

Research
Funded By

Oklahoma Department of Human Services
Division of Child Care

Final Report

***“Reaching for the Stars”
Family Child Care Home
Validation Study***

August 2004

Deborah Norris & Loraine Dunn



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By
Early Childhood Collaborative of Oklahoma
ECCO: An OSU/OU Partnership

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Appreciation is expressed to the family child care providers who made this study possible. Thanks also to ECCO Project Staff at OSU and OU for their contribution to data collection, data entry, and data analyses.

Funding for the Family Child Care Home Validation Study was provided by Oklahoma Department of Human Services Division of Child Care. Research questions were developed collaboratively with DHS Division of Child Care and ECCO key staff.

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“Reaching for the Stars” Family Child Care Home Validation Study
Final Report Prepared for
Oklahoma DHS Division of Child Care

Introduction To The Study

Context

This report details a study of “Reaching for the Stars” in family child care homes across Oklahoma. “Reaching for the Stars” is a quality improvement initiative of the Oklahoma Department of Human Services Division of Child Care. The Stars program was implemented in February 1998 for the purpose of improving the quality of child care in the state, especially for children receiving child care subsidies. The initiative identifies enhanced quality criteria beyond licensing requirements that child care facilities may choose to meet in order to receive higher rates of reimbursement for the provision of child care services for children receiving subsidies. See Appendix A or the DHS website (www.okdhs.org/childcare) for a description of the Stars criteria. The enhanced quality criteria focus on provider education and training, parent involvement, and program evaluation. Child care programs may earn one of four Star ratings or levels under this initiative: One-Star, One-Star Plus, Two-Star, and Three-Star. The One- and Two-Star levels were funded in February 1998 by the Division of Child Care. The Three-Star level was funded in July 1999, and the One-Star Plus transition level was funded in July 2000. Described below are the key differences between the Star categories.

- One-Star homes meet only licensing requirements;
- One-Star Plus homes partially meet the enhanced Two-Star criteria and must meet all Two-Star criteria within two years or revert to One-Star status (see Appendix A for details);
- Two-Star homes meet the enhanced criteria **or** are nationally accredited;
- Three-Star homes meet the enhanced Two-Star criteria **and** are nationally accredited by the National Association of Family Child Care.

Reimbursement rates received for child care facilities are determined by both the Star status of the facility and the rate area in which the facility is located. Two rate area classifications exist in Oklahoma: Standard Rate and Metro Rate. Metro rate areas apply to counties where market rates are higher than in more rural areas of the state¹.

¹ Rates are based solely on a DHS market rate survey, not on cost of care.

The Study

This study examined quality differences between family child care homes representing the various levels of the “Reaching for the Stars” program. A statewide representative sample of One-Star, One-Star Plus, and Two-Star homes was randomly selected from DHS licensing lists during August 2002. Family child care homes from each of these Star categories were randomly drawn in numbers representing the appropriate proportions for the two rate areas (Metro & Standard). Due to their small numbers (n=4) stratified random selection procedures were not used to select Three-Star family child care homes. Instead, all existing Three-Star homes were invited to participate. However, the numbers were too small for meaningful comparisons with other Star levels. Descriptive information on the participating Three-Star homes (n=3) is included in a section devoted to Three-Star homes, but comparisons across Star categories excluded these homes.

Sample recruitment occurred throughout the fall of 2002. The findings reported here were obtained from the final sample of 189 family child care homes across the state. A researcher made a three-hour visit to each home to conduct quality observations and to leave questionnaires for providers to complete later and return by mail. Observers were not informed of the Star rating of the facility; however, many homes prominently displayed signs indicating their Star ratings.

This report describes differences in family child care homes by Star category on a variety of commonly used measures of child care quality. Also included is a description of differences in homes by DHS reimbursement rate area. Data sources included provider surveys as well as classroom observations as described below.

- Observations:
 - Family Day Care Environment Rating Scale (FDCRS; Harms & Clifford, 1989)
 - Sensitivity of provider-child interaction using the *Arnett Caregiver Interaction Scale* (Arnett, 1989).
- Provider reports:
 - Provider surveys on education, training, and enrollment characteristics.

