aligns with findings above that showed these two categories to be primary drivers in a 4-star rating.

Two of the four center-based programs that increased their rating by two stars had earned at least 32 points in their initial rating (enough points for four stars) but were unable to receive more than two stars because they did not have an approved curriculum for preschoolers. These

two sites began using an approved curriculum and moved from 2 stars to 4 stars. No other programs in this group were receiving a star rating that did not align with their points total.

There is no statistically significant correlation ($r=0.12$, n.s.) between initial star rating and later star rating, but the correlation is higher and nearing statistical significance ($r=0.28$, $p<.10$) between initial points total and later points total. The pattern of change in points total is shown below.

Figure 36. Change in total points earned from initial rating to re-rating



Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services as of July 31st, 2010. N=26 family child care, 22 center-based

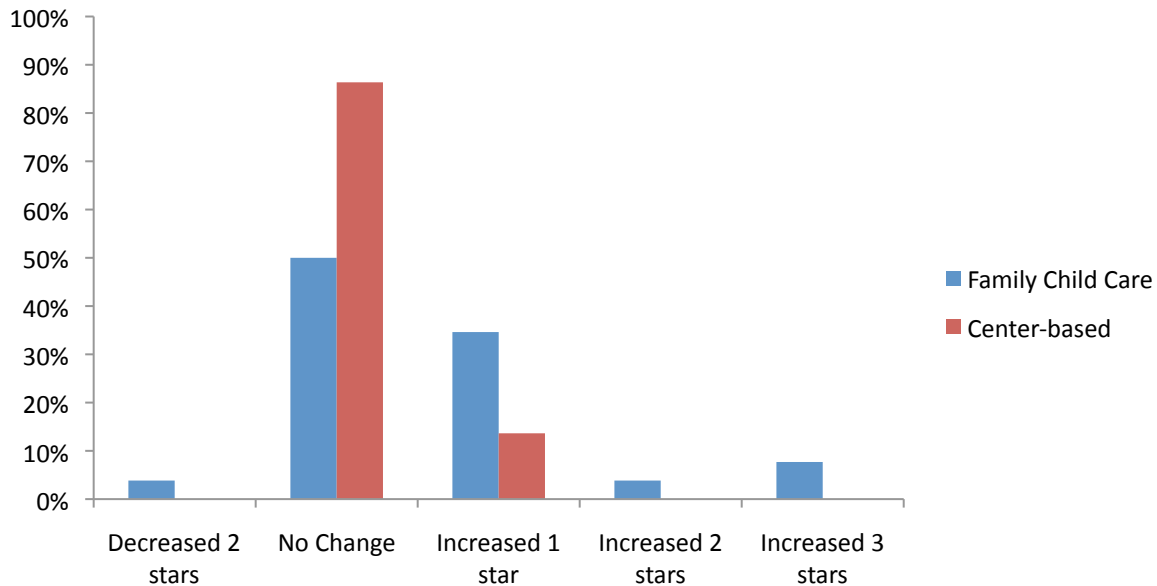
The average gain in points for family child care programs was 11.8 points, which is significantly higher ($p<.001$) than the average gain for center-based programs (4.5 points). Notably, 32% of center-based programs and 62% of family child care programs gained more than 10 points from initial rating to re-rating. The way that center-based programs improve their star rating and the way that family child care programs improve their star rating appears to be quite different. This difference is examined in depth by looking at changes in the star rating and subtotal for each Parent Aware rating category.

Changes in the Family Partnerships Category

Starting first with the Family Partnerships category, center-based programs are more likely to experience no change in their category star rating, just as they were more likely to

experience no change in their overall star rating. This can be explained by the fact that 19 of the 22 center-based programs received four stars in this category in their initial rating. At re-rating, all 22 center-based programs received four stars in this category.

Figure 37. Changes in Family Partnerships category stars



Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services as of July 31st, 2010. N=26 family child care, 22 center-based

Nearly three quarters of programs (11 out of 15 programs) that improved by at least 1 star in Family Partnerships increased by at least 1 star on their overall rating. All three of the family child care programs that increased by 2 or more stars in this category also increased by 2 stars overall, and 8 of the 12 family child care programs that increased their Family Partnership category stars by 1 star also increased their overall rating by 2 stars. Because there was so little change in this category for center-based programs, there is practically no correlation between change in category stars and change in overall stars for centers ($r=.05$, n.s.). However for family child care programs, the correlation between change in Family Partnership category stars and change in overall star rating is large and statistically significant ($r=.63$, $p<.001$).

Although programs had little room for improvement in this category, family child care programs gained an average of 2 points in Family Partnerships while center-based programs gained 0.5 points, a statistically significant difference ($p<.05$).

Within the Family Partnerships category, programs are most likely to earn additional points (from initial rating to re-rating) in the following ways:

- 23% of programs earn at least one more point for using multiple strategies to communicate with families, with 6% of programs earning two or more additional points for this indicator.
- 33% of programs earn at least half a point more for creating transition plans for children, with 29% earning a full point more on this indicator. Family child care programs were significantly more likely ($p<.05$) to improve on this indicator.

- 40% of programs earn at least one additional point for meeting with parents about transitions, with 27% of programs earning 2 additional points for this indicator. Family child care programs were significantly more likely ($p < .05$) to improve on this indicator.

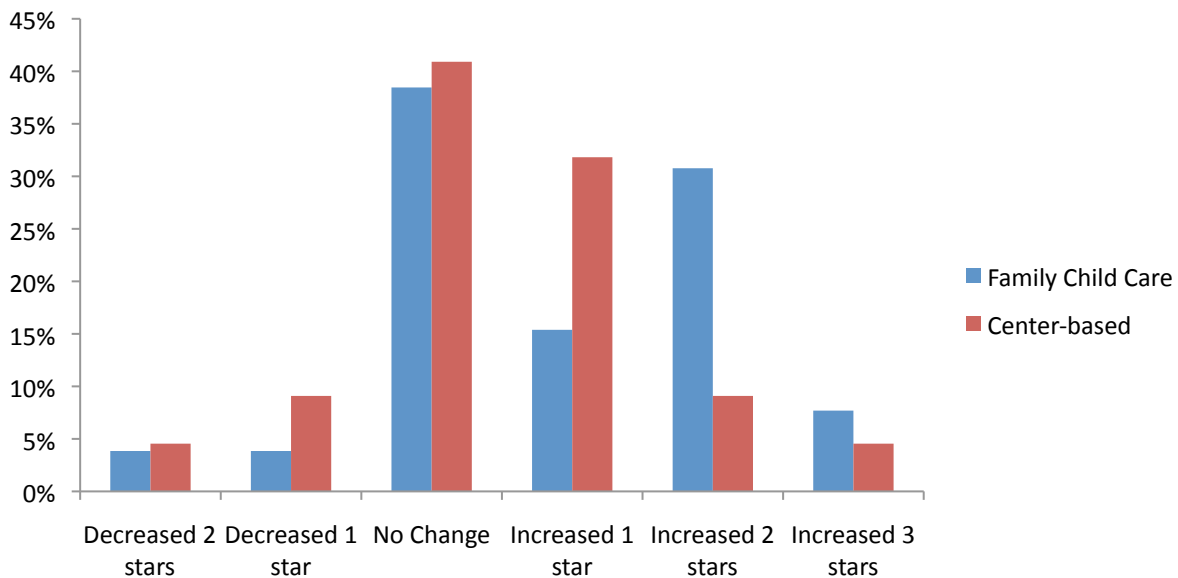
In contrast, programs are most likely to lose points (from initial rating to re-rating) in the Family Partnerships category in the following ways:

- 17% of programs lost at least one point on the indicator which requires programs to hold meetings with parents to discuss transitions, with 1 program losing two points on this indicator.
- 19% of programs lost at least half a point on the indicator which requires programs to create transition plans for children, with 2 programs losing a full point on this indicator.

Changes in the Teaching Materials and Strategies Category

Approximately 45% of both center-based programs and family child care programs increased their Teaching Materials and Strategies category star rating by at least 1 star, with 40% of family child care programs improving their Teaching Materials and Strategies category star rating by at least 2 stars.

Figure 38. Changes in Teaching Materials and Strategies category stars



Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services as of July 31st, 2010. N=26 family child care, 22 center-based

Nearly 85% of programs (11 out of 13) that gained at least 1 star in this category also gained at least 1 star in their overall star rating. There is a significant correlation between change in Teaching Materials and Strategies category stars and change in overall stars for both center-based programs ($r = .58, p < .01$) and family child care programs ($r = .48, p < .05$).

Although programs had more room for improvement in this category, gains were relatively small. Family child care programs gained an average of 2 points in this category while centers gained 1.1 points, a difference that is not statistically significant. The Teaching Materials and Strategies category points total at initial rating is significantly correlated ($r=.28$, $p<.10$) with the category points total at re-rating.

Within the Teaching Materials and Strategies category, programs are most likely to earn additional points (from initial rating to re-rating) in the following ways:

- 40% of programs earn at least one more point for having a curriculum for infants/toddlers, with 11% earning 2.5 additional points on this indicator. Family child care programs were significantly more likely ($p<.001$) than center-based programs to improve on this indicator.
- 42% of programs earn at least 1 additional point for having a curriculum for preschool children, with 15% earning two to four additional points on this indicator. Family child care programs were significantly more likely ($p<.01$) than centers to improve on this indicator.
- 38% of programs earn additional points for their ERS score, with 10% earning one additional point, 17% earning two additional points, 6% earning three additional points, and 4% earning four or five additional points.
- 32% of center-based programs earned a half point more on the Emotional Support subscale of the CLASS

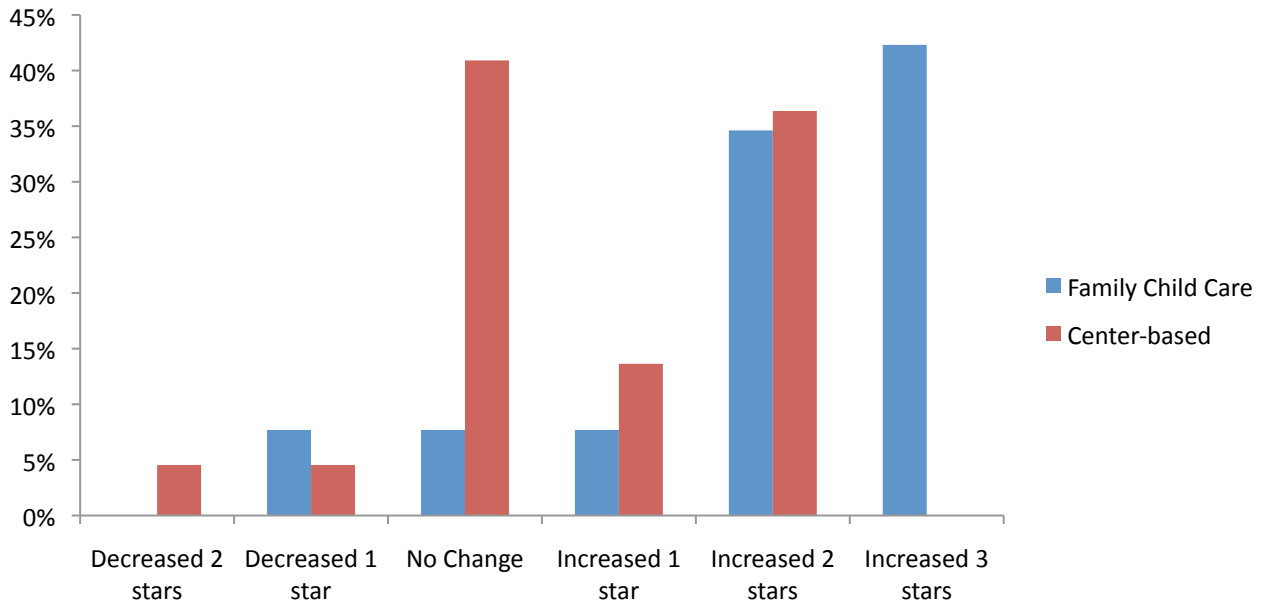
In contrast, programs are most likely to lose points (from initial rating to re-rating) in the Teaching Materials and Strategies category in the following ways:

- 21% of programs earned fewer points for their ERS score, with 10% earning one point less, 4% earning two points less, and 6% earning three points less.
- 32% of center-based programs earned half a point less on the Instructional Support subscale of the CLASS.

Changes in the Tracking Learning Category

The largest change in category stars was seen in the Tracking Learning category where half of center-based programs and 85% of family child care programs earned at least one more Tracking Learning category star at re-rating than they earned initially (see Figure 39). Moreover, 42% of family child care programs moved from 1 star in this category to 4 stars in this category. Category points total at initial rating were not significantly correlated with the category points total at rerating ($r=-.02$, ns).

Figure 39. Changes in Tracking Learning category stars



Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services as of July 31st, 2010. N=26 family child care, 22 center-based

Again, over 80% of programs (27 out of 33) that gained at least 1 star in this category also gained at least 1 star in their overall rating. Over 20% of programs gained 6.5 or 7 points in this category.

The correlation between change in category stars and change in overall stars is highest for the Tracking Learning category. There is a significant correlation between change in category stars and change in overall stars for both center-based programs ($r=.42, p<.10$) and family child care programs ($r=.74, p<.001$).

Similar to the Teaching Materials and Strategies category, programs had room for improvement in Tracking Learning, and gains in Tracking Learning were quite large. Family child care programs gained an average of 6.2 points in this category while center-based program gained 2.8 points, a statistically significant difference ($p<.05$).

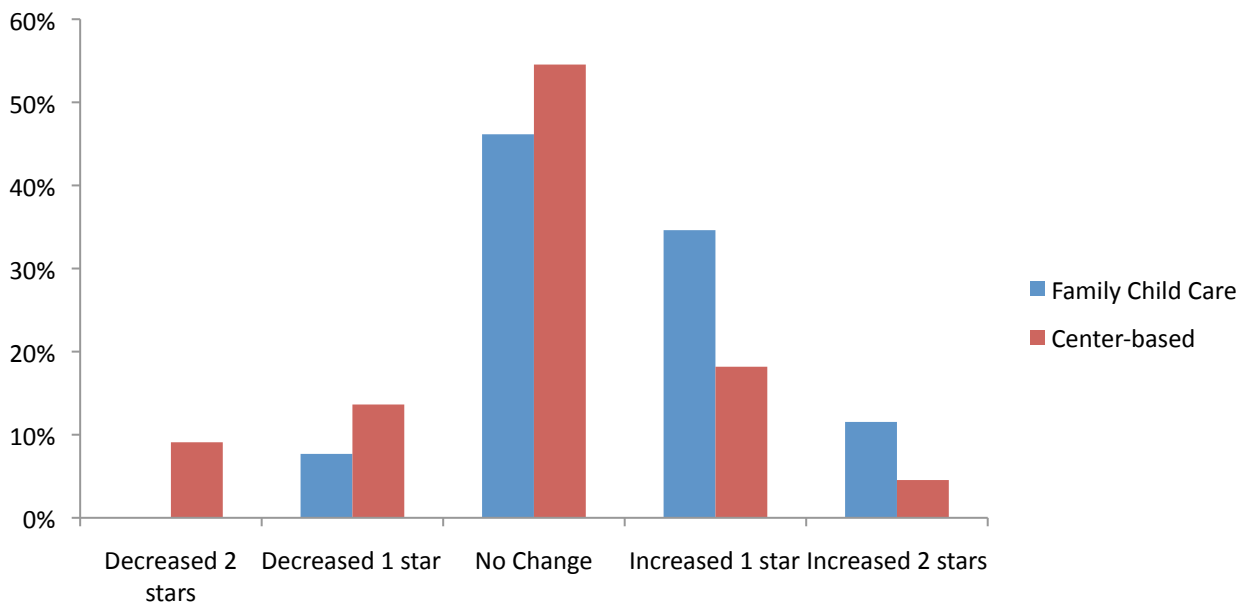
For every indicator within the Tracking Learning category, at least 55% of programs earned additional points from initial rating to re-rating. The greatest increases were seen for the indicator requiring programs to share assessment results with parents: 62% of programs received additional points for sharing the assessment results of infants/toddlers and 67% of programs received additional points for sharing the assessment results of preschool children. Family child care program were more likely than center-based programs to improve their score on all the indicators related to infants and toddlers: uses an assessment tool with infants/toddlers ($p<.01$), shares assessment results of infants/toddlers with parents ($p<.05$), and plans instruction based on the assessment results of infants/toddlers ($p<.05$). Family child care programs were also more likely than center-based programs to improve their scores on the indicator requiring programs to

share assessment results of preschoolers with parents ($p < .01$). In fact, 81% of family child care programs improved their score on this indicator from initial rating to re-rating, compared to half of center-based programs.

Changes in the Teacher Training and Education Category

Changes in Teacher Training and Education category were less common than changes in the other categories. Approximately 23% of centers and 46% of family child care providers improved their Teacher Training and Education category star rating. The Teacher Training and Education initial category star rating was significantly correlated with category star rating at the time of re-rating ($r = .68$, $p < .001$).

Figure 40. Changes in Teacher Training and Education category stars



Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services as of July 31st, 2010. N=26 family child care, 22 center-based

Over 85% of programs (15 out of 17) that gained at least 1 star in this category also gained at least 1 star in their overall rating. There is a moderate but significant correlation between change in category stars and change in overall stars for both center-based programs ($r = .47$, $p < .05$) and family child care programs ($r = .40$, $p < .05$).

It is not possible to look at changes within individual indicators in the Teacher Training and Education category because the components of this category have changed over time, and many programs were not rated on the same system for their re-rating that was used for their initial rating.

Large changes in the educational attainment of the staff over the course of a year would not be expected. However, of the 29 programs with a Career Lattice score at both initial rating and re-rating, 48% of programs increased their score on the Career Lattice and 21% decreased

their score. Because a significant portion of programs decreased their score in this category, the average change in category subtotal was low relative to the amount of fluctuation seen. Family child care programs gained 1.5 points on average and center-based programs gained 0.5 points, a statistically significant difference ($p < .01$). The explanation for decreases in Career Lattice scoring is an important area for further analyses.

In addition, star rating in this category is affected not just by points earned through the Career Lattice level but also by whether a center-based program has an Educational Coordinator with a Bachelor's degree, and whether all lead staff have a professional development plan. For example, given an average Career Lattice score of 7.5 or higher, a center-based program could improve its category star level from 2-star to 4-star by documenting the employment of an Educational Coordinator (which could be the Director) with a Bachelor's degree. This example was not seen among programs, however, since only one center-based program improved its Teacher Training and Education category stars by 2 stars, and that program was not affected by this rule.

Trends in Re-Rating

This section examined the process of being re-rated in Parent Aware for a subset of programs that have at least two ratings. Key findings include:

- Nearly two-third (65%) of programs increase their rating by at least one star (38% by two stars) at re-rating. Only 6% saw their star rating decrease.
- About one-third (32%) of center-based programs and 62% of family child care programs gained more than 10 points from initial rating to re-rating.
- Overall, 50% of programs increase their Teaching Materials and Strategies category star rating by at least 1 star (21% by 2 stars, 6% by 3 stars), often by adding a curriculum.
- A change in Teaching Materials and Strategies stars is significantly correlated with change in overall stars.
- Nearly 70% of programs increase their Tracking Learning category star rating by at least one point (35% by 2 stars, 23% by 3 stars).
- Only 35% of programs increase their Teacher Training and Education category star rating by at least one star (8% by 2 stars). Another 15% decrease their category star rating. This decrease in star rating for Teacher Training and Education warrants further study to determine whether staff turnover or other factors are.
- The Teacher Training and Education subtotal at initial rating is significantly correlated with the subtotal at re-rating ($p < .001$). Likewise, Teacher Training and Education is the only Parent Aware category where initial category star rating is significantly correlated with the category star rating at re-rating.
- Only 25% of programs increase their Family Partnerships category star rating. This is because 73% of programs already had 4 stars in this category.