The FDCRS is rated on a 1-7 scale with 1 representing inadequate quality, 3 minimal quality, 5 good quality, and 7 excellent quality. Both the total score and subscale scores were used. The *Arnett Caregiver Interaction Scale* is scored on a 1-4 scale with 4 representing the most sensitive provider behavior. Both observational instruments were completed during a three-hour morning observation in the family child care home.

The program evaluation component of the Stars criteria consists of an observation visit by an early childhood professional and limited consultation with

the provider regarding the content of the observation. A trained representative of the Center for Early Childhood Professional Development (CECPD; a DHS initiative) visits the home and conducts a quality assessment using the FDCRS. Providers may obtain a complimentary copy of the FDCRS from CECPD prior to the visit. This “environmental rating scale” visit, as it is known, must occur prior to the awarding of Two- or Three-Star status. Because the procedure for completing the Stars program evaluation criterion relies on an instrument included in this study, no additional measurement of this criterion was included.

Data collectors participated in training prior to data collection on study procedures and the instruments utilized in this study. Prior to data collection all data collectors achieved at least 86% inter-observer reliability on the FDCRS and *Caregiver Interaction Scale*. Agreement was defined as within one rating point on the respective scales. Throughout the course of data collection monthly reliability visits were conducted with each data collector. Average interrater reliability ranged from 91% to 94% for the FDCRS and from 91% to 100% for the *Caregiver Interaction Scale*.

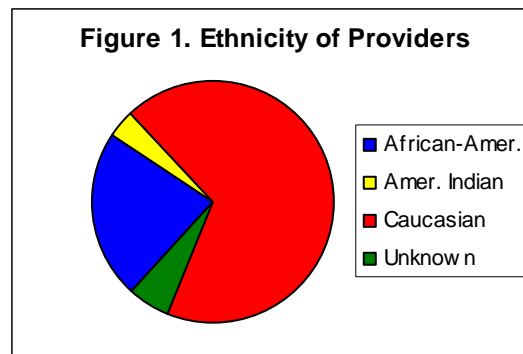
Sample Description

A total of 189 family child care homes were visited across the state of Oklahoma between September and November 2002. The number of homes in each Star category and rate area are shown below in Table 1.

Table 1. Number of Homes by Star Status and Rate Area			
Star Status	Total Sample	Rate Area	
		Standard	Metro
One-Star	61	27	34
One-Star Plus	63	29	34
Two-Star	62	32	30
Three-Star	3	1	2
Total	189	89	100

Characteristics of the Providers

The average provider in this study was a 38 year old, Caucasian woman who had six years experience as a family child care provider. Twenty-three percent of the providers were African American, 4% American Indian and 69% Caucasian. Fifty-four percent of the providers earned between \$11,000 and \$20,000 annually from their child care business. Only 3% reported earning more than \$30,000 while 11% indicated they earned less than \$5,000 annually. The majority (45%) of the providers reported attending some college, 37% had completed high school or vocational school, and 18% had completed an Associate's Degree or higher.



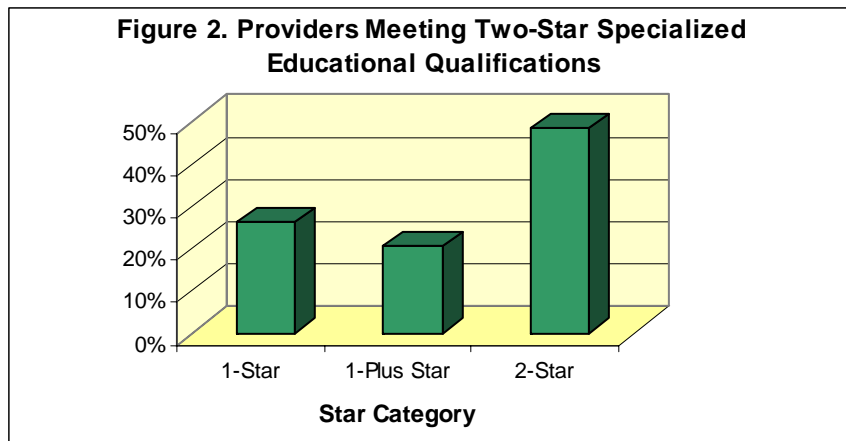
Professional development and specialized education in early childhood varied by the Star status of the family child care home. In order to qualify for One-Star Plus and Two-Star ratings providers must have attended 20 clock hours of approved professional development within the previous 12 months.

- Providers in Two-Star and One-Star Plus homes had completed significantly more hours of professional development than those in One-Star homes ($F_{2,135}=15.620, p<.000$).
- The average number of hours completed by providers in all Star categories in the 12 month period prior to data collection was:

- One-Star homes 19.91 hours
- One-Star Plus homes 51.30 hours
- Two-Star homes 40.32 hours

In addition to continuing professional development, providers in Two-Star homes must meet requirements for specialized education. There are several ways to meet these requirements. One is by holding a Child Development Associate credential (CDA). The CDA is a national competency based credential specifically designed for the nontraditional² populations typically working in child care. It is awarded for staff in several early childhood settings, one of which is family child care. All CDA credentials require experience with children, a minimum of 120 hours of professional development, completion of a professional portfolio documenting competency, and a review visit by a national validator. Other ways to meet the Two-Star specialized education requirements are by holding Associate’s or Bachelor’s Degrees in Early Childhood (or related field), or Associate’s or Bachelor’s Degrees in other fields with at least 12 hours of college coursework in Early Childhood.

Providers in Two-Star homes were much more likely to have met the specialized education requirements of the “Reaching for the Stars” program than providers in One-Star or One-Star Plus homes (See Figure 2; $\chi^2(2)=16.936, p<.000$).



Providers may receive a waiver allowing them to achieve Two-Star status without meeting the specialized education qualifications if they have five years experience in family child care, have completed at least 120 hours of related training within the last five years, and score at least 5.0 on the FDCRS. It is unclear from the data collected for this study how many Two-Star providers actually qualified for the waiver. Furthermore, the researchers did not ask providers if they had used the waiver to meet Two-Star criteria. However, because slightly over half of the Two-Star providers participating in the study had

² In this case “nontraditional” refers to individuals who are not the typical young adult under age 25 and attending college full-time.

not met the specialized education qualifications, it is logical to assume that many were awarded Two-Star status through the waiver. Note however, that effective June 1, 2004, providers seeking to qualify for a higher Star status will no longer be able to request a waiver for specialized education qualifications.

A closer examination of the educational patterns of the providers in this sample suggests that many may be working toward fulfilling the Two-Star specialized education requirements. As indicated in Table 2, many providers have completed a CDA or have taken early childhood courses at the college level. The majority of providers holding a CDA credential had earned the family child care CDA. Only 13% of providers with a CDA held another type.

Types of CDA credentials held by providers:

- 87% Family Child Care CDA credential
- 11% Center-based CDA credential
- 2% Home Visitor CDA credential

Most providers with CDA's had completed their CDA training at a Career Technology center or had completed coursework at community colleges and earned a Certificate of Mastery (i.e., a certificate granted by the community college verifying the individual has successfully completed 12 hours in early childhood/child development plus 3 hours of English Composition).

CDA training venue:

- 57% Career Technology Center
- 39% Community College & Certificate of Mastery

Providers operating family child care homes in the three Star categories addressed here varied in whether and how they met the Two-Star specialized education guidelines (see Table 2). The statistically significant differences were as follows.

- Providers in Two-Star homes were much more likely than providers in One-Star or One-Star Plus homes to have completed 12 college hours in ECE or earned a CDA, a Certificate of Mastery, or a Bachelors Degree.
- Providers in One-Star Plus homes were more likely than those in One-Star homes to have earned a CDA, completed 12 college hours in ECE or earned a Certificate of Mastery.
 - One-Star Plus providers were four times more likely to have a CDA than One-Star providers.
 - While the percentages of One-Star Plus providers with 12 hours in ECE or a Certificate of Mastery were low, the difference in frequency from that of One-Star providers is noteworthy.