Section 6. VALIDATION OF PROGRAM QUALITY

One goal of Quality Rating and Improvement Systems is to rate child care and early education programs in a way that is fair, accurate, and predictive of the actual quality of care and education that children receive. This issue is at the core of QRIS validation where the central question is about the extent to which the rating process captures meaningful and important differences in program quality. From the beginning of the pilot, Parent Aware stakeholders have expressed an interest in knowing how well the Parent Aware Rating Tool is distinguishing meaningful differences in quality. For example, is a 4-star program providing care and education that is meaningfully better than a 1-star program?

To date, nationally, QRIS evaluators have not come to consensus on the best approach for establishing the validity of QRIS. There are a number of approaches that can be considered, and each has challenges and benefits.

One approach to validation is to examine the indicators used in the QRIS and to consider whether these items reflect best practices in the field. This approach is often referred to as “face validity,” because it measures whether the tool contains the accepted components of quality, as defined by the research literature. This process of determining face validity was used early in the pilot of Parent Aware when the indicators in each of the four quality categories were selected using the best research evidence available in the field at the time. The challenge of relying solely on face validity is that it does not address the question of whether the tool accurately or reliably measures these aspects of quality or that the measures are linked to the desired outcomes for children. Instead, it provides assurance that the constructs selected for inclusion represent important dimensions of quality prioritized by Parent Aware developers and shown to have a strong basis in the research literature.

A second approach to validation is to use observational measures of global quality and interactions of teachers and children (for example, the Environment Rating Scales and the CLASS) to test the extent to which these measures of observed quality are correlated with the dimensions of quality rated using the Parent Aware Rating Tool. Predictive validity would be established if there was clear evidence that high scores or ratings on the Parent Aware Rating Tool are linked to high scores on the observational measures of quality. There are a couple of challenges to using this method of establishing validity. First, as is the case with Parent Aware, the measures of observed quality are often part of the rating process used in QRIS, so there are issues related to using the measures as both independent and dependent variables. Second, this method assumes that the observational measures capture the full depth and breadth of quality that matters for children’s outcomes. Yet QRIS always include additional indicators of quality to supplement those in the ERS (or the CLASS which is used in only a couple of QRIS), so using ERS and CLASS as a measure of the desired outcomes underestimates the range and content of practices that are being examined in QRIS.

A third approach to validation is to measure the correlation between child development outcomes and quality as measured by the QRIS. This approach is based on a strong body of empirical findings that high quality programs are associated with better outcomes for children

than lower quality programs, when other factors are controlled. If correlations are found between quality as measured in the QRIS and children's outcomes, we can have greater confidence that the strategy used to measure and rate quality in the QRIS is working as expected. The drawback to this approach is that it is difficult to control for all the other factors which might affect child outcomes. There are also gaps in our understanding of the dosage or threshold of quality a child needs to experience before improved outcomes can be expected (Zaslow, et al., forthcoming).

Validation of the Parent Aware Rating Tool includes an additional challenge because the majority of Parent Aware-rated programs are automatically-rated at a 4-star because they are accredited, Head Start/Early Head Start or School Readiness programs. Therefore, they are not measured and rated using the same criteria used in the Parent Aware Rating Tool and the Evaluation team needed to develop "proxy" measures that would function like the categories used in Parent Aware.

In the section that follows, we take the second approach to validation and examine the extent to which scores on the ERS and CLASS correspond with star rating.

In Section 7, we will use the third approach to validation and examine the extent to which child outcomes are related to Parent Aware ratings.

Before proceeding with the analyses, it must be noted that there are limitations in using the sample of Parent Aware programs to draw definitive conclusions about the Rating Tool. First, the programs that received a full rating in Parent Aware are unequally distributed across star levels, with the majority of programs receiving higher star ratings. For example, at the time programs and children were recruited into the Evaluation in 2008/2009, there were only two programs with a 1-star rating, and neither of them were serving children that were eligible to participate in the Evaluation (because they were too young). Similarly, the sample of fully-rated programs at the other star levels was also extremely small.¹⁴ As a result, for this set of analyses, the Evaluation is not able to examine validation questions by overall star level. For example, the Evaluation can not address the question of whether children in 4-star fully-rated programs make larger developmental gains than children in 1- or 2-star programs. Likewise, because of small sample sizes, the Evaluation can not address whether gains for children in 4-star fully-rated programs are similar to those in 4-star automatically-rated programs. In addition, the program sample represents early responders to the QRIS and a disproportionately large number of accredited center-based programs which may bias the sample in various ways. For example, these programs may have been encouraged by the incentives that were available to parents selecting programs at 3- and 4-star levels in the first two years of the pilot. Or, they may be programs with access to external supports that have allowed them to complete the accreditation process. Unexpectedly, as will be shown later in this section, all Parent Aware-rated programs (with automatic and full ratings) tended to score in the low to middle ranges on measures of global quality and teacher-child interactions which may limit the ability to note significant linkages between quality level and gains in children's developmental outcomes.

¹⁴ The Evaluation team set a goal with the Parent Aware Implementation Team of having at least 50 programs in each rating category to support the validation analyses. These recruitment and enrollment goals were not met for a variety of reasons (see the Year 1 and Year 2 Evaluation Reports for further details about recruitment).

Thus, we use extreme caution when attempting to discern patterns between the Parent Aware ratings in this sample and their linkages to observed quality and child outcomes. Our conservative, overall strategy in these sections is to rely on the body of research in large, national samples demonstrating the linkages between the ERS, CLASS and other quality indicators (including those that are rated in Parent Aware) and children's developmental outcomes. When linkages are noted that are consistent with the literature, we interpret these findings as providing positive support for the measurement strategy used in Parent Aware. When findings contradict the existing empirical literature, we interpret them as indicating that further work is needed on the measurement strategy to either a) measure the indicators more accurately, or b) revise the indicators and measures to capture the features of the domain that are most important for observed quality and child outcomes. We also assume that contradictions may be due to the limitations and selection biases of the sample.

Scores from Observational Measures of Global Quality and Teacher-Child Interaction

As described in Section 4 above, Parent Aware uses the Environment Rating Scales (ERS) and Classroom Assessment Scoring System (CLASS) as two of the indicators making up the Teaching Materials and Strategies rating category. As such, all fully-rated Parent Aware programs receive a set of observations: ECERS-R, ITERS-R, and CLASS for center-based programs, and FCCERS for family child care programs.

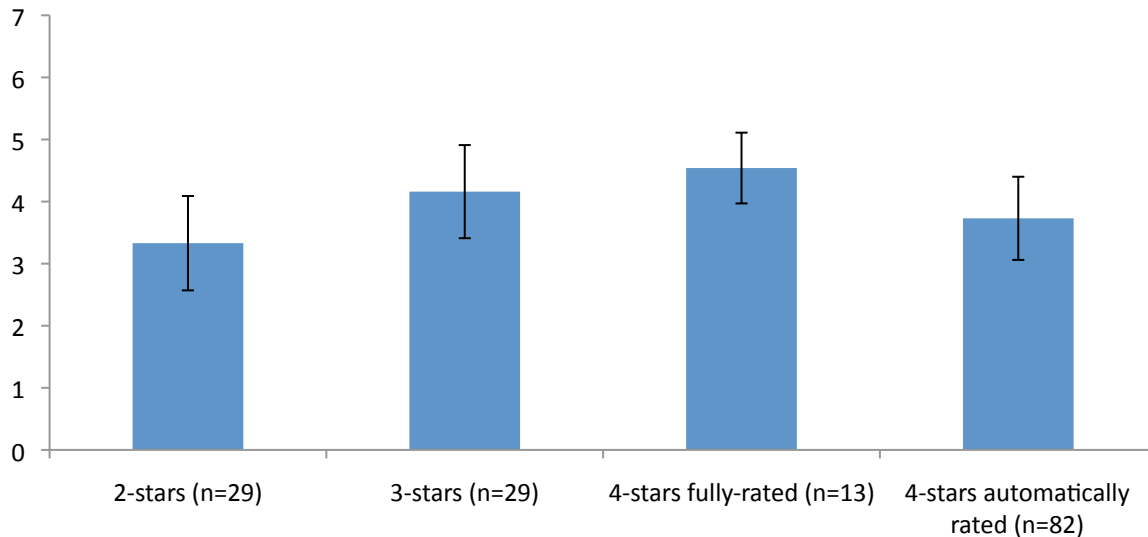
The evaluation has conducted additional observational measures in automatically-rated Parent Aware programs (accredited programs, Head Start, and School Readiness), following the same protocol as Parent Aware uses for fully-rated programs. In addition, the evaluation has conducted the Early Childhood Environment Rating Scale – Extension (ECERS-E), in Parent Aware programs (both automatically- and fully-rated programs). Analyses of observational scores and the relation between observational scores and Parent Aware star ratings are presented here (for both initial and re-ratings).

Early Childhood Environment Rating Scale – Revised (ECERS-R). The ECERS-R was conducted in one-third of the preschool classrooms in all fully-rated center-based Parent Aware programs **and** in all center-based automatically-rated Parent Aware programs (accredited, Head Start, and School Readiness programs) that participated in the evaluation. The analyses in this section include observation scores for ratings issued before July 31, 2010. Because both initial ratings and re-ratings are included, some programs are represented more than once. When analyzed by star rating, results are only presented for groups that contain at least five programs.

The mean total ECERS-R score across all ratings of center-based programs ($n = 155$) was 3.80. Mean total ECERS-R scores by Parent Aware star rating are displayed in Figure 41. The scores for all star rating levels are in the minimal quality range (a score of 3 = minimal and a score of 5 = good). Using a one-way analysis of variance (ANOVA; a statistical method for comparing average scores), there were statistically significant differences in mean ECERS-R scores across the star levels, $F(4, 150) = 9.15, p < .0001$. Post hoc analyses indicated that 4-star fully-rated programs scored significantly higher than both 4-star automatically-rated programs and 2-star programs. In addition, 3-star programs scored significantly higher than 2-star programs. The difference between 4-star programs and 3-star programs, however, was not

statistically significant. Figure 41 below also contains error bars of plus/minus one standard deviation.

Figure 41. Mean total ECERS-R score by star rating and rating type (includes initial and re-ratings).

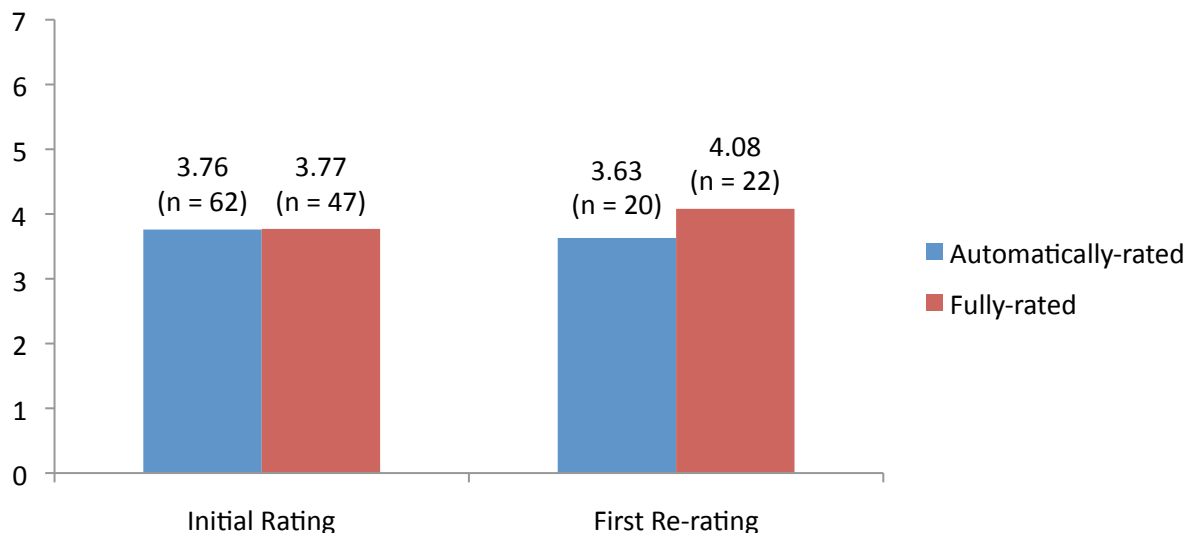


Source: Center for Early Education and Development (CEED), University of Minnesota as of July 31st, 2010

Sample sizes are small, particularly for 1-star programs which could not be included in Figure 41 because there were only two programs with a 1-star rating. However, there is an indication that fully-rated 4-star programs score statistically significantly higher on a measure of global quality than 2-star program. There is also some evidence that automatically-rated programs, on average, have levels of global quality similar to those observed in 3-star programs.

Mean total ECERS-R scores are broken down by re-rating status for fully- and automatically-rated programs in Figure 42. The potential interaction between re-rating status and rating type that emerged in the Year 2 Evaluation Report (pp. 104-105) is evident but not statistically significant in the Year 3 analyses. It appears that automatically-rated programs are scoring slightly lower on the ECERS-R at re-rating and fully-rated programs are scoring higher at re-rating, but these differences by re-rating status or rating type are not statistically significant.

Figure 42. Mean total ECERS-R by re-rating status and rating type.



Source: Center for Early Education and Development (CEED), University of Minnesota as of July 31st, 2010

Early Childhood Environment Rating Scale – Extension (ECERS-E). The Early Childhood Environment Rating Scale – Extension (ECERS-E) is an observational tool designed to supplement the ECERS-R. It consists of four subscales: Literacy, mathematics, science, and diversity (Syva, Siraj-Blatchford, & Taggart, 2006). Like the ECERS-R, the ECERS-E is based on a scale of 1 to 7, with 1 = adequate, 3 = minimal, 5 = good, and 7 = excellent, as designated by the authors of the tool.

Through the evaluation, Parent Aware programs were observed with the literacy and mathematics subscales, as well as one item from the diversity subscale (planning for individual learning needs) of the ECERS-E, during the ECERS-R observation visit. The ECERS-E was used to collect more in-depth information about literacy, mathematics, and diversity than could be provided by the ECERS-R alone. ECERS-E scores also provided an additional measure of quality that is not embedded in the Parent Aware star ratings (as the other ERS scales and the CLASS are).

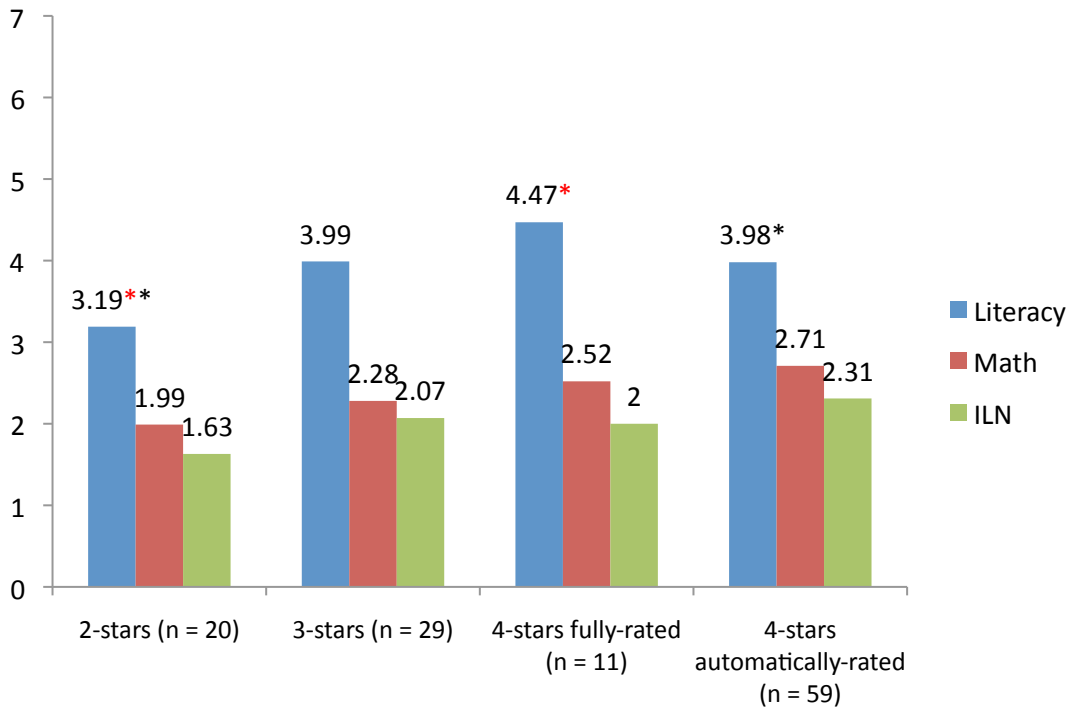
Mean total ECERS-E scores by subscale and Parent Aware star rating are displayed in Table 33 and Figure 43. A one-way ANOVA with post hoc analyses showed that there were statistically significant differences in mean Literacy scores across the star level, $F(4, 119) = 4.52, p < .01$, with both 4-star fully-rated and 4-star automatically-rated programs scoring significantly higher than 2-star programs. There were no statistically significant differences in Math or Individual Learning Needs. Scores on all of the subscales fell below minimal (3.0) levels.

Table 33. Mean ECERS-E scores by subscale and star rating.

Star Level/ Rating Type	Literacy Subscale M(SD)	Math Subscale M(SD)	Individual Learning Needs M(SD)
2-stars (n = 20)	3.19 (1.00)	1.99 (0.75)	1.63 (1.46)
3-stars (n = 29)	3.99 (0.96)	2.28 (1.00)	2.07 (1.46)
4-stars fully-rated (n = 11)	4.47 (0.99)	2.52 (1.08)	2.00 (1.34)
4-stars automatically- rated (n = 59)	3.98 (1.04)	2.71 (1.06)	2.31 (1.82)

Source: Center for Early Education and Development (CEED), University of Minnesota as of October 2010

Figure 43. Mean ECERS-E scores by subscale and star rating.

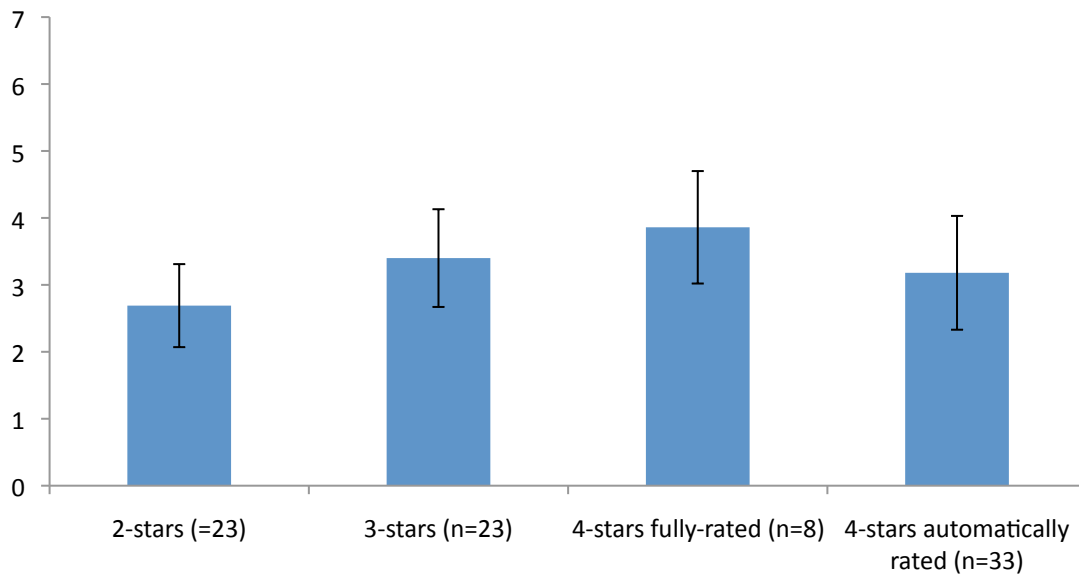


Source: Center for Early Education and Development (CEED), University of Minnesota as of October 2010

Infant/Toddler Environment Rating Scale – Revised (ITERS-R). The ITERS-R was conducted in one-third of the infant/toddler classrooms in all fully-rated center-based Parent Aware programs **and** in all center-based automatically-rated Parent Aware programs (accredited, Head Start, and School Readiness programs) that participated in the evaluation. The analyses in this section include observation scores for programs that had received a Parent Aware rating on or before July 31, 2010 (including initial and re-ratings). When analyzed by star rating, results are only presented for star categories with at least five programs.