Table 2: Levels of Early Childhood Education by Star Status			
	One-Star N=48	One-Star Plus N=49	Two-Star N=51
Early Childhood Education			
CDA ($\chi^2(2)=16.388, p<.000$)	6%	24.5%	41%
12 College Hours in ECE ($\chi^2(2)=15.752, p<.000$)	6%	12%	35%
Certificate of Mastery ($\chi^2(2)=9.353, p=.009$)	2%	10%	22%
Associates Degree in ECE (n.s.)	3%	0	2%
Bachelors Degree in ECE ($\chi^2(2)=6.246, p=.044$)	0	0	5%
Graduate Degree in ECE (n.s.)	2%	0	2%

Twenty-four of the family child care providers participating in the study had completed two or more of the specialized education options listed in Table 2; 83 had not completed any of these forms of specialized education.

Enrollment Characteristics of the Home

All homes recruited to participate in this study were licensed for up to seven children with an average of five children attending daily. Not surprisingly, 90% of the homes had one adult present during the research observation visit, with an average of four children present. Providers in Two-Star homes were more likely to report having a waiting list than providers in the other Star categories. There were no differences however, in the number of children on family child care home waiting lists across Star category.

Because the “Reaching for the Stars” program aims to make high quality care available for children living in poverty through a tiered subsidy reimbursement rate, providers were asked about the enrollment of children in their home receiving DHS subsidy. Twenty-five percent of the providers did not accept children funded by subsidy while the remaining providers enrolled an average of 3 children funded by subsidy (see Table 3). Differences in homes across Star categories on total enrollment and subsidized enrollment follow.

- Providers in Two-Star homes had higher average total enrollments than One-Star-Plus homes.
- Two-Star and One-Star Plus homes were more likely than One Star homes to accept children receiving child care subsidy.

- The percentage of children on subsidy enrolled in One-Star Plus homes was greater than the percentage in One-Star homes.³

Table 3: Enrollment Characteristics of Homes by Star Status			
Means	One-Star N=48	One-Star Plus N=49	Two-Star N=51
Mean Total Enrollment (F (2,144)=3.747, p=.026)	6.62	6.27	7.67
Mean Number Children Present (n.s.)	3.66	4.03	4.36
Mean Subsidy Enrollment (n.s.)	2.13	3.25	3.06
Frequencies			
Have a Waiting List ($\chi^2(2)=6.163, p=.046$)	32%	39%	56%
Currently Enroll Children with Subsidy ($\chi^2(2)=23.538, p<.000$)	52%	94%	80%
Percentage of Children Receiving Subsidy (F (2,143)=4.578, p=.012)	35%	55%	40%
Enroll Children of Ethnic/Racial Minority ($\chi^2(2)=16.013, p<.000$)	25.5%	58%	63%
Enroll Children Whose Home Language is not English (n.s.)	10%	4%	4%
Enroll Children with Special Need or Disability (n.s.)	15%	17%	16%

In addition to poverty status as defined by DHS subsidy, providers were also asked about other characteristics of the children they served. Because of the growing diversity of Oklahoma families the characteristics chosen were ethnicity, home languages other than English, and children with disabilities or special needs. As seen in Table 3, significant differences were found across Star categories in the enrollment of children of ethnic minority.

³ The percentage of children on subsidy enrolled is also referred to as “subsidy density.”

- Providers in One-Star Plus and Two-Star homes were more likely to enroll children of racial/ethnic minority. Only one-quarter of One-Star home providers reported enrolling children of minority status.

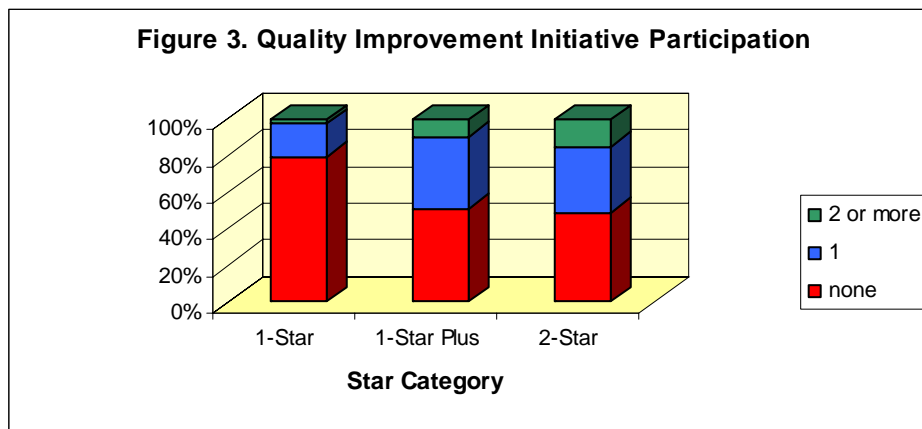
Very few providers reported enrolling children whose home language was not English. There were also a limited number of homes serving children with disabilities or special needs. Only 5% of the providers reported receiving inquiries within the last 12 months to enroll a child with a special need. Half of the providers had completed training that focused on children with special needs or disabilities.

Providers were asked to identify potential barriers to enrolling children with special needs or disabilities. Thirty-eight percent of the providers did not report any barriers, 45% identified one to three barriers while only 16% listed four or more. As seen in Table 4, concerns about the need for modifications to their home as well as balancing the needs of the other children were expressed by many of the providers. Some of these issues, such as structural modifications to the home, represent investments in their child care business that many providers may not be willing to make without financial assistance. Furthermore, special resources and services are often needed to adequately care for children with special needs, but as some providers noted, the requisite resources and services may not be available. The availability of special services is a problem larger than the family child care population and one that can only be partially addressed by special training for providers. Other concerns, such as general discomfort and uncertainty regarding care for children with disabilities, are more amenable to provider training opportunities.

Table 4: Barriers to Enrollment of Children with Special Needs	
Barriers	Percentage
Difficult to make modifications to home	40%
Too many other children to accommodate special needs	38.5%
Uncertain of ability to care for children	24%
Uncomfortable caring for children with special needs	21%
Inadequate training	15%
Costs too high to serve children	12.5%
Resources or special services not available	11%
Concerns about the type or severity of the special need	9%

Participation in Quality Improvement Initiatives

The Division of Child Care has invested heavily in a wide variety of strategies to improve the quality of child care in Oklahoma. Providers participating in this study were asked to identify, from a list of 7, the quality improvement initiatives in which they had participated. Fifty-eight percent of the providers had not participated in any of the initiatives. As seen in Figure 3, nonparticipators were heavily represented in all Star categories. Thirty-two percent of the family child care home providers indicated they had participated in only one quality improvement initiative. Very few providers reported participating in two or more initiatives. For those providers who did participate in the quality improvement initiatives, the number accessed varied by Star status of the home as explained below and shown in Figure 3 ($\chi^2(4)=10.770, p=.029$).



- More providers in Two-Star homes had participated in two or more initiatives than had providers in the other Star levels.
- More providers in One-Star Plus and Two-Star homes had participated in one initiative than providers in One-Star homes.
- One-Star home providers were more likely to report they had not participated in any quality improvement initiatives than were providers in the other two Star categories.

There were no statistically significant differences by Star status for the utilization of particular initiatives. Examination of the types of initiatives used indicates DHS Quality Improvement Grants (typically used to purchase child care equipment) were accessed most frequently while Special Needs and Teen Parenting Expansion Grants were least often used (see Table 5).