The mean total ITERS-R score across all programs (n = 88) was 3.15. Mean total ITERS-R scores by Parent Aware star rating are displayed in Figure 44. The scores for all star rating levels are in the minimal quality range (a score of 3 = minimal and a score of 5 = good). A one-way ANOVA with post hoc analyses showed that there were statistically significant differences in mean ITERS-R scores across the star levels, $F(4, 83) = 6.11$ $p < .001$, with 4-star fully-rated programs and 3-star programs scoring significantly higher than 2-star programs. On this measure, fully-rated 4-star programs are not scoring significantly differently than automatically-rated 4-star programs. Figure 44 below also contains error bars of plus/minus one standard deviation.

Figure 44. Mean total ITERS-R score by star rating and rating type.



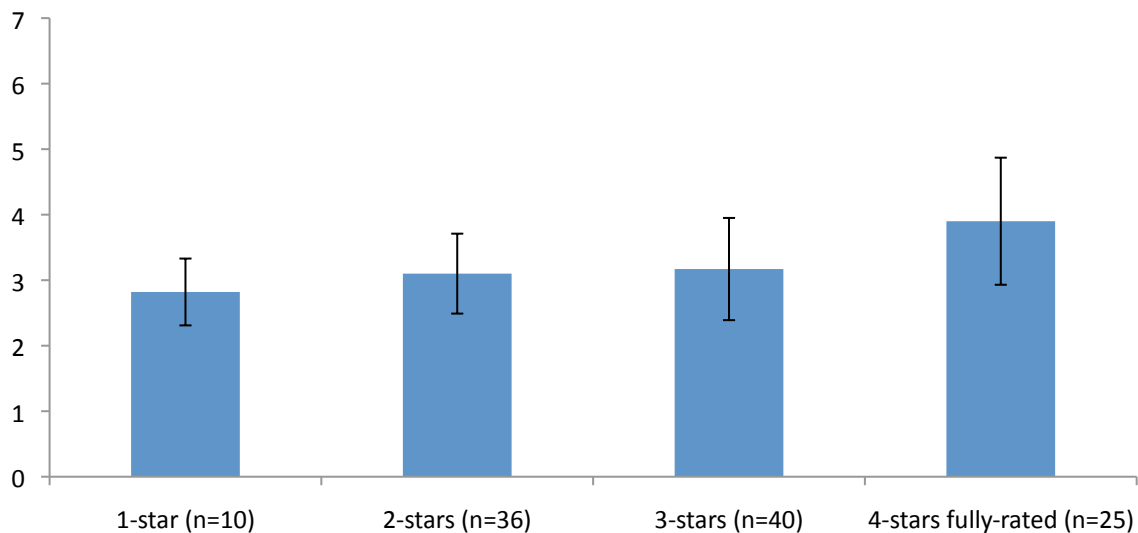
Source: Center for Early Education and Development (CEED), University of Minnesota as of July 31st, 2010

Although sample sizes are quite small, there is evidence that observed global quality for infants and toddlers is higher in fully-rated 4- or 3-star programs than in 2-star programs. The standard deviations are a helpful reminder, however, that ITERS scores do vary within star level.

Family Child Care Environment Rating Scale – Revised (FCCERS-R). The FCCERS-R was conducted on all fully-rated family child care programs in Parent Aware.

For family child care programs, the mean total FCCERS-R score for all ratings received by July 31, 2010 (n = 113), was 3.28. The FCCERS-R ranged from just below “minimal” to within the “minimal” quality range (see Figure 45). One-way ANOVAs with post hoc comparisons were run for each star level. There were statistically significant differences in mean FCCERS-R scores across the star levels, $F(4, 108) = 5.95$ $p < .001$, with 4-star fully-rated programs scoring significantly higher than 3-star, 2-star, and 1-star programs. Again, error bars represent plus/minus one standard deviation.

Figure 45. Mean total FCCERS-R score by star rating and rating type.



Source: Center for Early Education and Development (CEED), University of Minnesota as of July 31st, 2010

As can be seen in Figure 45, observed global quality in family child care programs increases in a linear way, and 4-star fully-rated programs score significantly higher than the other star levels on this measure. Thus, the FCCERS-R is working well to distinguish quality levels identified in Parent Aware, though there were not enough automatically-rated family child care programs, however, to provide scores for that group.

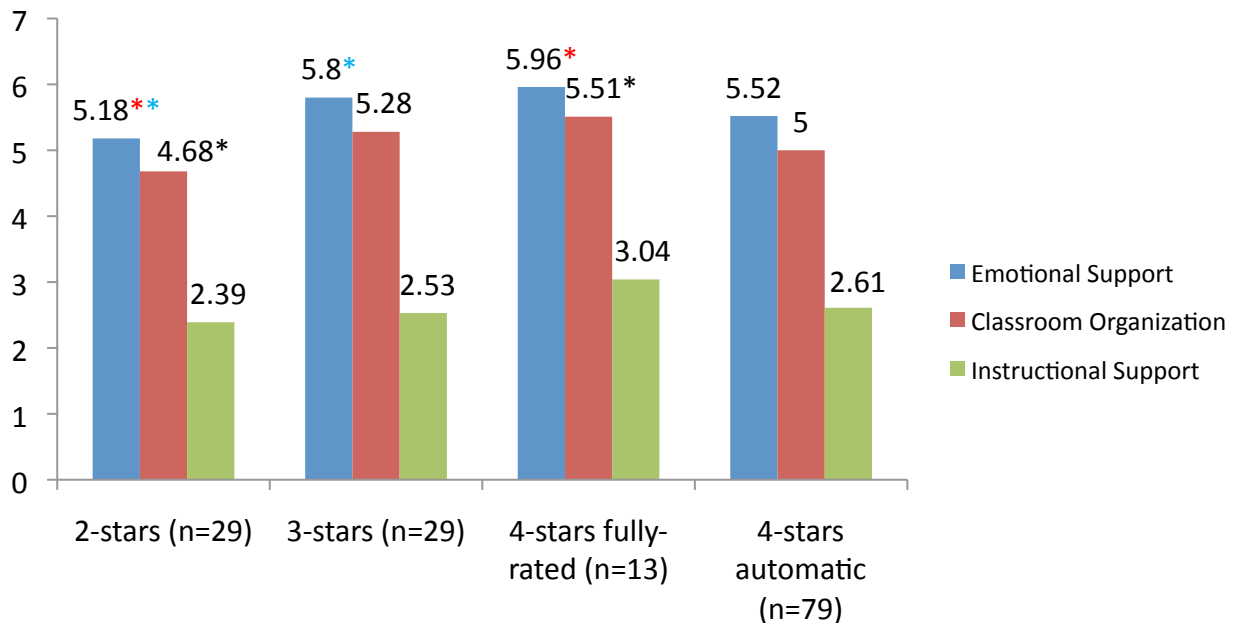
Classroom Assessment Scoring System (CLASS). The Classroom Assessment and Scoring System (CLASS; Pianta, La Paro & Hamre, 2008) is an observational tool used to assess the quality of emotional support and instruction in preschool classrooms. Scores are given for three domains: Emotional Support (includes constructs such as the emotional connection between teachers and students, expressed negativity such as anger or hostility, and teacher sensitivity to students' concerns), Classroom Organization (includes behavior management, productivity, and instructional learning formats), and Instructional Support (includes concept development, how teachers provide feedback, and language modeling). Scores for each domain are based on a scale of 1 to 7, with 1 and 2 = "low range", 3 – 5 = "middle range", and 6 and 7 = "high range", as designated by the authors of the tool.

The CLASS was conducted in one-third of the preschool classrooms in all fully-rated center-based Parent Aware programs **and** in all center-based automatically-rated Parent Aware programs (accredited, Head Start, and School Readiness programs) that participated in the evaluation. The analyses in this section include observation scores for programs that had received a Parent Aware rating on or before July 31, 2010. When analyzed by star rating, results are only presented for star categories with at least five programs.

The mean CLASS scores for all ratings received by July 31, 2010 (n = 152), were as follows: Emotional support M = 5.55, classroom organization M = 5.04, instructional support M = 2.59. Mean CLASS scores by star rating and program type are displayed in Figure 46. All star

levels had the same pattern of CLASS scores, scoring the highest in emotional support, scoring slightly lower in classroom organization, and significantly lower in instructional support. One-way ANOVAs with post hoc comparisons were run for each subscale. In Emotional Support, there were statistically significant differences across star levels $F(4, 147) = 3.59, p < .01$, with 4-star fully-rated and 3-star programs both scoring significantly higher than 2-star programs. There were also significant differences across the Classroom Organization subscale, $F(4, 147) = 2.96, p < .05$, with 4-star fully-rated programs outscoring 2-star programs. There were no significant differences across star level for Instructional Support.

Figure 46. Mean CLASS scores by star rating and program type.



Source: Center for Early Education and Development (CEED), University of Minnesota as of July 31st, 2010

Summary of Observational Scores

The majority of the average ERS scores (for ECERS-R, ITERS-R, and FCCERS-R) were in the “minimal quality” range (scores between 3 and 5) and some mean scores were in the “inadequate quality” range (scores between 1 and 3: ITERS-R overall mean for 2-star programs and FCCERS-R overall mean for 1-star programs). No overall mean ERS scores for any group reached the “good quality” level (a score of 5). Similar to the ERS scores, all mean CLASS scores were in the “low” or “mid” ranges. Mean scores for Emotional Support and Classroom Organization were in the “mid” range (scores of 3 - 5) and mean scores for Instructional Support were in the “low” range (scores of 1 - 2).

Across all observational measures, there was a linear trend with scores increasing across 2-star, 3-star, and 4-star fully-rated programs. On a measure of global quality in preschool classrooms (ECERS-R), scores for the 4-star fully-rated programs were significantly higher than those in 4-star automatically-rated programs and in 2-star programs. A similar pattern of higher

4-star scores was noted for scores on global quality of infant and toddler classrooms (ITERS-R), a measure of literacy practices (the ECERS-E Literacy subscale), global quality in family child care programs (the FCCERS-R), and two measures of teacher-child interaction quality (the CLASS Emotional Support subscale and the Classroom Organization subscale)

Thus, there is moderate evidence in these findings to support the predictive validity of the Parent Aware Rating Tool at the higher levels of the scale. That is, at the 4-star level, programs tend to score better on observed quality measures than programs at other levels. It is critical to point out that there were too few programs at a 1-star level to include them in these analyses, which significantly constrains our ability to make definitive statements about the tool overall.

Section 7. PARENTS AND CHILDREN IN PARENT AWARE-RATED PROGRAMS

Children attending Parent Aware-rated programs and their parents were included in the evaluation to examine how Parent Aware ratings, quality indicators, and other program characteristics, as well as family characteristics, relate to child outcomes. As noted in the previous section, this is one strategy for validating the Parent Aware Rating Tool. The goal is to understand children's developmental progress when they participate in Parent Aware-rated programs and to address the question of whether the Parent Aware quality categories are meaningfully linked to children's developmental outcomes. These analyses are not conducted to demonstrate that Parent Aware causes changes in children's outcomes. Rather, the purpose is to examine how the quality measured by or designated by Parent Aware is linked to children's development.

Background on Child Sample

Recruitment of children into the Evaluation occurred in two cohorts, the first in the fall of 2008 and the second in the fall of 2009. Programs that agreed to enroll in the evaluation were contacted to enroll children to participate in a fall and spring child assessment. Children were eligible if they currently attended a Parent Aware-rated program and would be entering Kindergarten the following fall (i.e. they were in their final year of preschool). Consent forms for parents as well as a brochure were distributed to all of the programs participating in the evaluation. Programs were asked to help enroll children into the study by approaching parents of eligible children. Up to six children per child care center/Head Start/or School Readiness program were eligible. Up to two children per family child care home were eligible. Programs were asked to approach families who received a child care subsidy first, then open it up to all families. Programs were also asked to prioritize enrollment of children who were in care at least 20 hours per week and of children still expected to be enrolled in the program the following spring. Programs that did not enroll children receiving a subsidy were given the option of inviting any family to participate in the evaluation, but were still asked to keep the other criteria in mind. It is possible that programs approached families they thought were more likely to participate or those who they felt were functioning at a higher level (though it would be impossible for program staff to know how children would perform on the particular measures used in the Parent Aware Evaluation. The evaluation followed up with programs on a regular basis to encourage them to return signed consent forms. If a program was having difficulty recruiting children and families, research staff from the Evaluation team talked to parents directly during pick-up hours or during an already scheduled family event coordinated by the program. For participating, children received a book and a sticker. Child assessments were conducted at two time points for each of the two cohorts: Fall 2008 and spring 2009 and fall 2009 and spring 2010. Across the two cohorts, 421 children attending 84 Parent Aware-rated programs participated in the evaluation (see Table 34).

Table 34. Number of child participants by program and rating type.

Program/Rating Type	4 Star						Total (n = 84)
	Automatic (n = 54)	4 Stars (n = 8)	Provisional (n = 3)	3 Stars (n = 9)	2 Stars (n = 10)	1 Star (n = 0)	
Head Start/Early Head Start	25	0	0	0	0	0	25
Center-based programs	220	15	23	21	23	0	302
Family child care programs	2	14	0	4	5	0	25
School Readiness	69	0	0	0	0	0	69
Total Children	316	29	23	25	28	0	421

Source: Parent Aware Evaluation Team, Child Trends and Parent Aware Rating Tool Database as of July 31st, 2010

As shown in Table 34, the distribution of children in the evaluation is skewed toward higher-rated programs, particularly 4-star automatically-rated programs. It is important to note that this skewed distribution mirrors the distribution of programs participating in Parent Aware. As such, the evaluation is limited in making comparisons of child outcomes across the full range of star ratings at this time. The findings in this report therefore focus on the relation between child outcomes and program characteristics not specifically related to star ratings.

Parents of children enrolled in the evaluation were interviewed over the phone in the fall of 2008 (n = 153) and the fall of 2009 (n = 186). Wilder Research conducted the interviews which included items regarding parents' child care selection, usage, and satisfaction, their thoughts on quality, perceptions of Parent Aware, and other child care related questions, in addition to family demographic information.

Child Demographic Information

Across the two cohorts of children in the sample, a total of 421 children provided at least partial child outcome data (through direct assessments and/or teacher report, as described below). The mean age at fall assessment was 4.69 years and at spring assessment 5.43 years. Fifty-three percent of the sample was female, 43% was White, and 26% was African American. Seventy-five percent spoke English at home and 60% reported a household income of less than \$50,000 per year. In addition, 37% reported receiving some type of scholarship, subsidy, or other assistance. See Table 35 for a complete breakdown of demographic groups for the child sample.

Table 35. Demographic information for the two cohorts of child participants (N = 421)

Age	n	M (Years)
Fall	416	4.69
Spring	353	5.43
Gender	n	%
Female	222	53%

Male	199	47%
Race/Ethnicity	n	%
White/Caucasian	179	43%
Black/African American	109	26%
Hmong	22	5%
Asian Other	16	4%
Alaska Native or American Indian	10	2%
Hispanic/Latino	42	10%
African	6	1%
Other	3	1%
Not Reported	34	8%
Child Language	n	%
English	316	75%
Hmong	15	4%
Spanish	10	2%
English/Spanish	11	3%
English/Somali	4	< 1%
Karen	2	<1%
Other	n=1 each of 30	
Not Reported	33	8%
Income	n	%
< \$15,000	77	18%
\$15,000 - \$20,000	45	11%
\$20,000 - \$30,000	60	14%
\$30,000 - \$40,000	51	12%
\$40,000 - \$50,000	21	5%
\$50,000 +	133	32%
Not Reported	35	8%
Scholarship/Subsidy (CCAP, Pre-K Allowances, other assistance)	n	%
No	229	54%
Yes	154	37%
Not Reported	38	9%

Source: Source: Parent Aware Evaluation Parent Interview, Fall 2009

Family Background Characteristics

Of the 421 children in the evaluation, 315 had corresponding parent interviews. Questions regarding family activities and other factors from the parent interview provide a picture of the family and developmental background of the child sample.

Parent Health and Demographics. The mothers of children in Parent Aware-rated programs were 33.4 years old on average and the fathers were 36. Fourteen percent report being from an immigrant or refugee group. Twenty-one percent of mothers had a high-school education or less and 46% had at least a Bachelors degree (see Table 36). For fathers, 34% had a high-school education or less and 44% had a Bachelors degree or higher.

Table 36. Highest educational level attained by parents of children in Parent Aware-rated programs.

Highest grade or year of school child's mother has ever completed	n	%
Never attended/Kindergarten only	7	2%
6th-11th grade	12	4%
12th grade but no diploma	4	1%
High school diploma/equivalent	45	14%
Voc/Tech program	17	5%
Some college but no degree	60	19%
Associates	26	8%
Bachelors	74	24%
Graduate/Professional school but no degree	13	4%
Master's degree	36	11%
Doctorate degree	12	4%
Professional Degree beyond Bachelor's Degree	8	3%
Total	314	100%
Highest grade or year of school child's father has ever completed	n	%
Never attended/Kindergarten only	8	3%
2nd-8th grade	4	1%
9th-11th grade	18	6%
12th grade but no diploma	9	3%
High school diploma/equivalent	65	21%
Voc/Tech program	12	4%
Some college but no degree	39	12%
Associates	21	7%
Bachelors	72	23%
Graduate/Professional school but no degree	7	2%
Master's degree	25	8%
Doctorate degree	9	3%
Professional Degree beyond Bachelor's Degree	11	4%
Don't know	13	4%
Total	313	100%

Source: Source: Parent Aware Evaluation Parent Interview, Fall 2009

Over half of parents reported being married and living with their spouse, and most reported that they were currently working for pay at a job (see Table 37). Seventy-two percent reported working at least 36 hours per week.

Table 37. Marital and work status of parents of children in Parent Aware-rated programs.

Current marital status	n	%
Single, never married	78	25%
Single, living with a partner	30	10%
Married, living with spouse	171	54%
Married, separated	13	4%
Divorced/Widowed	22	7%
Total	314	100%
Primary activity during “most” of the last week	n	%
Working for pay at a job	226	72%
Holding a job, but not at work	6	2%
Looking for work	16	5%
Going to school	17	5%
In an unpaid job training program	1	0%
At home full time	36	12%
Unable to work because of a disability	8	3%
Other	3	1%
Total	313	100%

Source: Parent Aware Evaluation Parent Interview, Fall 2009

The majority of parents of children in Parent Aware-rated programs do not receive benefits such as MFIP (Minnesota Family Investment Program; Minnesota’s welfare program), public housing, or other forms of assistance. The programs that are used the most are free or reduced price school lunches (29%) and WIC (28%). Twenty-two percent of parents report using child care assistance (CCAP) (see Table 38).

Table 38. Parents’ use of benefits.

Benefits received (n=315)	Yes	No	Don't know/ Refused
a. MFIP (Minnesota Family Investment Program)	12%	87%	1%
b. Medicaid or Medicare	16%	83%	0%
c. Food Stamps	25%	75%	0%
d. WIC	28%	71%	1%
e. Free or reduced price school lunches for your children	29%	69%	2%
f. Public Housing	7%	92%	0%
g. Section 8 Housing Voucher	7%	93%	0%
h. Social Security payments	4%	96%	0%
i. Disability (SSI) for yourself	3%	97%	0%
j. Disability (SSI) for other family member	5%	94%	1%
k. Child care assistance or CCAP	22%	77%	1%

Benefits received (n=315)	Yes	No	Don't know/ Refused
l. Unemployment insurance	5%	94%	1%
m. Other forms of assistance	8%	91%	1%

Source: Parent Aware Evaluation Parent Interview, Fall 2009

Other indicators of family risk are provided in Table 39. The majority of parents reported that their needs are met in terms of housing (87%), transportation (87%), and having enough of the foods they want to eat (78%). A minority of families report having enough food to eat, but not enough of the kinds of food they want (18%). Lastly, the majority of families use the internet at home (71%), while a smaller percentage (22%) use it someplace else. Seven percent of families report not using the internet.