Table 5: Participation in Quality Improvement Initiatives by Star Status			
	One-Star N=39	One-Star Plus N=41	Two-Star N=47
DHS Quality Improvement Grants (n.s.)	18%	29%	34%
Infant Toddler Expansion Grants (n.s.)	9%	22%	6%
School-age Expansion Grants (n.s.)	7%	2%	4%
Special Needs Expansion Grants (n.s.)	5%	0	0
Teen Parenting Expansion Grants (n.s.)	2%	0	0
Model Observation Site Program (n.s.)	7%	4.5%	13%
Accreditation Support Project (n.s.)	2%	4.5%	10%

Participation in Professional Development Opportunities

Providers were also asked to identify, from a list of 11 (see Table 6), which professional development opportunities⁴ they had utilized. The list focused on opportunities funded and/or endorsed by the Division of Child Care. In contrast to the quality improvement initiatives, only 10% of the providers reported they had not participated in any of the professional development opportunities. Most frequently used by providers, regardless of Star status of their home, were DHS conference vouchers, CECPD scholarships (prior to initiation of TEACH), Child Care Careers courses and the CECPD Video Lending Library.

Like the use of quality improvement initiatives, utilization of professional development opportunities varied by Star status (see Table 6). The statistically significant differences are described below.

- Providers in Two-Star and One-Star Plus homes participated in more professional development opportunities than those in One-Star homes.
- Providers in Two-Star and One-Star Plus homes were more likely to use scholarships from TEACH or CECPD (prior to initiation of TEACH) than providers in One-Star homes.

⁴ Participation in the “Entry Level Child Care” course, known as ELCCT, is not reported here because it was a pilot project at the time of data collection and so not readily available to many of the homes included in this sample.

- Providers in Two-Star homes were more likely to participate in the REWARD program than providers from One-Star or One-Star Plus homes.
- Two-Star and One-Star Plus providers were more likely to utilize Satellite and Child Care Careers training and than those in One-Star homes.

Table 6: Participation in Professional Development Opportunities by Star Status			
Professional Development Opportunity	One-Star N=39	One-Star Plus N=41	Two-Star N=47
Mean Number of Opportunities (F(2,118)=21.106, p<.000)	1.84	3.66	4.17
Vouchers from DHS for Conferences (n.s.)	46%	59%	65%
Scholarships from CECPD ($\chi^2(2)=12.017, p=.002$)	12%	43.5%	42%
TEACH ($\chi^2(2)=10.869, p=.004$)	12.5%	33%	45%
REWARD ($\chi^2(2)=52.303, p<.000$)	9%	14%	72%
Scholars for Excellence Project (n.s.)	5%	17%	21%
Nat'l Admin. Credential (n.s.)	2%	0	0
Directors Advanced Training (n.s.)	2%	2%	8%
CECPD Registry Training (n.s.)	14%	9%	4%
Satellite Training ($\chi^2(2)=14.537, p=.001$)	37%	70%	71%
Child Care Careers ($\chi^2(2)=11.739, p=.003$)	29%	61%	57%
Video Lending Library (n.s.)	51%	66%	47%

Quality Differences by Star Status

Observational Measures of Quality

The quality of the family child care home environment was examined through observations of the global child care environment and the sensitivity of provider-child interactions using the *Family Day Care Environment Rating Scale* (Harms & Clifford, 1989) and the *Arnett Caregiver-Child Interaction Scale* (Arnett, 1989) respectively. When average home scores on these quality measures were compared across Star categories, differences were found for both global environmental quality and the sensitivity of provider-child interactions. As intended by the “Reaching for the Stars” initiative, observed quality was higher with each successive Star level (see Table 7).

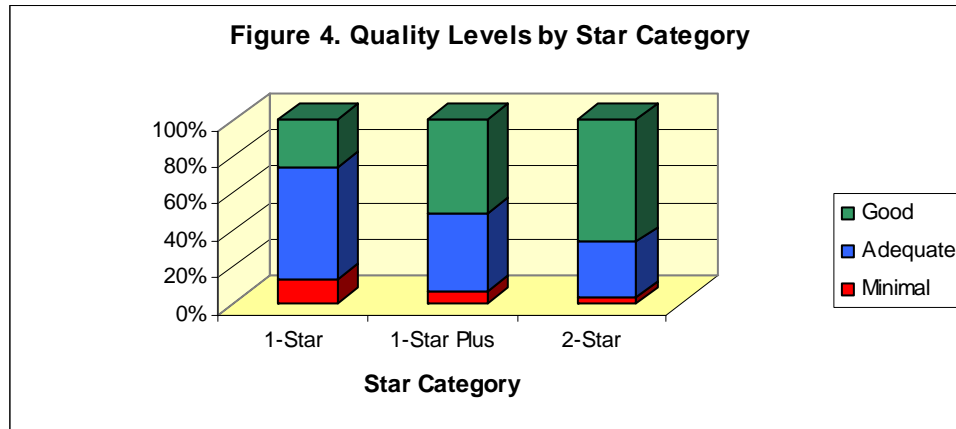
	One-Star N=61	One-Star Plus N=63	Two-Star N=61
Caregiver Sensitivity (F (2,182)=3.748, p=.025)	3.20	3.37	3.48
FDCRS Total Score (F (2,180)=17.453, p<.000)	4.24	4.82	5.37

Provider-Child Interaction. Provider-child interactions were more sensitive in family child care homes of higher Star status (see Table 7). Note though that the sensitivity of family child care providers was high across all Star categories and therefore, large differences across Star levels should not be expected. Nonetheless, a statistically significant difference favored providers in Two-Star homes over their counterparts in One-Star homes.

Global Environmental Quality. The typical global quality in One-Star and One-Star Plus homes was slightly higher than that seen in other samples (i.e., Kontos, 1994; Kontos, Howes, Shinn & Galinsky, 1995), hovering below the “good” designation of the FDCRS scale (see Table 7). While quality scores were higher in each successive Star category, Two-Star homes were clearly of higher quality than other homes. The statistically significant differences in FDCRS quality are described below.

- Two-Star homes had significantly higher FDCRS scores than either One-Star or One-Star Plus homes.
- One-Star Plus homes had significantly higher FDCRS scores than One-Star homes.

Quality differences by Star status can also be examined by comparing the number of facilities that fall into three quality groups based on FDCRS scores—minimal (scores of less than 3), adequate (scores of 3-4), and good (scores of 5 or higher). As shown in Figure 4, there were statistically significant differences in the proportion of homes from each Star category in each of the three quality groups ($\chi^2(2)=21.601, p<.000$).



- Two-Star homes were most likely to offer good quality care. Only 33% of the observed Two-Star homes offered care below the good quality designation.
- Half of the One-Star Plus homes offered good care and slightly over 40% offered adequate care.
- While most One-Star homes offered adequate care (61%), the highest proportion of minimal quality (13%) was seen in One-Star homes – twice the proportion present in either One-Star Plus or Two-Star homes.

Subscale Scores of the Global Environmental Rating Scales. Subscale scores from the environmental rating scale were examined to identify the specific ways in which homes of each Star status differed (see Table 8). The statistically significant differences found on the FDCRS subscales are described below.

- Two-Star homes had higher scores than One-Star and One-Star Plus homes on the following subscales:
 - Space and Furnishings
 - Basic Care
 - Learning Activities

Table 8: Environmental Quality Subscale Scores by Star Status			
FDCRS Quality	One-Star N=61	One-Star Plus N=63	Two-Star N=85
Space and Furnishings (F(2,182)=17.491,p<.000)	4.23	4.83	5.37
Basic Care (F(2,182)=10.981,p<.000)	3.53	4.07	4.70
Language and Reasoning (F(2,182)=9.532,p<.000)	4.32	4.95	5.58
Learning Activities (F(2,182)=21.666,p<.000)	3.55	4.32	5.03
Social Development (F(2,182)=6.132,p=.003)	4.54	5.15	5.35
Adult Needs (F(2,182)=8.449,p<.000)	5.47	5.90	6.28

- Two-Star homes had higher scores than One-Star homes on all six subscales. Thus, in addition to the subscales just named, Two-Star homes also had higher scores on the following subscales:
 - Language and Reasoning
 - Social Development
 - Adult Needs
- One-Star Plus homes had higher scores than One-Star homes on the following subscales:
 - Space and Furnishings
 - Learning Activities
 - Social Development

In these family child care homes the FDCRS Basic Care subscale was the lowest scoring subscale. Items on this subscale include arrival and departure procedures, nap and rest, diapering and toileting, meals and snacks, as well as health and safety procedures. Basic Care was the only subscale in which Two-Star homes had an average score below good. The Learning Activities subscale was the second lowest across all Star categories. Thus, providers demonstrated the lowest level of skill on routine caregiving and activities to promote children’s learning, suggesting professional development content needed by many family child care providers.