Table 39. Indicators of family risk

How well does your current housing meet your family's needs?		
Excellent	165	53%
Good	106	34%
Fair	34	11%
Poor	9	3%
Total	314	100%
How well does your current transportation meet your family's needs?		
Excellent	171	55%
Good	99	32%
Fair	31	10%
Poor	12	4%
Total	313	100%
Which of these statements about food best describes your household in the last 6 months?		
We have enough to eat and the kind of foods we want	243	78%
We have enough to eat but not always the kinds of food we want	55	18%
Sometimes we don't have enough to eat	12	4%
Often we don't have enough to eat	3	1%
Total	313	100%
Do you usually use the Internet...		
At home	222	71%
Someplace else	69	22%
You do not use the internet	23	7%
Total	314	29%

Source: Parent Aware Evaluation Parent Interview, Fall 2009

Child Health and Development. Parents were asked how many letters of the English alphabet their children know. Most parents indicated that their child could identify all of the letters (61%) or most of the letters (23%). A minority of parents reported their child could

identify only some letters (15%). One percent of parents reported their child could not identify any English letters.

Table 40. English alphabet letters children know.

How many letters of the English alphabet does [CHILD] know?		
All	193	61%
Most	72	23%
Some	46	15%
None	3	1%
Total	314	100%

Source: Parent Aware Evaluation Parent Interview, Fall 2009

At least 90% of parents report that their child “almost all of the time” or “most of the time” exhibits pro-social behaviors such as using words to communicate, is curious about learning new things, takes turns and shares with other children, and asks an adult for help when there is a problem (See Table 41).

Table 41. Frequency of children’s pro-social behaviors.

Please tell me how often [CHILD]...(n=315)	Never	Rarely	Sometimes	Most of the time	Almost all of the time	Don’t know
a. Uses words to communicate what he or she needs, wants or is thinking about	0%	0%	1%	10%	89%	0%
b. Is curious and enthusiastic about learning new things	0%	0%	4%	15%	80%	0%
c. Takes turns, shares, and gets along well with other children	0%	0%	10%	49%	40%	1%
d. Asks an adult for help when he or she needs help or has a problem with something	1%	1%	9%	40%	50%	0%

Source: Parent Aware Evaluation Parent Interview, Fall 2009

Parents were asked to identify which language they most often use when speaking to the child at home. Parents were then asked to report how high their child can count in the language most often spoken to the child at home. If a parent reported speaking to the child in two or more languages equally, the parent was asked to report how high the child could count in each of those languages (see Table 42). Fifteen percent of parents reported their child can count up to about 10 in English, 45% reported their child can count up to about 20 in English, 23% reported their child can count up to about 50 in English, and 16% reported their child can count up to 100 or more in English. Fewer parents reported their child being able to count as high in a language other than English.

Table 42. How high child can count.

How high can [CHILD] count?	English (n=315)	Other Language (n=53)
Not at all	0%	9%
Up to about 5	2%	13%
Up to about 10	15%	40%
Up to 20	45%	25%
Up to about 50	23%	8%
Up to 100 or more	16%	6%

Source: Parent Aware Evaluation Parent Interview, Fall 2009

Parents were asked general day-to-day questions about their child’s abilities, for example, whether the child can tell how old he or she is and whether the child can tell what the weather is like. Parents were again asked to specify which activities their child can do in English and/or in another language. Parents were asked to report these activities their child can do in another language only if that other language is the only language spoken to the child at home or spoken equally at home with English. Nearly all parents reported that their child can tell in English how old he or she is (97%), can ask questions using words such as “who,” “what,” and “where” (96%), can tell which of two items is bigger or smaller (97%), can tell one thing he or she did yesterday (91%), can tell what the weather is like (94%), and can name items in simple categories (97%). Fewer parents reported that their child can do these things in another language. Nearly all parents reported that their child can do specific fine and large motor activities such as tracing simple objects (97%), can dress without assistance (93%), can catch a bounced ball (93%), and can walk down the stairs without help while holding onto the rail (99%) (see Table 43).

Table 43. Parent report of their child’s abilities.

Which of these things can [CHILD] do?	English (n=315)			Other Language (n=53)		
	Yes	No	Don't know	Yes	No	Don't know
a. Tells how old he or she is when asked	97%	3%	1%	85%	15%	0%
b. Asks questions using words such as “who,” “what,” “where”	96%	4%	0%	83%	17%	0%
c. Tells which of two items is bigger or smaller	97%	3%	0%	92%	8%	0%
d. Tells one thing he or she did yesterday	91%	7%	2%	79%	19%	2%
e. Traces at least two simple shapes such as circle and a square	97%	2%	1%	0%	0%	0%

Which of these things can [CHILD] do?	English (n=315)			Other Language (n=53)		
	Yes	No	Don't know	Yes	No	Don't know
f. Tells what the weather is like	94%	5%	1%	74%	25%	2%
g. Names items in simple categories such as animals, clothes, food	97%	2%	1%	81%	15%	4%
h. Dresses without assistance	93%	6%	0%	0%	0%	0%
i. Catches a large bounced ball with both hands when bounced to him or her	90%	6%	4%	0%	0%	0%
j. Walk downstairs without help, putting one foot on each step, while holding the rail.	99%	0%	0%	0%	0%	0%

Source: Parent Aware Evaluation Parent Interview, Fall 2009

Home and Family Activities. Parents were asked about their families' activities that involve academic stimulation for their children. For example, 88% of parents reported that their child has 10 or more books of their own, and 47% of parents reported that they read to their child everyday (See Tables 44 and 45).

Table 44. Number of children's books owned.

About how many children's books does (child) have of his/her own?	n	%
None, too young	3	1%
1 or 2 books	6	2%
3 - 9 books	30	10%
10 or more books	276	88%

Source: Parent Aware Evaluation Parent Interview, Fall 2009

Table 45. Frequency of family participation in academic stimulation activities.

In a typical week, how often do you...	Everyday	Most days (3-6 times/week)	Some days (once or twice a week)	Not at all	Don't know
Read to your child?	47%	34%	18%	1%	0%
Talk or tell stories to your child?	70%	15%	14%	1%	0%
Sing songs with your child?	48%	27%	22%	3%	0%

In a typical week, how often do you...	Everyday	Most days (3-6 times/week)	Some days (once or twice a week)	Not at all	Don't know
Have your child read along with you, or help your child tell stories him/herself?	30%	36%	28%	5%	0%
Teach him/her letters, words, or numbers, such as saying ABCs or playing counting games, or doing puzzles?	45%	39%	14%	1%	0%
Get your child together with other children to play?	53%	37%	9%	1%	0%
How often does your child play with toys or games or other play materials, including everyday household items that they play with?	92%	6%	1%	0%	0%

Source: Parent Aware Evaluation Parent Interview, Fall 2009

The vast majority of parents interviewed reported that their children have at least a few books of their own, and most reported having at least 10 books. More than 80% of parents reported that they read to their child, talk or tell stories to their child, teach their child letters, words, or numbers, get their child together with other children to play, and have their child play with toys, games, or other play materials most days or every day.

Parents were also asked how often they take their children to museums, libraries, and how much time their children spend watching television and playing video games (See Tables 46, 47, and 48). About half of the sample reported taking their children to museums “several times” or more in the past year and nearly half also reported taking their children to libraries at least once a month. Almost all of the parents reported that their children watch at least one hour of television daily.

Table 46. Frequency of visits to museums, libraries, and time spent watching television.

In the past twelve months, how often has any family member taken or arranged to take your child to any type of museum (children’s, scientific, art, historical, etc.)?	n	%
Never, too young	46	15%
Once or Twice	102	32%
Several times	98	31%
Monthly	62	20%
Weekly or more frequently	7	2%
Total	315	100%

Source: Parent Aware Evaluation Parent Interview, Fall 2009

Table 47. Frequency of visits to the public library.

In the past 12 months, about how often did you and [CHILD] visit the public library?	n	%
0 times	57	18%
1 or 2 times	49	16%
3 to 6 times	60	19%
About once a month	99	32%
About once a week	46	15%
Almost every day	3	1%
Total	314	100%

Source: Parent Aware Evaluation Parent Interview, Fall 2009

Table 48. Hours spent each day watching television, videos, or DVDs.

On a typical day, about how many hours does [CHILD] spend watching television, videos or DVDs?	n	%
0 hours	14	4%
1 hour	147	47%
2 hours	103	33%
3 hours	31	10%
4 hours	11	3%
5 or more hours	9	3%
Total	315	100%

Source: Parent Aware Evaluation Parent Interview, Fall 2009

Summary of Family Characteristics. The majority of families in the evaluation are relatively low-risk on the characteristics reported on in the parent interview. Parents are reasonably well-educated, with nearly half reporting having a BA. Most parents are working, not receiving benefits, and have their families' basic needs met (i.e. housing, transportation, food). Children generally know their letters and basic counting, and families participate in academically stimulating activities. However, there is a sub-sample of families that do exhibit risk factors. For example, 20% – 30% of families reported using some type of benefit such as food stamps, reduced or free lunches, or child care assistance. Five to ten percent report that their basic needs are not met sufficiently. Finally, 60% of the sample reported family incomes of less than \$50,000 per year.

Child Outcome Measures

The child assessment battery, designed by the MELF Research Consortium, consists of a set of direct child assessments as well as two teacher-report assessments. Together, the measures provide a comprehensive look at the domains of school readiness including expressive and

receptive language, early literacy skills, early math skills, social and emotional development, and approaches to learning.

Direct Child Assessment Measures. Children’s receptive language was measured by the Peabody Picture Vocabulary Test-4th Edition (PPVT-4) (Dunn & Dunn, 2007). The PPVT-4 is a standardized measure, taking age into account, with mean score of 100 and a standard deviation of 15. For example, a child scoring 100 represents exactly average performance for their age. Children in the evaluation scored right around the national average of 100 in both fall and spring, with 57% and 58% of the sample scoring within one standard deviation of the mean (see Table 49).

Table 49. Children’s scores on the Peabody Picture Vocabulary Test – 4th Edition (PPVT-4).

	Mean	More than 1 SD below Mean (< 85)	Within 1 SD of Mean (85 – 115)	More than 1 SD above Mean (> 115)
Fall 2009 (n=417)	98.5	22%	57%	21%
Spring 2010 (n=361)	101.9	18%	58%	24%

Source: Child Trends Child Assessments

Children’s expressive language was measured by the Individual Growth and Development Indicators – Picture Naming (IGDI). This task measures how many pictures a child can name in a minute. Children named an average of 23 pictures in the fall and 26 pictures in the spring. These scores are within the average to above average range for Picture Naming.

Early literacy was measured by the Test of Preschool Early Literacy (TOPEL) (Lonigan, Wagner, Torgeson, & Rashotte, 2007) a standardized measure with a mean score of 100 and a standard deviation of 15. Two subtests were administered: Phonological Awareness (breaking up words by sounds) and Print Knowledge (naming letters and sounds). Again, children scored near the national average for both subscales, with Phonological Awareness scores averaging slightly below it and Print Knowledge scores averaging slightly above it (see Table 50).

Table 50. Children’s scores on the Test of Preschool Early Literacy (TOPEL)

	Mean	More than 1 SD below Mean (< 85)	Within 1 SD of Mean (85 – 115)	More than 1 SD above Mean (> 115)
Phonological Awareness				
Fall 2009 (n=285)	96.6	18%	70%	12%
Spring 2010 (n=329)	97.8	22%	60%	18%
Print Knowledge				
Fall 2009 (n=385)	103.4	14%	59%	27%

Spring 2010 (n=333)	105.6	10%	62%	28%
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Source: Child Trends Child Assessments

Numeracy and math skills were measured by the Woodcock-Johnson Tests of Achievement (WJ-III): Applied Problems and Quantitative Concepts subtests (Woodcock, McGrew, & Mather, 2001). Applied Problems measures mathematics problem solving including simple counting, addition, and subtraction. Quantitative Concepts assesses knowledge about mathematical factual information (i.e., identifying numbers, shapes, and sequences). The WJ-III is a standardized measure with a mean of 100 and a standard deviation of 15. Children scored just above the national average on Applied Problems, and just below it on Quantitative Concepts.

Table 51. Children’s scores on the Woodcock-Johnson III (WJ-III)

Applied Problems	Mean	More than 1 SD below Mean	Within 1 SD of Mean	More than 1 SD above Mean
		(< 85)	(85 – 115)	(> 115)
Fall 2009 (n= 374)	105.01	3%	78%	19%
Spring 2010 (n= 332)	105.37	4%	74%	22%
Quantitative Concepts				
Fall 2009 (n= 370)	98.32	16%	71%	13%
Spring 2010 (n= 329)	99.7	16%	72%	12%

Source: Child Trends Child Assessments

Teacher Report Child Assessment Measures. The Social Competence and Behavior Evaluation short form (SCBE-30) is a teacher report consisting of 30 questions that provide an assessment of preschool emotional adjustment and social competence. Three subscales are measured: Social Competence (emotionally mature, pro-social behaviors), Anger Aggression (oppositional behaviors, poor frustration tolerance), and Anxiety Withdrawal (anxious, depressed). Each subscale consists of 10 items rated on a 6 point Likert scale indicating the frequency a child engages in a behavior ranging from 1 = “Never” to 6 = “Always”. Each subscale has a total of 60 possible points with higher scores indicating increased behaviors in social competence, anger/aggression, or anxiety/withdrawal (note that lower scores are more desirable in Anger Aggression and Anxiety Withdrawal). Mean scores on the SCBE-30 are presented in Table 52. Scores increased slightly for Social Competence and decreased slightly for Anxiety Withdrawal and Anger Aggression from fall to spring.

Table 52. Children’s scores on the Social Competence and Behavior Evaluation short form (SCBE-30)

SCBE-30 Subscale	Mean	SD
Social Competence		
Fall 2009 (n = 296)	39.93	9.49
Spring 2010 (n = 288)	41.47	8.9

SCBE-30 Subscale	Mean	SD
Anxiety Withdrawal		
Fall 2009 (n = 317)	18.95	8.04
Spring 2010 (n = 305)	17.74	6.6
Anger Aggression		
Fall 2009 (n = 325)	19.68	9.69
Spring 2010 (n = 311)	18.79	9.27

Source: Child Trends Teacher Report

The Preschool Learning and Behavior Scale (PLBS) persistence subscale is a teacher report checklist that assesses children’s observable approaches to learning, specifically attention/persistence. The PLBS consists of 29 items concerning children’s behavior (i.e. “pays attention to what you say”) for which teachers mark 1 = “most often applies”, 2 = “sometimes applies”, or 3 = “doesn’t apply”. The persistence subscale uses 9 of these items, for a possible total of 27. The mean score for fall (n = 335) was 19.92 (SD = 3.49), and for spring (n = 328) the mean was 20.12 (SD = 3.33)

Changes in Child Assessment Scores Across Time

Child assessment outcomes were combined across the two cohorts in order to examine average changes in scores from fall to spring. For each child, change scores were calculated by subtracting the fall score on a given measure from the spring score. Positive change scores represent gains from fall to spring, and negative scores indicate that children decreased their scores from fall to spring (note: negative change scores are desirable for the SCBE-30 Anxiety Withdrawal and Anger Aggression subscales). Mean change scores for each measure are presented in Table 53. For example, the mean change on the PPVT was 2.78 points, indicating that, on average, children increased on the PPVT by nearly three points from fall to spring. Paired sample t-tests were conducted on all measures. For the full sample, statistically significant fall to spring change scores are bolded and starred. Statistically significant gains were made on the IGDI, PPVT, TOPEL Phonological Awareness, TOPEL Print Knowledge, SCBE-30 Social Competence, SCBE-30 Anxiety-Withdrawal (lower scores are desired), and PLBS Persistence.

Table 53. Mean fall to spring change scores on child assessment measures.

Full Sample	N	Mean	SD	t	p	Cohen's d
IGDI Picture Naming	331	2.03	6.39	5.79	<.0001*	0.32
PPVT Standard Score	344	2.78	9.01	5.73	<.0001*	0.31

Full Sample	N	Mean	SD	t	p	Cohen's d
TOPEL Phonological Awareness (SS)	239	1.85	11.44	2.5	<.02*	0.16
TOPEL Print Knowledge (SS)	311	1.39	8.5	2.88	<.005*	0.16
WJ-III Applied Problems (SS)	314	0.18	8.19	0.39	> .05	0.02
WJ-III Quantitative Concepts (SS)	310	0.73	8.67	1.48	> .05	0.08
SCBE-30 Social Competence	223	1.67	7.64	3.26	<.002*	0.22
SCBE-30 Anxiety-Withdrawal	252	-0.94	4.87	-3.08	<.005*	-0.19
SCBE-30 Anger-Aggression	261	0.36	5.94	0.99	>.05	0.06
PLBS Persistence	281	0.35	2.35	2.46	<.02*	0.15

*Statistically significant changes from fall to spring.

Source: Child Trends Child Assessment Data

Children from low-income families are a priority in Parent Aware and the evaluation. Change scores for the sub-group of children from families with annual incomes of less than \$50,000 are presented in Table 54. Though patterns of significance are virtually the same as the full sample (with the exception of the PLBS), in several cases Cohen's d is larger in the low-income subgroup, indicating effects of greater magnitude¹⁵.

Table 54. Mean fall to spring change scores on child assessment measures for children from low-income families.

Low-income (< \$50,000)	N	Mean	SD	t	p	Cohen's d
IGDI Picture Naming	194	1.82	6.36	4	<.0001*	0.29
PPVT Standard Score	201	3.37	8.77	5.45	<.0001*	0.38

¹⁵ An effect size less than .3 is typically considered "small", between .3 and .8 "medium", and .8 or higher "large".

Low-income (< \$50,000)	N	Mean	SD	t	p	Cohen's d
TOPEL Phonological Awareness (SS)	127	2.28	11.97	2.15	<.05*	0.19
TOPEL Print Knowledge (SS)	177	2.66	9.02	3.92	<.0002*	0.29
WJ-III Applied Problems (SS)	178	0.2	7.92	0.34	>.05	0.03
WJ-III Quantitative Concepts (SS)	174	1.26	8.58	1.94	0.0535	0.15
SCBE-30 SC	124	1.52	8.14	2.08	<.05*	0.19
SCBE-30 AW	142	-1.1	5.31	-2.48	<.02*	-0.21
SCBE-30 AA	149	0.68	6.9	1.2	>.05	0.10
PLBS Persistence	157	0.31	2.56	1.5	>.05	0.12

*Statistically significant changes from fall to spring.

Source: Child Trends Child assessment Data

Predictors of Child Assessment Outcomes

One goal of Parent Aware is to promote high quality early care and education programs that are developmentally beneficial for children. As described above, one strategy for validating the Parent Aware Rating Tool is to examine how strongly dimensions of the tool are associated with children's development.¹⁶ Before examining these linkages, it is important to identify other factors that may affect child outcomes, such as child and family characteristics.

Child and Family Characteristics. Linear multiple regressions were conducted to test the relations between child and family characteristics and child outcome scores. Specifically, child race, gender, family income, and mothers' and fathers' education level were tested as potential predictors of both initial child outcome scores (at fall assessment) and change scores (spring score – fall score).

Family income was a significant predictor of all child outcomes at *initial* assessment (fall scores). Higher family income was associated with higher levels of child outcomes on all measures assessed. Mothers' highest level of education attained was also predictive of fall scores for the IGDI, the PPVT, and the Woodcock-Johnson Quantitative Concepts (the effect was marginal for the WJ-III QC). Child race predicted initial IGDI and PPVT scores (White/Caucasian children tended to outperform other races on these measures). Gender had no effect on initial child outcomes.

¹⁶ As noted in the previous section, sample sizes of fully-rated programs at each star level were too small to permit an analysis of how children's development varied with their participation in programs at different star levels.

Child and family characteristics were less predictive of change scores than of initial scores. For change scores, the only significant findings were that child race and gender predicted IGDI change scores (non-Caucasian children and girls had higher gains than Caucasian children and boys). Family income and mothers' education were negatively related to change in TOPEL Print Knowledge scores.

Program Characteristics. The evaluation used several methods to try to understand the linkages between characteristics of early care and education programs and child outcomes, including the effects of the quality indicators and observational measures on child outcomes.

Quality Category Scores. Fully-rated programs in Parent Aware receive subtotal scores in the four quality indicator categories: Family Partnerships, Tracking Learning, Teacher Training and Education, and Teaching Materials and Strategies. However, the majority of the children in the evaluation attend automatically-rated Parent Aware programs (n = 316 out of 421), for which we do not have Parent Aware rating information. Thus, to examine the relation between quality indicator category scores and child outcomes, a set of proxy variables was created to represent the quality indicator categories in the automatically-rated programs.

These proxies were developed from director and teacher surveys that were filled out as part of the evaluation, and were modeled on the Parent Aware rating structure. For example, Parent Aware awards up to three points for the use of family communication strategies (i.e. use of parent-teacher conferences, family newsletters, collecting feedback from families). To create a proxy for this indicator, director surveys were coded such that an automatically-rated program could receive up to three points for reporting the use of family communication strategies. Once proxies were created for each of the four quality indicator categories, relations between quality indicators (as measured by Parent Aware points for fully-rated programs and proxy points for automatically-rated programs) and child outcomes were examined.

To test the proxies, correlations between the proxies and Parent Aware assigned category subtotals were examined in the set of fully-rated programs that had both sets of data. There were no statistically significant correlations between the proxies and their respective category subtotals, suggesting that the proxies derived from survey data did not accurately reflect Parent Aware indicators. In other words, the proxies seem to measure a different set of constructs than the Parent Aware ratings. Thus, the extensive documentation required to receive a full rating in Parent Aware provides different information than what has been provided by survey data. The following analyses explored whether either or both sets of information (i.e. Parent Aware ratings and proxies created from survey data) are related to child outcomes in Parent Aware programs.

The Parent Aware category subtotals for the fully-rated programs were examined for relations with child outcomes. For each of the four category subtotals (Tracking Learning, Teacher Training and Education, Family Partnerships, and Teaching Materials and Strategies), linear regression models were run separately for each subtotal and with all four subtotals in the model. To summarize, only two statistically significant effects in the expected direction were found: Tracking Learning predicted PPVT change scores, and Teacher Training and Education predicted Woodcock-Johnson Quantitative Concepts. For other measures, subtotal scores negatively predicted child outcomes. Given the inconsistencies in results, further research is

needed to understand more about what the Parent Aware quality indicators are measuring and how those constructs are related to child outcome measures.

The same analyses were used to examine the relation between the four proxy variables (Tracking Learning, Teacher Training and Education, Family Partnerships, and Curriculum) and child outcomes. In these analyses, six significant effects in the expected direction were found. The Teacher Training and Education proxy predicted PPVT and WJ-III Applied Problems, Tracking Learning proxy predicted IGDI, SCBE-30 Social Competence and PLBS Persistence, and Curriculum predicted SCBE-30 Social Competence. Again, other proxies negatively predicted child outcomes.

Taken together, the significant relations between category subtotals and child outcomes and between proxies and child outcomes provide some evidence that characteristics of programs are related to child outcomes, particularly in the realm of Tracking Learning and Teacher Training and Education. These two categories were predictive of positive child outcomes whether represented by Parent Aware ratings or proxies. However, given that there were also significant relations between these groups of variables in unexpected directions, we cannot draw systematic conclusions from these data. Further analysis with a larger sample of children from a greater range of quality levels is needed to determine whether Parent Aware subtotals and/or the proxies created from survey data can be used to understand how program characteristics affect child outcomes in Parent Aware programs.

Observational Measures. Another source of information about the quality of programs is the observational measures used in Parent Aware and in the evaluation. Linear regression was used to examine the relation between observational measures and child outcomes. For each child outcome measure change score (dependent variable), regression was used to examine the predictive value of the ECERS-R, ECERS-R subscales, CLASS, ITERS-R, and ECERS-E (for center-based programs), and the FCCERS (for family child care programs), controlling for the effects of family income. The central question was whether measures of observed global quality and teacher-child interaction

Each of the observational measures were designed to assess certain constructs, such as how programs practice teacher-child interactions or teach math and literacy skills. To the extent that the child outcome measures assess similar constructs, certain relations between the sets of measures are more expected than other relations. For example, since the CLASS Emotional Support subscale measures the extent to which a program exhibits a positive environment, including positive teacher-child interactions, it may be related to measures of child social-emotional development, such as the SCBE-30. Likewise, the ECERS-E Literacy subscale may be related to child literacy measures such as the TOPEL. Predicted relations between aligned observational measures and child outcomes were analyzed with simple linear regressions, controlling for family income. Results are displayed in Table 55.

Table 55. Results of regressions with ERS/CLASS predicting aligned child outcomes

ECERS-R Language-Reasoning subscale	DF	F	overall p	B	R ²	p
PPVT	2, 277	0.72	> .05	-0.08	0.01	> .05

IGDI	2, 267	1.93	> .05	-0.47	0.01	> .05
TOPEL Phonological Awareness	2, 199	0.63	> .05	-0.39	0.01	> .05
TOPEL Print Knowledge	2, 259	4.09	< .02	0.54	0.03	> .05
ECERS-R Activities subscale	DF	F	overall p	B	R²	p
WJ-III Applied Problems	2, 262	2.01	> .05	1.08	0.02	> .05
WJ-III Quantitative Concepts	2, 259	0.95	> .05	-0.81	0.01	> .05
ECERS-R Interactions subscale	DF	F	overall p	B	R²	p
SCBE-30 Social Competence	2, 181	1.89	> .05	-0.64	0.02	> .05
SCBE-30 Anxiety Withdrawal	2, 199	1.12	> .05	-0.21	0.01	> .05
SCBE-30 Anger Aggression	2, 210	2.52	> .05	-0.49	0.02	> .05
PLBS Persistence	2, 223	0.58	> .05	-0.1	0.01	> .05
CLASS Emotional Support subscale	DF	F	overall p	B	R²	p
SCBE-30 Social Competence	2, 174	1.69	> .05	-1.44	0.02	> .05
SCBE-30 Anxiety Withdrawal	2, 199	2.19	> .05	-0.93	0.02	> .05
SCBE-30 Anger Aggression	2, 210	1.12	> .05	-0.32	0.01	> .05
CLASS Classroom Organization subscale	DF	F	overall p	B	R²	p
SCBE-30 Social Competence	2, 174	0.34	> .05	0.11	0.004	> .05
SCBE-30 Anxiety Withdrawal	2, 199	1	> .05	-0.48	0.01	> .05
SCBE-30 Anger Aggression	2, 210	1.03	> .05	-0.15	0.01	> .05
PLBS Persistence	2, 220	2.9	< .06	-0.49	0.03	< .03*
CLASS Instructional Support subscale	DF	F	overall p	B	R²	p
PPVT	2, 266	2.11	> .05	-0.38	0.02	> .05
IGDI	2, 256	0.26	> .05	0.19	0.002	> .05
TOPEL Phonological Awareness	2, 192	0.99	> .05	-1.24	0.01	> .05
TOPEL Print Knowledge	2, 249	2.67	> .05	1.02	0.02	> .05
ECERS-E Literacy subscale	DF	F	overall p	B	R²	p
PPVT	2, 148	0.69	> .05	-0.71	0.01	> .05
IGDI	2, 142	1.52	> .05	0.1	0.02	> .05
TOPEL Phonological Awareness	2, 115	0.92	> .05	-1.32	0.02	> .05
TOPEL Print Knowledge	2, 139	2.41	> .05	0.7	0.03	> .05
ECERS-E Math subscale	DF	F	overall p	B	R²	p
WJ-III Applied Problems	2, 141	1.52	> .05	0.56	0.02	> .05
WJ-III Quantitative Concepts	2, 140	0.21	> .05	0.18	0.003	> .05
FCCERS Listening and Talking subscale	DF	F	overall p	B	R²	p
PPVT	2, 13	3.33	> .05	-1.89	0.34	> .05
IGDI	2, 12	1.91	> .05	-2.51	0.24	> .05

TOPEL Phonological Awareness	2, 12	0.29	> .05	2.19	0.05	> .05
TOPEL Print Knowledge	2, 13	2.59	> .05	-2.9	0.28	> .05
FCCERS –R Activities						
subscale	DF	F	overall p	B	R²	p
WJ-III Applied Problems	2, 13	0.1	> .05	-0.87	0.02	> .05
WJ-III Quantitative Concepts	2, 13	3.69	> .05	-8.44	0.36	< .02*
FCCERS –R Interaction						
subscale	DF	F	overall p	B	R²	p
SCBE-30 Social Competence	2, 4	0.08	> .05	-2.45	0.04	> .05
SCBE-30 Anxiety Withdrawal	2, 5	0.16	> .05	-0.46	0.06	> .05
SCBE-30 Anger Aggression	2, 6	0.48	> .05	-0.76	0.14	> .05
PLBS Persistence	2, 8	0.9	> .05	-0.64	0.18	> .05

Source: Child Trends Child Assessments

The two statistically significant findings that emerged (CLASS Classroom Organization negatively predicted PLBS Persistence and FCCERS-R Activities negatively predicted Woodcock-Johnson Quantitative Concepts) were not in the expected direction, so no conclusions can be drawn about the observational scores and children’s developmental outcomes.

Summary and Implications

Looking simply at children’s progress in Parent Aware-rated programs, the data presented here indicate that statistically significant fall to spring gains were made in children’s outcomes for the language and literacy measures, and for the teacher report social-emotional measures. Notably, when child outcomes for a subgroup of low-income children were examined, patterns of significance in fall to spring gains were very similar to the full sample. On several measures, effect sizes were larger in the low-income sample, suggesting fall to spring gains of greater magnitude than those observed in the full sample. These findings do not imply that Parent Aware caused the gains, but that the programs participating in Parent Aware may have the features of quality that have been shown to be linked to children’s development in other studies.

The more complex analysis presented in this section examining how program characteristics including constructs represented by Parent Aware ratings, proxies derived from director and teacher survey data, and observational measures such as the ERS and CLASS predict child outcomes in Parent Aware programs leaves important questions unanswered. In the examination of the relations between quality categories (represented by Parent Aware rating subtotals and proxies) and child outcomes, systematic patterns based on expected outcomes were not discernable. First, we expected that the proxies created from survey data would correlate with Parent Aware ratings, given that similar questions were asked and/or documented in creating the ratings and proxies. This was not the case. There are several possible explanations for the lack of correlation between Parent Aware ratings and the proxies. Different standards of rigor may have been applied to the ratings and the survey questions/proxies. For example, to get credit for one of the family communication strategies in Parent Aware, programs are required to produce a copy of their family newsletter. In the director survey, from which the proxy for family

communications strategies was created, programs simply had to state that they use a family newsletter. Another possibility is that there may be more room for subjective variation in the manner in which Parent Aware ratings are assigned than in the way the proxies were created. Using the family newsletter example again, credit for using that strategy is awarded using the proxies with a simple objective “yes” response. However, in the Parent Aware rating, the rater must decide whether the actual newsletter meets the more subjective standards for receiving credit for that particular indicator. Thus, although both the Parent Aware ratings and the proxies may be representing important characteristics of programs, each set of data may in fact represent different constructs or levels of constructs.

Second, we expected that both the Parent Aware ratings and the proxies represented characteristics of programs that could be predictive of child outcomes. For example, it would make sense that the Teaching Materials and Strategies category from the Parent Aware rating and the proxy based on curriculum use would be related to child language and literacy outcomes. Although there were some trends indicating expected relations, for example the Teacher Training and Education proxy predicted PPVT gain scores, as a whole the analyses did not reveal systematic relations between either Parent Aware rating subtotals or proxies and child outcomes. Further exploration is needed to determine whether the lack of relations between program characteristics based on Parent Aware ratings or proxies and child outcomes is indicative of measurement errors (i.e., Do the Parent Aware ratings and proxies have construct validity? That is, do they measure what they are supposed to measure?), the true absence of strong relations or some combination of the two explanations. It would be useful to conduct further analyses to examine how and why the Parent Aware measures and the proxies are diverging. For example, the extent to which variation occurs in the process of awarding Parent Aware ratings is an important question to address. Similarly, the director and teacher surveys may be asking questions in ways that are not always reliable.

There were also no systematic relations between observational measures and child outcomes revealed by the analyses. In fact, there were virtually no correlations between any of the observational measures and any of the child outcome measures. Given the strong empirical foundation demonstrating in other studies that these linkages exist, it is prudent in the Parent Aware Evaluation to assume that sampling issues (including selection biases, low ranges of observed quality and small sample sizes) are preventing relationships from emerging.

Taken together, the analyses did not provide the systematic evidence of linkages between program characteristics as measured by the Parent Aware Rating Tool and other measures of observed quality and child outcomes that was expected. Further research is needed with an expanded sample of programs that is more representative of the range of quality available to parents and children in the pilot areas. Obtaining these data will rely in part on the participation of programs who are rated at the lower levels of quality on the Parent Aware Rating Tool.

Section 8. PARENT PERCEPTIONS ABOUT QUALITY EARLY CARE AND EDUCATION AND THEIR UNDERSTANDING OF PARENT AWARE

A central goal of Parent Aware is to provide information to parents that will help them learn more about what constitutes high quality in early care and education and aid them in making decisions. Throughout the pilot of Parent Aware, the Implementation Team and other key stakeholders have expressed the need to balance the promotion of the Parent Aware Rating Tool with the recruitment and enrollment of programs. The challenge is ensuring that there are adequate numbers of programs in the rating system so that parents who use the Rating Tool perceive it to be a legitimate source of information. Marketing efforts directed at parents may be most successful once there are a critical number of programs in the rating system (though there are no empirical findings to indicate what this critical number may be). Yet, one factor that may motivate programs to enroll in the rating system is the encouragement of parents, and parents may only provide this encouragement or direct questions to programs about participation in the rating system if there have been adequate marketing efforts. Thus, there are sensitive timing issues about when and how to direct marketing efforts to parents.

To date, the most extensive marketing of Parent Aware occurred early in 2010 when a radio campaign generated a nearly 300% increase in traffic to the Parent Aware website, indicating the effectiveness of direct marketing as an approach to promoting Parent Aware to parents. However, the fact that traffic decreased once the campaign was over indicates that marketing efforts need to be sustained.

Understanding more about how parents learn about their early care and education arrangements and whether and how they use information about quality is critical for building marketing and outreach efforts aimed at parents.

In this section, we focus on parents, their perceptions of quality in early care and education and their knowledge of Parent Aware. We include parents who participated in two different studies. In the first study, interviews were conducted with parents whose children attended Parent Aware-rated programs that were participating in the Parent Aware Evaluation (see Section 7 of this report for demographic information about the families participating in the Evaluation). In the second study, interviews were conducted with parents who were applying for assistance from the Minnesota Family Investment Program (MFIP) and/or the Diversionary Work Program (DWP). These parents are of particular importance to the Minnesota Early Learning Foundation because they had very low incomes and were at an important choice point in their decisions about early care and education. We present information on the arrangements these parents are using and the extent to which they are using child care subsidies to support their participation in the arrangements.

Knowledge and Perceptions of Parents Participating in the Parent Aware Evaluation

As described in Section 7, Wilder Research was contracted to conduct the interviews with parents. Interviews were conducted over the phone, in English (n=317), Spanish (n=7), Hmong (n=12), Somali (n=1), and Karen (n=2). Families were recruited from classrooms serving

preschool-aged children in center-based programs and family child care programs that are in Parent Aware. Four- and five-year-old children were recruited (those entering Kindergarten the following fall), and low-income families were targeted. Up to six children from center-based programs and two children from family child care programs were selected to participate in the Parent Aware evaluation, and the parents of those children were asked to participate in the parent interview. In total, approximately 80% of eligible parents participated in the parent interview.

Table 56. Number of programs, children, and parents participating in the Parent Aware Evaluation

	Programs	Children	Parents
2008 - 2009	41	184	153
2009 - 2010	71	237	186
Total		421	339

Source: Parent Aware Evaluation Team, Child Trends

Demographics. Of the 339 parents interviewed, almost 58% identify themselves as Caucasian, 20% African-American, about 9% Asian, with the majority being Hmong, about 6% Hispanic, 3.5% Alaska Native/Native American, 3% Somali, and 3.5% other. It is possible for parents to self-identify themselves as belonging to more than one ethnic group. Approximately 83% of families report speaking English at home. And about 79% of parents rate their English language speaking ability as “excellent.” About 13% of respondents identify themselves as being from a refugee or immigrant group. The mean age for mothers is 33.2 years and 35.7 for fathers. About 54% of respondents are married, living with their spouse, 24% are single and have never been married, 10% are single, living with their partner, almost 4% are married, but separated, and about 7% are divorced or widowed. Parents reported a mean income of about \$70,000, but there was a lot of variation and 57% had incomes less than \$50,000/year.

Families receive a variety of benefits too. Twenty-two percent of respondents receive Child Care Assistance, about 30% receive free and reduced priced school lunches, 29% receive WIC, 24% receive food stamps, and 12% receive MFIP benefits.

Interview participants were asked their highest level of education and that of the child’s other parent as well. Twenty-one percent of mothers had a high school diploma or less, 25% have some college, 9% have an Associate’s Degree, 22% have a Bachelor’s Degree, and 22% have a degree beyond a Bachelor’s Degree.

Early Care and Education Usage. Parents were asked which types of early care and education they had used in each of the prior two weeks. The most common answer was some kind of center-based care, which includes child care centers, nursery schools, preschools or School Readiness programs (see Table 56). Children spent on average about 29 hours per week in center based care, while children in a licensed family child care setting spent an average of 34 hours in care. Children spent less time in care in other types of settings such as Head Start (20 hours), care by a Grandparent (11 hours), care by a sibling (9 hours), care by a different relative (12 hours), and care by a non-relative (10 hours).

Table 57. Types of care used in past two weeks

Program	Number of Parents Reporting	Percent	Mean Hours/Week
Child care center, nursery school, preschool or School Readiness program	269	79%	29
Licensed Family Child Care (FCC)	76	22%	34
Head Start	48	14 %	20
Care by Grandparent	109	72%	11
Care by Sibling	12	8%	9
Care by Other Relative	40	26%	12
Care by Non-relative	40	26%	10

Source: Parent Aware Evaluation Parent Interview

Early Care and Education Selection. Parents were asked how they first learned about the program they selected for their child. The majority of parents sampled reported that word of mouth was the way they learned of their child care program. Thirty-two percent of respondents reported that either a friend, coworker, neighbor, or relative first told them about their child care program. Less frequent responses included hearing about the program from their employer (10%) or from hard print (9%). Note that only one parent indicated learning about their child’s program from Parent Aware.

Table 58. Responses to “How did you first learn about the program?”

Source	Number	Percent
Friend, Coworker, Neighbor	64	20%
Relative	39	12%
Workplace, employer	32	10%
Newspaper, ad, yellow pages	30	9%
Program provides care for another child	23	7%
Public or private school	15	5%
Internet	15	5%
Child Care Resource & Referral Network	8	2%
Home visitor, parent mentor, social worker	5	2%
Church, synagogue, or other place of worship	5	2%
Health care provider	3	<1%
Parent educator	1	<1%
Parent Aware	1	<1%
Other	81	25%
Don’t Know	2	<1%

Source: Parent Aware Evaluation Parent Interview

Parents were also asked about the primary reason for selecting the program they chose. The most common response was that parents believed that the program was a high quality

program (25%). The second most common reason for choosing their child care program was that it was located close to their home (16%). The remaining number of parents indicated other reasons of convenience for choosing their child care arrangement (e.g. affordable cost (2%), parent mentor recommended the program (2%), only option (2%), caregiver speaks the family’s native language (1%), Parent Aware rating was high (<1%), child has special needs (<1%).

Table 59. Primary reason for choosing child care program

Reason	Number	Percent
Heard (or thought) it was high quality	82	25%
Close to home	51	16%
Affordable cost	8	2%
Parent mentor told me to take my child	7	2%
Only option for my schedule (due to cost, transportation, schedule)	6	2%
Caregiver speaks my native language	4	1%
Parent Aware rating was high	2	<1%
My child has special needs	2	<1%
Other	158	49%

Source: Parent Aware Evaluation Parent Interview

Knowledge of Parent Aware. Parents were asked if they had heard of Parent Aware. During the fall of 2008, twenty percent of parents interviewed reported that they had heard of the quality rating system. Parents were interviewed again in the fall of 2009 and at that time 25% of parents had heard of Parent Aware. A radio advertising campaign about Parent Aware began in January 2010. Parents in the fall 2009 interview were interviewed between November 2009 and February 2010. It is possible that the slight increase in parents’ awareness of Parent Aware between the first two years of the Evaluation was due to the advertising campaign.

Table 60. Responses to “Have you heard of Parent Aware?”

Have you heard of Parent Aware? Parents Interviewed fall 2008	Number	Percent
Yes	31	20%
No	120	78%
Don’t Know	1	<1%
Have you heard of Parent Aware? Parents Interviewed fall 2009	Number	Percent
Yes	46	25%
No	138	74%
Don’t Know	2	1%

Source: Parent Aware Evaluation Parent Interview

Perceptions of Care. To understand to what extent parents value certain aspects of their early care and education setting, parents were asked how important is it that their program do or provide particular quality features, such as providing a warm and caring environment or assessing their child’s learning and development. According to parents interviewed between 2008-2010, the most important aspects of their early care and education setting are about the emotional aspects of a program, including providing a warm and caring environment, helping children get along with others, and having staff that are warm and friendly. At least 90% of parents rated these emotional components of the program as “extremely important.” Second to the emotional component was an educational component including that the program have a lot of

books and learning materials, that the program use a curriculum, and that teachers have a formal education background. It appears that parents value the emotional component to their child care arrangement slightly more than the educational aspects. It should be noted that parents do believe that both are important.

Table 61. Responses to: “Child care programs, teachers, and caregivers do many things when they care for children. How important is it that they...”

	Extremely important	Somewhat important	Not very important	Not at all important
a. Talk with you each day	58%	35%	6%	<1%
b. Use a curriculum or planning tool for teaching	73%	25%	1%	<1%
c. Have a lot of books and learning materials.	89%	11%	0	0
d. Provide a warm and caring environment with positive relationships between teachers and caregivers and children	98%	2%	0	0
e. Help your child get along with other children	90%	10%	0	0
f. Track your child’s learning and development using an assessment tool	58%	39%	2%	<1%
g. Have teachers and caregivers with formal education and training to work with young children	76%	22%	<1%	<1%
h. Have staff that are warm and friendly with your child	95%	4%	<1%	0
i. Enroll children from different backgrounds (for example, race, ethnicity and religion)	60%	34%	3%	3%
j. Have caregivers or teachers who speak your family’s native language with your child	58%	30%	8%	3%

Source: Parent Aware Evaluation Parent Interview.

Parents were asked about their perceptions of what their child experiences at their early care and education setting. A majority of parents believe that their child is “always” learning new things and new skills (81%), that there are a lot of creative activities offered at their program (76%), and that their child likes their caregiver (78%). Fewer parents “always” believe that their caregiver provides activities that are appropriate for their child (72%) and that their child has an opportunity to run around and play outside each day (65%). Parents were nearly split with their perceptions about their child receiving a lot of positive attention. Forty-two percent of parents reported that “usually” happening, while 47% reported it “always” happening. Overall, it seems that parents are in general satisfied with the experience they believe their child is having.

Table 62. Responses to: “When child is at program, what best represents the experience you believe your child is having there?”

	Never	Rarely	Sometimes	Usually	Always
a. My child gets a lot of positive, individual attention.	0	<1%	9%	42%	47%
b. My child likes the caregiver or provider.	<1%	0	1%	21%	78%
c. There are lots of creative activities such as art, music, dance, and drama.	0	1%	4%	18%	76%
d. The caregiver provides activities that are right for my child and fit my child’s needs.	<1%	<1%	4%	23%	72%
e. My child is learning new things and new skills.	0	<1%	2%	16%	81%
f. My child gets a chance to run around and play outside.	<1%	1%	7%	26%	65%
g. My child watches television more than an hour each day.	63%	19%	7%	4%	4%

Source: Parent Aware Evaluation Parent Interview

Parents in the Minnesota Child Care Choices Study

Interview data from a sample of low-income parents who live in counties served by Parent Aware can add to our knowledge about parents’ knowledge and use of child care. A sample of 270 parents who live in Parent Aware counties were interviewed as part of the Minnesota Child Care Choices study. Of those, at least 29% were using at least one Parent Aware-rated program. Of those parents who report use of any form of non-parental child care, at least 31% are using at least one Parent Aware-rated program. The percent rises even further when looking at the subsample of parents who report that the type of care they use most often is center-based care. Sixty-three percent of these parents are using at least one Parent Aware-rated program. Accredited center-based programs are the type of Parent Aware program used most often by this sample of parents.

In contrast to parents interviewed as part of the Parent Aware evaluation, parents in the Child Care Choices sample reported higher rates of learning about child care programs through the internet (39%), or from home visitors, parent mentors, social workers, or caseworkers (27%). Fifty percent reported knowing of an organization or website that provides a list of child care programs to choose from.

Similar to parents interviewed for Parent Aware, 21% of parents in the Child Care Choices study reported that they had heard of Parent Aware. Of that group, six parents had actually used Parent Aware to aid in their child care decision. When considering only parents who were using a Parent Aware-rated program for child care, 25% reported having heard of Parent Aware, the same percentage as the second cohort parents interviewed for the Parent Aware evaluation.

A brief look at this second sample of parents living in counties served by Parent Aware suggests that parents in Parent Aware pilot areas vary in the extent to which they use a variety of methods to learn about child care options. However, there is consistency in that 25% of parents from both samples who actually use Parent Aware-rated programs have heard of Parent Aware.

Summary of Parent Knowledge and Perceptions

Two samples of parents in counties served by Parent Aware were interviewed about their knowledge, use, and/or perceptions of child care and Parent Aware. Across the board, 25% of parents whose children attend Parent Aware-rated programs have actually heard of Parent Aware. Parents tend to learn about child care programs by word of mouth, the internet, or from a home visitor, parent mentor, or social worker. The sample of parents from the Parent Aware evaluation was typically satisfied with their child care situations, and generally put a slightly higher value on the social-emotional rather than educational aspects of child care quality.

Given that parents value quality and use a variety of sources to learn about child care options, Parent Aware has the potential to be a useful service to parents living in Parent Aware counties. However, more outreach and marketing is necessary to increase the percent of parents who have heard of Parent Aware.

Section 9. SUMMARY AND CONCLUSIONS

The Year 3 Evaluation Report provides an update on the status of the Parent Aware implementation since the end of 2009, including contextual factors, participation rates, ratings issued, characteristics of programs, and an in-depth look at the rating tool. In addition, the report examines outcome data from observational measures and other quality indicators, and the relations between these program characteristics and child assessment outcomes. Finally, the report includes a look at parents of children in Parent Aware-rated programs and their knowledge and perceptions of child care and their child care choices.

Participation in Parent Aware is steadily increasing. As of September, 2010, 403 early care and education programs have received initial ratings from Parent Aware, 63 of these in the past 10 months. As of July, 2010, 339 programs had *current* Parent Aware ratings. Currently, approximately 21, 850 children are being served by Parent Aware programs, primarily in school-based, Head-Start, and accredited center-based programs. Overall, about 14% of eligible center-based, family child care, and Head Start programs in the pilot areas were participating in Parent Aware as of September, 2010. Approximately 30% - 45% of eligible center-based programs were participating across the pilot areas. The participation rate is even higher (74%) for participating eligible accredited programs in the 7-county metropolitan area.

The majority (two-thirds) of Parent Aware-rated programs are automatically-rated 4-star programs. For fully-rated programs, Parent Aware rating category subtotals are typically the highest for the Family Partnerships category, and lowest for the Teaching Materials and Strategies and Tracking Learning categories. Initial star ratings have increased across the second and third year of the pilot, and programs generally increase their rating when they are re-rated.

Overall, there are several conclusions that can be drawn from a review of the administrative and policy context for Parent Aware as well as participation and scoring trends include:

- Administrative and policy activities in 2010 have focused on preparing for possible statewide implementation of Parent Aware.
- As of September, 2010, there were 339 currently rated Parent Aware programs serving over 21,000 children.
- The overall participation rate of eligible programs is 14%, with higher participation rates found (between 30 and 45%, depending on the pilot area) for center-based programs.
- Two-thirds of programs received automatic 4-star ratings.
- Of the programs that received full Parent Aware ratings, two-thirds received 3- or 4-stars, and one-third received 2-stars (29%) or 1-star (4%).
- Programs score the highest in Family Partnerships and lowest in Teaching Materials and Strategies and Tracking Learning.
- The Tracking Learning category has the most variation in points awarded.

- Initial star ratings have increased each year of the pilot. This may be due to actual quality differences in the programs that entered the pilot in later years, differences in the way quality indicators are measured, provision of pre-supports to programs or a combination of these factors.
- The pathway to a 4-star rating typically includes the use of an approved preschool curriculum, and almost always includes attaining 4-stars on Family Partnerships and Tracking Learning, and low scores in no more than one of the other two categories.
- Programs can receive a 4-star rating even with scores in the minimal range on the ERS or the CLASS.
- When programs were re-rated, 65% increased their rating by at least one star, and 38% increased by two stars. Only 6% decreased their star rating.

The Year 3 Evaluation Report also includes the results of an extensive examination of the linkages between program characteristics, including scores on measures of global quality and teacher-child interaction, rating scores (and rating “proxy” scores derived from director and teacher survey data), and child developmental outcomes. As noted in Section 6, the Parent Aware Evaluation sample has several important limitations that constrain the degree to which definitive conclusions can be drawn in these analyses. Programs are not distributed equally across the star category levels, and the majority of programs in Parent Aware have an automatic 4-star rating. The sample sizes of programs in the fully-rated star categories are small. And, the levels of observed global quality and teacher-child interaction were at moderate, not high, levels which may have restricted the ability to document how observed quality is linked to children’s developmental outcomes.

Given these limitations, the strategy taken by the Evaluation team for interpreting the data is a cautious one. To address the question of whether the Parent Aware Rating Tool is distinguishing quality levels that are meaningful in terms of observed quality and children’s developmental outcomes, we drew first upon the strong body of evidence that links features of quality with the observational measures of quality used in this study and with children’s developmental gains (see summaries by Adams, Tout & Zaslow, 2007; Burchinal et al., 2009; Lamb, 1998). When patterns were found in the Evaluation data that corroborate these established findings, we used them as evidence to suggest that the measurement strategy is working in the expected way. However, when contradictions are noted in the findings from the Evaluation, we assume that further work is needed to refine the measurement strategy in that domain. Likewise, we can assume that contradictions may be due to the limitations and selection biases of the sample.

With these cautions in mind, we summarize the following key conclusions from the report about observations of global quality and teacher-child interaction, children’s development and linkages across the Parent Aware Rating Tool, observed quality and children’s outcomes:

- The majority of ERS and CLASS scores were in the “minimal” quality range, and some were in the “inadequate” quality range. No overall mean ERS scores for any star-level reached the “good” quality level (a score of 5 on a 7-point scale).

- Across observational measures, there was a linear trend with scores tending to increase across 2-star, 3-star, and 4-star fully-rated programs.
- Four-star fully-rated programs scored significantly higher on the ECERS-R than 4-star automatically-rated programs. This may be due to their experience with ERS consultants or their exposure to information about the ERS that automatically-rated programs did not have.
- A similar pattern of higher 4-star scores was noted for scores on global quality of infant and toddler classrooms (ITERS-R), a measure of literacy practices (the ECERS-E Literacy subscale), global quality in family child care programs (the FCCERS-R), and two measures of teacher-child interaction quality (the CLASS Emotional Support subscale and the Classroom Organization subscale) Thus, there is moderate evidence in these findings to support the predictive validity of the Parent Aware Rating Tool at the higher levels of the scale. That is, at the 4-star level, programs tend to score better on observed quality measures than programs at other levels. Note that there were too few programs at a 1-star level to include them in these analyses, which significantly constrains the ability to make definitive statements about the tool overall.
- Children participating in Parent Aware-rated programs showed significant gains in several developmental domains between assessments conducted in the fall and spring, and effect sizes were slightly larger on some measures for children from low-income families. This finding does not imply that Parent Aware is the cause of positive changes in children’s outcomes. It does imply, however, that among the programs participating in Parent Aware – which includes primarily programs with automatic 4-star ratings – children are making positive gains in the developmental domains that are important for school readiness: language and literacy, social competence, and approaches to learning. These gains indicate a positive trajectory for children, though at this time, children’s gains can not be linked to the star level or type of program they attended.
- No definitive patterns of linkages between rating categories, program characteristics or proxy scores developed from director and teacher surveys, and child outcomes were identified. There was an emerging finding that program scores on Tracking Learning and on Teacher Training and Education were linked in predicted ways with children’s developmental gains. There is a basis in the extensive research literature on early care and education program quality and in established best practices for each of these domains to show linkages with child outcomes. Assessment of Child Progress, for example, is one of the ten program standards in NAEYC Accreditation with indicators that relate directly to program practices for using information about children to individualize instruction and experiences in early care and education programs. These practices have clear implications for children’s development. Similarly, the qualifications and credentials of early care and education providers have shown strong linkages to overall quality and to children’s outcomes (though recent research calls into questions

the extent to which specific levels of education such as a Bachelor's degree can be directly linked to child outcomes; Early et al., 2007).

Finally, the report provides information about the extent to which Parent Aware is recognized by parents.

- One-quarter of parents with children in Parent Aware-rated programs had heard of Parent Aware in the fall of 2009. This percentage was slightly larger than the 20% of parents who had heard of Parent Aware in the fall of 2008.

Section 10. CONSIDERATIONS FOR STATEWIDE IMPLEMENTATION OF PARENT AWARE

As Minnesota plans for the potential implementation of a statewide QRIS, decisions will need to be made about a range of structural and implementation details. The findings presented in this report are relevant to a number of these decisions. In this section, we draw upon findings from the report as well as the small but growing literature on QRIS to inform statewide planning discussions and decision-making. The findings and implications are organized by the seven components of QRIS that are typically referenced in QRIS design and implementation guidance documents (see, for example, the QRIS resources available from the National Child Care Information and Technical Assistance Center or the QRIS National Learning Network):

- Quality standards
- Rating and monitoring
- Quality improvement
- Financial incentives
- Dissemination of ratings and outreach to parents
- System coordination and linkages
- Ongoing evaluation

Quality Standards

As described in other sections of this report, the Evaluation has collected and analyzed extensive data on how the current set of quality indicators and categories is working. In this section, we review what was learned for each of the categories and describe the implications for the next phase of indicator development on the Parent Aware Rating Tool. Overall, it is important to highlight the limitations of drawing conclusions based upon a sample of programs that tended to be skewed to the upper star levels. Ongoing evaluation of the indicators across a more representative sample of program will be extremely valuable.

Family Partnerships. There are a couple of lenses through which to view the current set of Family Partnership indicators. From one perspective, the indicators are tapping into a set of practices that are attainable by programs and that give them a sense of confidence about their ability to achieve high quality in one of the quality categories (even if they do not attain high scores in the other categories). Programs score very well in this category at their initial rating and hit the ceiling (the top score) by the time they are re-rated. This category may provide a helpful entry point to Parent Aware for programs or providers who are reluctant or uncertain about their ability to meet the quality indicators. It also reinforces a set of practices that are important for developing positive relationships with parents. From another perspective, the minimal variation of scores in this category is evidence that the indicators are too easy for providers or that do not capture meaningful practices in family partnerships. As such, knowing that programs have reached the highest score in this category gives little information about a potentially deeper or more intensive set of family partnership practices that programs may engage in (beyond those that are measured by Parent Aware).

Currently, there is little guidance in the field for how to design Family Partnership standards that reach deeper than those used in Parent Aware. The federal Office of Planning, Research and Evaluation in the U.S. Department of Health and Human Services recently awarded a task order to a research team to work on developing a measure of family-program relationships that would assess the practices that are most meaningful for supporting strong relationships between families and programs/providers that, in turn, can support positive child development.

Until new measures of Family Partnership practices are available, it may be useful to develop new, select indicators that could tap deeper or more intensive practices and that may distinguish programs that are providing higher levels of support for families. For example, an indicator might assess the degree to which programs help families make direct connections to supportive community services (for example, health, mental health, and support for special needs) with practices that go beyond provision of a brochure or phone number to bringing professionals into the program.

Teaching Materials and Strategies. Currently, just over half of the programs receive full points for use of an approved research-based curriculum and being trained on the curriculum, and high percentages of programs (50% of centers and 70% of family child care programs) earn no points for their ERS scores. Center-based programs score quite well on the Emotional Support and Classroom Organization sub-scales of the CLASS but score significantly lower on the Instructional Support dimension of the CLASS. Thus, most programs are scoring overall at a middle level of quality (a 2- or 3-star) on this important dimension. More so than the other categories used in Parent Aware, the tools and indicators used for rating Teaching Materials and Strategies have a strong empirical base supporting their inclusion in the Rating Tool. Researchers have found that observed measures of quality such as the ERS and the CLASS are indeed linked to child outcomes in predictable ways, though the strength of the linkages is modest (Burchinal et al., 2009). In this study, limitations of the sample, the design of Parent Aware (for example, using classroom quality measures as a measure of overall center quality) and a small range of quality observed made it challenging to demonstrate linkages between observed quality and child progress.

While strong recommendations can't be made about developing new Teaching Materials and Strategies indicators using the current findings, the descriptive findings do lead naturally to conclusions about how to target quality improvement resources. The low levels of observed quality documented across all of the programs deserve attention. In particular, scores on the CLASS Instructional Support and on the ERS scales (the ECERS-R, ITERS-R and the FCCERS-R) indicate that programs – even those at a 4-star rating – are below the recommended thresholds for “good” practice on these measures. There was some evidence that 4-star fully-rated center-based and family child care programs were scoring higher than other programs on the ERS which indicates that these programs may be taking more advantage of the available ERS consultation to make changes to their program.

If the ERS and CLASS continue to be used in a statewide QRIS, the structure of the rating tool should be re-designed to ensure that they have more bearing on the final rating/score a program receives. Currently, programs can reach 4-stars and receive low scores on these

measures. This strategy does not seem wise given the investment that is made in collecting these data and the results of previous research indicating that they are linked, albeit with modest strength, to child outcomes.

Tracking Learning. This category produced more variation in scoring than the two categories just examined. Programs tend to score quite low in this category at their initial rating and yet are able to make large gains in Tracking Learning upon re-rating. Though results must be interpreted cautiously, it is also noteworthy that scores in Tracking Learning were positively associated with gains on children's developmental outcomes. The Evaluation results strongly suggest that this category be included in the next phase of the Parent Aware Rating Tool that is implemented statewide.

Teacher Training and Education. This category elicited the most variance from programs, with programs nearly equally distributed across the four star levels at initial rating and very little change at re-rating. The lack of improvement in this category is not surprising given that educational credentials and qualifications are much more difficult to change quickly (within a year) than other dimensions of quality. Similar to the findings for Tracking Learning, this category emerged as one with linkages to children's developmental progress that were in the expected direction. Thus, the results suggest the importance of including this category in the next phase of the Parent Aware Rating Tool.

Rating and Monitoring

The process of collecting data, documentation and observations from programs is a central component of QRIS. It is typically the most labor-intensive (and therefore expensive) component of QRIS because of its reliance on trained professionals to make judgments about the quality of programs based on documentation they have submitted or through an on-site observational visit during which standardized tools are used.

As this process is scaled in statewide implementation, a number of safeguards and processes should be installed to ensure that staff resources and time are used wisely and that the process is accurate, fair and reliable.

Delineate clear management processes for data and documentation. The Evaluation team has been assisting with data processes during the pilot, but statewide implementation will require a new level of planning, coordinating, and provision of oversight. Managing data collection, entry and cleaning should be facilitated through a central data system with extensive technical documentation and data management protocols. Even with these resources, however, adding new staff to accommodate larger numbers of participants in more geographic areas, will increase the risk of data errors, low levels of reliability and inaccurate communications with program participants and the public (for example, errors with website entries) that threaten the integrity of the rating system. Investments in a sound data infrastructure at the outset of statewide implementation will be important. Regular audits of data processes should be conducted to identify practices that need improvement and to develop solutions that can be implemented on a large scale.

Reduce exceptions and changes to the rating processes. During the pilot, it was noted by the Parent Aware Implementation Team and by some providers that the rules for rating shifted over time. This was to be expected during a pilot when changes and refinements were made to improve processes. However, as the QRIS scales statewide, it will be important to minimize changes to rating procedures and the use of “exceptions” in the ratings.

Consider the possibility of lengthening or tailoring the rating renewal schedule. Parent Aware currently conducts re-ratings on an annual basis. The re-ratings data presented in Section 5 of this report demonstrate that programs make considerable positive progress on the rating tool after one year of participating in the program.¹⁷ However, maintaining an annual re-rating process is costly, and it is unclear from the data currently available that quality changes will continue (or be maintained) into the second and third year of participation at the same rate they did in the first year. Thus, it will be important to examine change over time in the ratings and to weigh the benefits of continuing an annual re-rating process for all programs.

Programs at lower quality levels may benefit from an annual re-rating schedule while programs at higher levels may not have significant variation in their quality over time to warrant the resources needed to implement a full annual re-rating. Yet, it is also critical that a statewide QRIS maintain a rigorous re-rating process to ensure that programs continue performing at the same level or better than they did at the time of their rating.

Two possibilities for implementing a tailored schedule include (1) re-rating on an annual basis in the first two or three years of program participation then moving to a biennial rating, and (2) re-rating on a schedule that corresponds with the quality level a program has achieved. Additionally, re-rating schedules could include a year with more intensive data collection (including observations) and documentation then alternating with a year of self-reported information that is less resource-intensive to collect. Again, a centralized database for collecting and maintaining the data would facilitate the process regardless of the schedule that is selected.

Quality Improvement

A clear success of the Parent Aware pilot is the quality improvement process that was available to support movement up the rating levels. Though the findings are based on small numbers of participants, it is notable that the majority of programs that were re-rated in Parent Aware achieved higher star levels and improved their quality in more than one of the four quality categories rated by Parent Aware. Programs generally report high levels of satisfaction with their Provider Resource Specialist and the support they were given in the re-rating process.

With statewide implementation, it will be important to build upon the successes of the pilot and to develop solid strategies for administering and delivering quality improvement services on a large scale.

As described in the Year 2 Evaluation Report, caseloads for the Provider Resource Specialists increased over the pilot period, and they expressed the need to develop new

¹⁷ Note that there were no clear correlations between how programs used their quality improvement support dollars and the quality changes that they made.

approaches to manage their work with a larger number of programs. A statewide QRIS will only magnify these challenges and will require systematic approaches to providing supports to programs and providers that are effective but that are also efficient. Across QRIS nationally, the issue of managing quality improvement services across a large caseload is emerging as a clear challenge, and “targeting” quality improvement services is a term being used to describe the methods QRIS and other quality initiatives may need to adopt to effectively serve programs and providers. These targeting efforts may use tools to determine the needs of providers at that outset of participation and to categorize them as needing less or more intensive services. Self assessments may be used in this process, but states such as Kentucky are also developing their own tools to assist them with identification of needs and management of caseloads.

Ensuring that providers perceive the process to be equitable is an important component of targeted services, so it may be useful to develop a “menu” of quality improvement services that is transparent to the programs and providers participating in the QRIS. Matching the menu of services with the identified needs of providers across all sectors of the early care and education system will be an ongoing challenge and will be an important dimension on which to collect data that can be analyzed over time. In fact, creating strong expectations for data collection on quality improvement services (such as the frequency and content of contacts with programs) and clear supervision of quality improvement specialists in the field will be critical to create in a statewide system.

Of utmost priority in the quality improvement component of the QRIS is the alignment of the services that are offered with the components of quality and practices that have the most potential for supporting children’s optimal development. The results of the evaluation, for example, provide emerging evidence that the Tracking Learning category may be positively linked with children’s development. Focusing quality improvement supports on the use of tools to track and monitor children’s development and the use of child assessment results to individualize instruction would align limited quality improvement resources with the dimensions of practice that are most important to children. Currently, providers are focusing their quality improvement support funds primarily on materials and equipment, though it is important to note that other supports like training on assessments and curriculum may be offered free of charge to them and thus it is not necessary for them to use their quality improvement supports to purchase these items. Setting priorities for quality improvement supports and tracking how they are used over time will provide helpful information for ongoing statewide implementation.

Financial Incentives

The Evaluation of Parent Aware was not designed specifically to study the financial incentives that were available to parents who selected high quality (3- or 4-star rated) programs. For further information about the results of these evaluations, please refer to the MELF website (www.melf.us) for the full reports and fact sheets on the Pre-Kindergarten Allowances and the Saint Paul Early Childhood Scholarship Program (see Gaylor et al., 2009a; Gaylor et al., 2009b; Gaylor et al., 2010).

However, through analysis conducted for the process evaluation of Parent Aware, it was clear that the availability of financial incentives for parents to access and select high quality early

care and education settings was considered by Parent Aware stakeholders to be a critical support for the success of QRIS (see Tout et al., 2010a).

In addition to the incentives for parents to access high quality settings, stakeholders also indicated that programs will be more likely to participate in a QRIS if adequate incentives are in place. A review of the participation patterns in Parent Aware over the years of the pilot supports this notion. Programs that enter Parent Aware are doing so at increasingly higher quality levels. It is likely that programs are selecting to participate only if they feel assurances they will reach higher quality levels. One provider quoted earlier in the report used the phrase putting “my business on the line” when referring to participation in Parent Aware. If programs perceive that only negative results are possible for their program if they are rated at a 1- or 2-star, a statewide QRIS will have an increasingly difficult time with obtaining high levels of participation. Therefore, a discussion of incentives must consider the decisions that programs make about participation and how incentives could support programs that may be rated across the quality continuum. Traditional incentives to participate may be in the form of monetary or material supports for programs to help them with the costs of achieving and maintaining higher quality (similar to those in place in Parent Aware). Non-traditional incentives to consider are those that emphasize the importance of being part of a QRIS even at lower levels of the rating system. For example, it may be helpful to develop a special marketing kit for 1- and 2-star program that can be shared with parents to emphasize that the star rating signifies a commitment to quality improvement and that being part of the QRIS is a formal way to receive guidance and support in the quality improvement process.

This philosophy about quality improvement must go beyond programs to include the quality improvement staff that work with programs within Parent Aware and in organizations outside of Parent Aware that are providing supports to programs. They must also believe in the value of being part of a QRIS regardless of the star level achieved. If these staff do not promote this philosophy, programs are less like to commit to a QRIS unless they can be rated at a higher level.

Dissemination of Ratings and Outreach to Parents

Findings from the Evaluation indicate that parents and families are just beginning to gain knowledge about Parent Aware three years after implementation of the system. The experiences with marketing in Parent Aware (for example, through the radio campaign that was launched early in 2010), indicate that direct marketing can be successful but efforts needs to be sustained.

Survey data from parents in two different studies also indicate that parents may be less inclined to select programs based on some of the criteria that are measured in the Parent Aware indicators. For example, practices that relate to child assessment or use of particular curriculum don't appear to resonate as strongly with at least some of the parents as their desire to have their children cared for by teachers and providers who are warm and nurturing. Therefore, information about the importance of the QRIS components and active efforts to engage parents in education and discussion about these components must be available to parents if they are going to select programs based on these dimensions. To date, there is little empirical evidence on the terms and language that parents would respond to in QRIS marketing efforts. Indeed, the evidence that does

exist suggests that parents are already confused about the variety of terms such as licensing and accreditation that are used in descriptions of early care and education settings. Nationally and locally, work to clarify terms or develop new terms that will work better for parents from a variety of backgrounds is needed. Throughout the pilot, MELF has taken on this challenge by not only funding a marketing campaign but also commissioning research to understand how well the campaign worked (Johnson, 2010). This model of intentional focus on marketing and promotion of the QRIS to parents is unique nationally, as most QRIS are unable to devote funds to marketing efforts (Tout et al, 2010b). It will be critical to sustain and document these efforts in a statewide system.

System Coordination and Linkages

Recent analyses of the potential of QRIS as a quality improvement strategy highlight the role that QRIS can play in promoting strong system linkages and coordination in early care and education and school age care (see Mitchell, 2009). QRIS are discussed as policy “levers” that can unify an often fragmented system.

To achieve the overarching goal of systems integration through QRIS, it may be helpful to consider practical steps that could be considered in statewide implementation. These steps serve the immediate purpose of providing more stable processes for coordinating data and participants in the QRIS. However, once they are in place, the potential for deeper integration may be possible.

Coordination between the QRIS and the Child Care Assistance Program (CCAP). In the Evaluation, program directors were asked to provide information about the number of children in their programs who receive child care subsidies. While many were willing to provide estimates of this information, it would be preferable to obtain this information directly from the data system that tracks and administers payments of child care subsidies (MEC²). Looking at the long-term role a QRIS could play in Minnesota, it is clear that being able to document the extent to which low-income children are being served in high quality early care and education settings is a priority. Therefore, it will be important to automate a process for tracking the number and percent of children who receive child care subsidies and who are served in QRIS-rated programs.

Connections with child care licensing. In Parent Aware and in other QRIS across the nation, licensing provides a foundation for the quality ratings. Strengthening the connections between the QRIS and licensing and developing automated processes for incorporating licensing information into the QRIS is an important goal. Initial connections have been made in the pilot, but similar to the connections with CCAP, further work is needed to develop automated transfer of information about programs. Licensors will also be an important connection point for enrollment of providers into a statewide QRIS. Their encouragement and support may be a decisive factor for many providers, so the connections between licensors and QRIS staff should be fostered.

Professional development and QRIS. As Minnesota continues to strengthen the infrastructure for professional development for early care and education and school-age care practitioners, strong linkages with the QRIS will be essential. This process is well underway in

Minnesota with the recent launch of the Building Quality initiative and the Minnesota Child Care Credential that attempted to develop services aligned with the dimensions of Parent Aware. The MNCPD Registry and Career Lattice have also been integrated into Parent Aware. Creating further seamless pathways between professional development services and the QRIS will promote new enrollees in the QRIS and provide information about professional development needs (based on those identified through assessment of quality standards) that can be infused into both systems. Indeed it will also be critical for the QRIS to promote seamless integration of early childhood practitioners from a variety of programs across sectors such as Head Start, Early Head Start, Early Childhood Special Education and School Readiness.

Integration of QRIS with support for children’s health, mental health, and special needs. A statewide QRIS offers an opportunity to think broadly about how to incorporate services that children need with the early care and education settings they attend. The domains of early childhood health and mental health and children’s special needs have not yet been widely incorporated into QRIS standards or activities (see Tout et al., 2010b), but there is great potential to use QRIS as a platform for integrating tools and services that can support programs in their implementation of practices and to connect children with necessary resources.

Ongoing Evaluation

Evaluation can play multiple roles in a QRIS and should be considered a necessary component of statewide implementation. To date, the Parent Aware Evaluation has helped to identify and clarify implementation successes and challenges and stakeholder perceptions of early implementation. The Evaluation has also assisted with the development of the Parent Aware data infrastructure to collect, manage and report on the progress of programs and children in the pilot. And, the Evaluation has also established a protocol for examining child progress in the context of the QRIS and has highlighted the challenges of this complex endeavor.

In a statewide QRIS, evaluation can inform continuous improvement of the QRIS and can be useful in identifying and planning for the resources needed to support the various QRIS activities. For example, evaluation data on program strengths and needs can be used to plan for the provision of professional development supports. In the Maine QRIS, data are analyzed by specified geographical regions and are then shared directly with the coordinators of professional development in those regions. The information can then be translated into new professional development opportunities that are better aligned with the actual needs of programs and providers in the region.

Ongoing evaluation that accompanies statewide QRIS implementation also offers the opportunity for longer-term planning and systematic incorporation of evaluation findings based on an *accumulation of findings over time*. As noted in other sections of the current report, evaluation findings generated after one or two years early in the implementation of a QRIS must be interpreted in the context of the select participants who have joined the QRIS (which is a small subset of the full population of early care and education providers in Minnesota), the shifting rules and requirements that are to be expected during a pilot program, and the connections with other initiatives (such as the Saint Paul Early Childhood Scholarship Program

which was launched simultaneously with the Parent Aware pilot) which influence the incentives and motivations to participate in the pilot.

Changes to procedures or indicators in a scaled-up statewide program should be made more cautiously than changes in a pilot (when changes are expected), and evaluation findings can be a strong influence for recommended changes, particularly when findings can be corroborated over a longer time period (2-5 years, for example).

Evaluation also offers an opportunity to test innovations to the QRIS and to systematically explore the adoption of new practices. Quality improvement strategies vary widely across QRIS (see Smith, Schneider & Kreader, 2010), and new information is needed to test and examine which strategies work and for whom.

Summary

As Minnesota enters the final six months of the Parent Aware pilot, decisions will be made about statewide implementation. The results presented in this report offer findings on a range of issues that can inform those planning discussions. A report on the final year of the pilot will be produced by the Parent Aware Evaluation team next Fall, 2011.

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APPENDIX

DETAILS ABOUT PARENT AWARE

Across the nation, Quality Rating and Improvement Systems (QRIS) are a strategy being used by states to identify and promote quality improvement in early childhood and school-age programs by establishing standards of quality for programs; offering resources, incentives and assistance to programs to meet and maintain higher levels of quality; and informing parents about the quality of early care and education options. The first QRIS was launched in Oklahoma over a decade ago (1998) and since then, at least 30 additional states and local areas have developed a statewide or a pilot QRIS. Many of the remaining states and territories are in a planning phase or are considering development of a QRIS.

A comprehensive volume outlining the components of QRIS and the variations that exist across different state and local systems was released in 2010 by the Office of Planning, Research and Evaluation in the U.S. Department of Health and Human Services (see Tout, Starr, Soli, Moodie, Kirby & Boller, 2010b). The *Compendium of Quality Rating Systems and Evaluations* is a helpful resource for readers who would like the opportunity to learn more about QRIS and to compare components of Minnesota's pilot to other QRIS nationally. In this appendix, we offer a brief overview of QRIS structure and details about Parent Aware, Minnesota's pilot QRIS.

QRIS are distinguished by five common components. While the details of these components vary considerably between different systems, the core purpose of the components is similar. As described in various publications (Child Care Bureau, 2007; Mitchell, 2005; Tout et al., 2010b; Zellman & Perlman, 2008), they each contain:

- ❑ **Quality standards** that provide the basis for a program's rating. Standards are usually articulated for: professional development, education or training of the administrators and teachers/caregivers; the learning environment; and parent/family involvement.
- ❑ A process for **rating and monitoring** program quality. A QRIS uses a variety of tools to rate and monitor quality including observation, document review, and self report. It also sets guidelines for the frequency of program assessments and uses methods to ensure integrity of the assessment process.
- ❑ A process for supporting programs in **quality improvement**. A QRIS either provides staff and other resources to assist with improvement efforts or it provides a connection to quality improvement services provided by another organization.
- ❑ **Financial incentives** to promote participation in a QRIS. These incentives include tiered reimbursement, grants, scholarships and awards for programs meeting certain requirements.
- ❑ **Dissemination of ratings** to parents and other consumers. A QRIS uses websites and other materials to inform parents about the quality levels and provides information about the quality of individual programs.

Below, we use this five-part rubric to describe the details of Parent Aware. Before describing these details, however, it is important to describe the three different tracks that programs can take

to achieve a Parent Aware rating. Further details about these ratings can be found in the Parent Aware Manual (produced and updated by the Department of Human Services).

Full Rating. Licensed child care centers, preschools and family child care programs that are not accredited can apply for a full rating in Parent Aware. Documentation is required for each of the Parent Aware quality standards, an on-site observation is conducted, and curriculum and assessment tools must be approved by the Department of Human Services. A rating of 1 to 4 stars is possible in the full rating track.

Automatic Rating. Programs (child care centers, preschools and family child care programs) accredited by an approved accredited body, Head Start/Early Head Start programs that are in compliance with the Program Review Instrument for Systems Monitoring (PRISM), and School Readiness programs¹⁸ can apply for an automatic 4-star rating in Parent Aware (as of July 1, 2009).

Provisional Rating. In the initial two years of the pilot, programs that were not accredited and did not have a full Parent Aware rating could apply for a provisional rating of 3 stars. Authority for the provisional ratings was included in legislation passed in 2007 establishing the Pre-Kindergarten Exploratory Allowance project (the “State-funded Pre-Kindergarten Allowances”). Parent Aware programs with a 3- or 4-star rating and programs with provisional ratings (3-stars) were eligible to receive the State-funded Allowances through June 30, 2009. Child care centers, preschools, and family child care programs could apply for a Parent Aware provisional rating designated by the Department of Human Services. School Readiness could apply for provisional approval from the Minnesota Department of Education (this option has now ended as School Readiness programs are eligible for an automatic 4-star rating). Beginning July 1, 2009, programs that already have a provisional rating have the option to extend their rating *if* they are pursuing a Parent-Aware approved accreditation. Programs enrolling in Parent Aware after July 1, 2009 have the option to apply for a provisional rating if they are pursuing a Parent-Aware approved accreditation. If the program is not pursuing accreditation, they must be participating in the full rating process in Parent Aware within six months. Programs with a provisional rating status have a 3-star rating on the Parent Aware website which is denoted in green to distinguish it from the full ratings and automatic 4-star ratings in yellow.

Quality Standards

Programs applying for a full Parent Aware rating must first establish their eligibility for a rating by meeting basic requirements. These include signing a commitment to participate, attending an orientation session, verifying that they are licensed and have a positive licensing history over the past two years (with no negative licensing actions, maltreatment determinations, or operations under a conditional license), submitting a program philosophy statement, and completing a health and safety checklist. Once these requirements are met, the following four areas are rated (with details about the indicators examined in each area):

¹⁸ School Readiness programs are school-based pre-kindergarten programs administered by school districts.

Family Partnerships. Indicators in this area examine whether a program has a formal process for collecting and using feedback from parents; the strategies used for regular communication with families as well as communication about particular milestones (for example, transitioning to kindergarten); whether a program has an intake interview; whether programs provide information about preschool screening; and whether individual plans are used to help with transitions and other milestones.

Teaching Materials and Strategies. Indicators in this area examine whether the curriculum used is research-based and whether an effective learning environment and child-adult interactions are promoted. A select set of curricula have been pre-approved by Parent Aware. Other curricula must be reviewed and approved by the Curriculum Review Committee (described below). The learning environment and interactions are assessed through on-site observation with nationally-recognized tools (described below).

Tracking Learning. Indicators in this area examine whether the program uses a research-based instructional assessment tool to observe and monitor children's progress and if so, whether that information is shared with parents and used to guide instruction and design individual goals for the child. A select set of assessment tools have been pre-approved by Parent Aware. Other assessment tools must be reviewed and approved by the Child Assessment Review Committee (described below).

Teacher Training and Education. Indicators in this area examine the qualifications of administrators, teachers, or family child care providers; the degree to which credentials or degrees have been attained or specialized training has been completed; and, whether the teachers/family child care providers have a professional development plan. Connections are made between the indicators in this domain and some of the foundational elements of Minnesota's professional development system for early care and education and school-age programs. For example, programs are expected to enter information into the Minnesota Center for Professional Development (MNCPD) Registry and to categorize their previous training using the categories described in Minnesota's Core Competencies (note that this linkage was a change in the indicators instituted after the MNCPD Registry became operational in the summer of 2008).

Points are awarded in each of the quality categories and ratings of one to four stars are assigned based on the number of points received.

Rating and Monitoring

Parent Aware uses a combination of strategies to review, analyze, and rate programs on the quality standards described above. Program practices in the four quality standards are established through program documentation, observation by trained researchers, and review of materials by an expert panel (if applicable). At the orientation to the program, providers receive a quality documentation packet that contains all of the relevant forms and explanation of procedures. The following procedures are of particular importance in the rating process:

On-site Observation – To complete the requirements of the Teaching Materials and Strategies category, programs must participate in an on-site observation conducted by trained observers from the Assessment and Training Center in the Center for Early Education and Development (CEED) at the University of Minnesota. In family child care programs, observers use the Family Child Care Environment Rating Scale – Revised (FCCERS-R; Harms, Cryer & Clifford, 2007) to assess the quality of the environment, materials, routines, health and safety and interactions. In center-based programs with preschool classrooms (serving children ages 3 to 5), observers complete the Early Childhood Environment Rating Scale – Revised (ECERS-R; Harms, Clifford & Cryer, 1998) or the Infant and Toddler Environment Rating Scale Revised (ITERS-R; Harms, Cryer & Clifford, 1990) depending on the ages of children in the selected classroom (one-third of the classrooms serving each age group are randomly selected for observation). They also complete the Classroom Assessment and Scoring System (CLASS; Pianta, La Paro & Hamre, 2008) to assess the quality of emotional support and instruction.

Review of Curricula – If a program is not using a pre-approved curriculum, documentation about the curriculum must be reviewed and approved by the Department of Human Services based on recommendations from the Curriculum Review Committee. The Curriculum Review Committee is comprised of up to six experts in early childhood education who apply for the position and are appointed by the Department of Human Services (DHS) and the Department of Education (MDE). Committee members must have at least a Bachelor’s degree in Early Childhood Education (or a related field) and must have at least five years of experience in teaching, training, or research in early childhood education, curriculum and instruction, child assessment or a related area. Up to four representatives from DHS or MDE may participate in the Committee. Programs can nominate existing curricula for review by the Committee or they can submit written documentation about a curriculum that they have developed themselves. The Committee meets as needed and will end its term at the end of the Parent Aware pilot. To be approved, written curriculum and any associated manuals or instructions for use must address a number of criteria and show how it is aligned with the Minnesota Early Childhood Indicators of Progress (ECIPS).

Review of Assessment Tools – If a program is not using an assessment tool already included on the approved assessments list, the assessment tool used must be approved by DHS based on recommendations from the Child Assessment Review Committee. The process for appointing members to the Child Assessment Review Committee is the same as the process used for the Curriculum Review Committee (described above). In addition to other specific, defined criteria that are reviewed by the Committee, they assess the extent to which the assessment tool is aligned with the ECIPS.

Accredited programs that complete a short application, submit proof of their accreditation status and demonstrate their compliance with the licensing requirements described above automatically receive a 4-star rating. Their rating process does not involve a review of curriculum and assessment, nor does it involve an on-site observational visit. Parent Aware accepts accreditation from the following bodies: National Association for Family Child Care,

National Association for the Education of Young Children, Council on Accreditation, National Early Childhood Program Accreditation, American Montessori Society, and the Association of Montessori International-USA. These accrediting bodies were selected for Parent Aware because they are also used to document eligibility for tiered reimbursement in Minnesota's Child Care Assistance Program. To increase the number of high quality programs in Parent Aware, the decision was made to allow accredited programs throughout the entire Twin Cities seven-county metropolitan area to participate.

Similarly, Head Start programs that are in compliance with the Program Review Instrument for Systems Monitoring (PRISM) will automatically receive a 4-star rating after submitting an "intent to participate" form to the Minnesota Department of Education (MDE). Beginning July 1, 2009, School Readiness programs also receive a 4-star automatically if they submit evidence to MDE documenting their compliance with the indicators. For items that are included in the statutorily required (Minnesota Statute 124.D.15) School Readiness Plan, the district must submit assurance that district sites are in compliance with the Plan. For items that are not required in statute, the program must submit evidence to MDE that the indicator is being met.

Licensed child care centers and family child care programs that are interested in participating in Parent Aware quickly to accommodate families that would like to use the State-funded Pre-Kindergarten Allowances or the MELF-funded Saint Paul Early Childhood Scholarship in their program could apply for a temporary Provisional Rating (an option available through the end of June, 2009 as described above). The Provisional Rating involves documentation of the quality standards in the Family Partnership category (all indicators described above), Teaching Materials and Strategies category (reporting the use of an approved research-based curriculum and training on the curriculum), and Tracking Learning category (reporting the use of an approved research-based assessment tool and training on the assessment tool). In addition, programs must operate for a minimum of 12 hours per week. Information is not collected about Teacher Training and Education and on-site observations are not conducted. MELF made a policy decision that a provisional rating is equivalent, in practice, to a rating of 3 stars generated through the full rating process.

Quality Improvement

When programs apply for a full rating in Parent Aware, they are paired with a Provider Resource Specialist who assists them in the rating process. The Resource Specialist also helps the program initiate a quality improvement process (note that provisionally-rated programs and programs with a 4-star rating are not eligible for improvement supports). This process is individualized and tailored to the needs of the program and includes the provision of financial resources as well as technical assistance. The Provider Resource Specialists are able to use the feedback reports generated from the on-site observations to inform their work with programs.

Financial Incentives

Programs receiving a rating of 3 or 4 stars or a provisional rating (equivalent to a rating of 3 stars) were eligible to serve children receiving State-funded Pre-Kindergarten Allowances of

up to \$4,000 (available to low-income families in the Parent Aware pilot areas) or scholarships through the MELF-funded Saint Paul Early Childhood Scholarship (covering up to \$13,000 annually for a select set of families living in District 6 and 7 within the Saint Paul pilot area). The effectiveness of these financial incentives for families and for programs is being evaluated in separate studies conducted by SRI International with support from the Minnesota Early Learning Foundation (see Gaylor et al., 2009a; Gaylor et al., 2009b; Gaylor et al., 2010). The State-funded Pre-Kindergarten Allowances ended on June 30, 2009.

Dissemination of Ratings

Quality ratings are publicized and shared with parents primarily through the Parent Aware website (www.parentawareratings.org). Options are provided for parents to read information in languages other than English or to speak directly with a referral specialist via a toll-free number.

The website was designed to include portals for parents and programs so that each group is able to access the information most relevant for them.

Parent Aware also provides marketing materials for programs that have been rated. Programs that have achieved a 4-star rating receive a banner, lawn sign, and a Parent Aware highest rating window cling (decal) to display their rating. They also receive a postcard shell and press release template if they want to undertake a mailing or press release. Programs with a 3-star rating receive a Parent Aware participant window cling and press release template. Programs with a 1- or 2-star rating receive a Parent Aware participant window cling.

DATA SOURCES FOR THE PARENT AWARE EVALUATION

Data/information for this report was collected from several sources. Short descriptions of each data source, format, and organizations responsible for data are listed in this section.

All fully-rated programs and a sample of automatically-rated programs were asked to participate in the Parent Aware evaluation by:

- 1) Completing a written survey
- 2) Agreeing to an observation(s) of their site. (Fully-rated sites were observed as part of the Parent Aware rating process. Automatically-rated programs were asked to allow an observer to conduct the ERS and CLASS, as appropriate, following the same guidelines used for fully-rated programs.)
- 3) Assisting the research team in recruiting families to participate in the Evaluation:
 - a. Children would be assessed using a battery of school readiness assessment tools
 - b. Parents would be interviewed over the phone
- 4) conducting indirect assessments of children participating in the evaluation
- 5) assisting research team in recruiting parents to be surveyed

The research team solicited participation from all programs known to be participating in Parent Aware (even if not yet fully-rated) between August 2009 and May 2010, with the exception that not every automatically-rated program was asked to participate. The decision to sample only a subset of automatically-rated programs was made because of the large number of programs in this category (2/3 of currently rated programs).

Participation in the Evaluation is voluntary. Programs were mailed information about the Parent Aware evaluation and called several times. If a program consented to participate, they were sent the Parent Aware Evaluation Survey and consent forms for children and parents in the program to join the evaluation. Some providers chose to complete some pieces of the Evaluation but not others, so there are some programs for whom we have survey data but not observation data, or observation data but not child assessment data.

Sampling of accredited center-based programs for the Parent Aware Evaluation involved targeted recruitment of a subset of program. Between 140 and 150 accredited child care centers were in Parent Aware in the summer of 2008. Approximately 56 accredited child care centers were approached to participate in the Evaluation. Participating in the Evaluation required some center staff to complete a written survey, enroll children into the Evaluation, and to participate in on-site observations (ECERS-R, CLASS, and/or ITERS-R). Of the 56 programs contacted, 42 agreed to participate. As with fully rated programs, not all programs who agreed to participate completed the questionnaires, enrolled children, or participated in the observations. All accredited center-based programs located in a Parent Aware pilot area were contacted. Initially, all programs that had a child enrolled who received the Saint Paul Scholarship were also invited to participate in the Evaluation. All child care programs who participated in the Caring for Kids

Initiative (CfKI) were also contacted to participate in the Evaluation. CfKI is a program that provides scholarships to families who qualify to send their children to high-quality child care programs (at the time only centers, not family child care programs) located within boundaries of the Wayzata School District. The MELF sponsored an Evaluation of the Caring for Kids Initiative as part of its Innovation Grant work in 2008. The CfKI Evaluation and the Parent Aware Evaluation worked together to collect data for both Evaluations. As a result, all of the programs participating in CfKI (n=9) were invited to participate in the Parent Aware Evaluation.

Two large child care corporations with multiple sites in Minnesota comprised over 60% of the accredited center-based programs in Parent Aware during the summer of 2008. The Evaluation contacted the Directors of these two corporations to invite them to participate in the Evaluation. Upon agreeing to participate, they were asked to identify their centers where at least 20%-25% of the children enrolled received a subsidy from the state Child Care Assistance Program. Approximately 5-7 child care centers from each corporation who maintained a 20%-25% subsidy population were randomly selected and invited to participate in the Evaluation. Three-quarters of those contacted (75%) agreed to participate.

Head Start programs in the pilot areas were also invited to participate in the Evaluation. The research coordinator contacted the Directors of the Minneapolis and Saint Paul Head Start programs to invite some of their sites to participate in the Parent Aware Evaluation. In Saint Paul, the selection of Head Start sites was based on where Saint Paul Early Childhood Scholarship children were attending. These programs were invited to participate in the Evaluation. In Minneapolis, Head Start sites located in within the North Minneapolis pilot area were invited to participate. The Head Start program in southern Minnesota was also invited to participate.

Likewise, School Readiness programs located in the Minneapolis and Saint Paul pilot areas were invited to participate in the Evaluation. A similar selection process to that of Head Start took place. In Minneapolis, programs located within the North Minneapolis pilot area were asked to participate. In Saint Paul, School Readiness programs whose enrollment consisted of a large concentration of low-income students or students with language or special education priorities were invited to participate.

Survey of Programs Participating in Parent Aware, Child Trends

All programs that consented to participate in the Evaluation of Parent Aware were asked to complete a survey. Targeted surveys were created for program directors, classroom teachers, and family child care providers. A paper survey was mailed to participants representing 119 programs. Eighty-four directors were mailed the survey starting late fall 2009 until September, 2010, and 46 directors completed and returned the survey (55%). One hundred and four teachers were mailed the survey starting late fall 2009 until September, 2010, and 63 teachers completed and returned the survey (61%). Thirty-five family child care providers were mailed the survey starting early winter, 2010 until September, 2010. Twenty-six family child care providers completed the survey (74%). All respondents were mailed a \$25 gift card upon completion of the survey.

While the response rate to the survey was moderate, the response rate was higher for the second year of survey data collection than for the first year. Moreover, there is reason to conclude that the survey sample is fairly representative of the overall population of programs in Parent Aware. Tables 63 and 64 below show the star ratings of programs in the survey sample (Table 63) as compared to the overall population of programs in Parent Aware (Table 64). Compared to their representation in the overall sample of Parent Aware programs, fully-rated programs were over-represented in the Survey while automatically-rated programs were slightly under-represented.

Table 63. Programs that Responded to the Parent Aware Evaluation Survey

	1 star	2 star	3 star	4 star (fully-rated)	4 star (automatically-rated)	Overall
Family Child Care	1	5	8	8	4	26 (27%)
Centers & preschools	1	10	9	5	28	53 (56%)
Head Start programs	0	0	0	0	4	4 (4%)
School Readiness programs	0	0	0	0	12	12 (13%)
Total	2 (2%)	15 (16%)	17 (18%)	13 (14%)	48 (51%)	95 (100%)

Source: 2010 Parent Aware Evaluation Survey

Table 64. Currently-Rated Programs

	1 star	2 star	3 star	4 star (fully-rated)	4 star (automatically-rated)	Overall
Family Child Care	3	20	27	17	7	74 (22%)
Centers & preschools	2	12	21	10	143	188 (55%)
Head Start programs	0	0	0	0	23	23 (7%)
School Readiness programs	0	0	1	0	53	54 (16%)
Total	5 (1.5%)	32 (9%)	49 (14%)	27 (8%)	226 (67%)	339 (100%)

Source: Parent Aware Rating Tool Database, Minnesota Department of Human Services, Initial Ratings (as of July 31st, 2010).

Child Assessment Measures, Child Trends

Children were recruited in the fall of 2008 and fall of 2009. Programs that agreed to enroll in the Evaluation were contacted to enroll children to participate in a fall and spring child

assessment. Consent forms for parents as well as a brochure were distributed to all of the programs participating in the Evaluation. Programs were asked to help enroll children into the study by approaching parents of 4 year old children (children who will enter Kindergarten the following fall). Up to six children per child care center/Head Start/or School Readiness program were eligible. Up to two children per family child care home were eligible. Programs were asked to approach families who received a child care subsidy first, then open it up to all families. Programs were also asked to prioritize enrollment to children who are in care at least 20 hours per week and to children still expected to be enrolled in the program the following spring. Programs that did not enroll children receiving a subsidy were given the option of inviting any family to participate in the evaluation, but were still asked to keep the other criteria in mind. It is possible that programs approached families they thought were more likely to participate.

The Evaluation followed up with programs on a regular basis to encourage them to return signed consent forms. If a program was having a low response rate, research staff from the Evaluation team talked to parents directly during pick-up hours or during an already scheduled family event coordinated by the program.

For participating, children received a book and a sticker. The child's teacher was also asked to complete a brief questionnaire about the child's development. The teacher received a \$5 Target gift card for completing it.

Overall, 181 children were assessed in the fall of 2008 and 232 children were assessed in the fall of 2009. 139 parents (77%) completed the parent interview in the fall of 2008. 170 parents (73%) completed the parent interview in the fall of 2009.

The child assessment battery, designed by the MELF Research Consortium, consists of a set of direct child assessments as well as two teacher-report assessments. Together, the measures provide a comprehensive look at the domains of school readiness including expressive and receptive language, early literacy skills, early math skills, social and emotional development, and approaches to learning.

Direct Child Assessment Measures. Children's receptive language was measured by the Peabody Picture Vocabulary Test-4th Edition (PPVT-4) (Dunn & Dunn, 2007). The PPVT-4 is a standardized measure, taking age into account, with mean score of 100 and a standard deviation of 15. Children's expressive language was measured by the Individual Growth and Development Indicators – Picture Naming (IGDI). This task measures how many pictures a child can name in a minute. Early literacy was measured by the Test of Preschool Early Literacy (TOPEL) (Lonigan, Wagner, Torgeson, & Rashotte, 2007) a standardized measure with a mean score of 100 and a standard deviation of 15. Two subtests were administered: Phonological Awareness (breaking up words by sounds) and Print Knowledge (naming letters and sounds). Numeracy and math skills were measured by the Woodcock-Johnson Tests of Achievement (WJ-III): Applied Problems and Quantitative Concepts subtests (Woodcock, McGrew, & Mather, 2001). Applied Problems measures mathematics problem solving including simple counting, addition, and subtraction. Quantitative Concepts assesses knowledge about mathematical factual information (i.e., identifying numbers, shapes, and sequences). The WJ-III is a standardized measure with a mean of 100 and a standard deviation of 15.

Teacher Report Child Assessment Measures. The Social Competence and Behavior Evaluation short form (SCBE-30) is a teacher report consisting of 30 questions that provide an assessment of preschool emotional adjustment and social competence. Three subscales are measured: Social Competence (emotionally mature, pro-social behaviors), Anger Aggression (oppositional behaviors, poor frustration tolerance), and Anxiety Withdrawal (anxious, depressed). Each subscale consists of 10 items rated on a 6 point Likert scale indicating the frequency a child engages in a behavior ranging from 1 = “Never” to 6 = “Always”. Each subscale has a total of 60 possible points with higher scores indicating increased behaviors in social competence, anger/aggression, or anxiety/withdrawal (note that lower scores are more desirable in Anger Aggression and Anxiety Withdrawal). The Preschool Learning and Behavior Scale (PLBS) persistence subscale is a teacher report checklist that assesses children’s observable approaches to learning, specifically attention/persistence. The PLBS consists of 29 items concerning children’s behavior (i.e. “pays attention to what you say”) for which teachers mark 1 = “most often applies”, 2 = “sometimes applies”, or 3 = “doesn’t apply”. The persistence subscale uses 9 of these items, for a possible total of 27.

Parent Aware Evaluation Parent Interviews, Wilder Research

Parents were asked to complete a phone interview and received a \$10 for completing it. Parents of children enrolled in the evaluation were interviewed over the phone in the fall of 2008 (n = 153) and the fall of 2009 (n = 186). Wilder Research conducted the interviews which included items regarding parents’ child care selection, usage, and satisfaction, their thoughts on quality, perceptions of Parent Aware, and other child care related questions, in addition to family demographic information.

NACCRRAware, Minnesota Child Care Resource and Referral Network

NACCRRAware is a web-based data system housed by the National Association of Child Care Resource and Referral Agencies. The Minnesota NACCRRAware dataset contains a list of all licensed Head Start/Early Head Start, center-based, preschool, and family child care programs in the state of Minnesota. It also contains information on the following variables discussed in this report: Geographical location (by Parent Aware pilot area, county, or city), child enrollment, programs serving children receiving CCAP, programs serving ELL children, accreditation status, program affiliations, hours of care, turnover, and weekly rates charged by age group for each program. Accreditation status is updated twice a year (in late June and in December), rates information is updated once a year (April), and programs are added to the dataset on an ongoing basis. An updated dataset is sent to Child Trends quarterly. Data presented in this report represent information for a specific point in time, which is noted in each table. This data was downloaded from NACCRRAware in September 2010.

Quality Improvement Support Expenditures, Minnesota Child Care Resource and Referral Network

The Minnesota Child Care Resource and Referral Network staff provided Child Trends with information on Quality Improvement Supports used by Parent Aware programs as overseen

by Provider Resource Specialists. This information was sent to Child Trends in an Excel file on October 7, 2010.

Parent Aware Rating Tool Database, Minnesota Department of Human Services

The Minnesota Department of Human Services houses the Parent Aware Rating Tool (PART) database, which contains all Parent Aware programs, their star ratings, points earned for each quality indicator that makes up the star rating, pilot area, and other program information. Data from PART was used to provide the number of programs rated by pilot area and star rating and all information concerning rating points for this report. All data was downloaded from the PART website in August 2010, and was cleaned and modified via communication between Child Trends and DHS through October 2010.

Environment Rating Scales Data System, Center for Early Education and Development, University of Minnesota

The Environment Rating Scales data (ECERS-R, ITERS, and FCCERS) are collected and entered into the Environment Rating Scales Data System by the Center for Early Education and Development (CEED) at the University of Minnesota. The CEED data file is stored on a server at the University of Minnesota and was accessed by Child Trends on July 31, 2010. Observational data collected in programs are directly recorded in the Branagh ERS software system which has been specifically adapted for the Parent Aware pilot

Environment Rating Scales Extension (ECERS-E), Center for Early Education and Development, University of Minnesota

The ECERS-E data are also collected by CEED and scoring sheets are stored on the University of Minnesota server. Child Trends accesses the scoring sheets and enters the data into an Excel file. ECERS-E data was accessed on October, 2010.

Classroom Assessment Scoring System (CLASS) data, Center for Early Education and Development, University of Minnesota

The Classroom Assessment Scoring System (CLASS) data are collected and entered into an Excel file by CEED. The CEED data file is stored on a server at the University of Minnesota and was accessed by Child Trends on July 31, 2010.