Interestingly, Adult Needs was the highest scoring FDCRS subscale regardless of the Star status of the facility. The three items on the subscale include relationships with parents, balancing personal and caregiving responsibilities, and opportunities for professional growth.

Parent Involvement

The “Reaching for the Stars” program requires family child care home providers to implement a total of five parent involvement strategies. The strategies focus on various methods of provider-parent communication. Also included is the strategy of encouraging parents to become involved in the activities of the family child care home.

Examining all family child care homes together indicates the providers in this sample implemented four of the five parent involvement strategies required of Two-Star homes. Almost all providers welcomed parents at any time and utilized a parent contract with the families they served. Not surprisingly, the strategy of including parents in the activities of the family child care home was implemented by the fewest providers in each Star category. Note that there were no significant differences by Star status for any of the parent involvement strategies included in the Reaching for the Stars guidelines (See Table 9).

Table 9: Parent Involvement Strategies by Star Status			
	One-Star N=47	One-Star Plus N=48	Two-Star N=52
Mean Number of Strategies Used (n.s.)	4.15	3.94	3.90
Welcome Parents at all Times (n.s.)	100%	98%	100%
Use a Parent Contract (n.s.)	94%	92%	88.5%
Hold Annual Parent Conferences (n.s.)	64%	52%	64.5%
Encourage Parents to Help in Child Care Home (n.s.)	52.5%	52%	50%
Have a Parent Resource Area (n.s.)	70%	57%	65%

Reimbursement Rate Areas

The DHS reimbursement rate for Family Child Care homes is dependent on both the Star status of the home and the rate area in which the home is located. The purpose of the different rate areas is to reflect the economic context of the community. Homes in Metro Rate areas receive a larger reimbursement than homes in Standard Rate areas. Overall, the data collected from this study revealed more similarities than differences in homes across the two rate areas. The findings of the analyses follow.

Early Childhood Education and Training

Providers in both rate areas had completed similar levels of formal education (i.e., high school graduation, college credits) and hours of professional development over the previous 12 months. Since professional development requirements are constant across the two rate areas this is to be expected. As seen in the previous chapter, differences in professional development hours were present across Star categories which do have differing expectations.

Providers in both rate areas also had similar patterns of specialized education in early childhood. Specifically, there were no statistically significant differences across rate areas in providers who had CDA credentials, college hours in early childhood or college degrees in early childhood. The only statistically significant difference in specialized education across rate areas was in the number of providers who had completed a Certificate of Mastery from a community college ($\chi^2 (1)12.804, p<.000$).

- Providers in Standard Rate areas were more likely to have completed a Certificate of Mastery than providers in Metro areas.
 - Standard Rate Area: 22%
 - Metro Rate Area: 3%

Enrollment

The enrollment characteristics of family child care homes in both rate areas were much the same. Like the general population patterns of the two rate areas, homes in Standard Rate areas had larger total enrollments than those in Metro Rate areas ($t(147) = 2.137, p<.034$).

- Standard Rate Area average enrollment: 7.369 children
- Metro Rate Area average enrollment: 6.434 children

However, consistent with findings from the total sample, daily attendance in both rate areas averaged five children with four children present during the observation visit. Providers in Metro and Standard Rate areas were equally likely to have waiting lists with similar numbers of children on those lists. Finally, there

were no statistically significant differences in homes across rate area in the number of children enrolled of racial or ethnic minority, children whose home language was not English, or children with disabilities.

The key difference between rate areas regarding enrollment in family child care homes was in enrollment of children subsidized by DHS.

- More homes in Standard Rate areas than Metro Rate areas enrolled children receiving DHS subsidy ($\chi^2 (1)4.867, p<.027$).
 - 87% of Standard Rate Area homes enrolled children on subsidy
 - 68% of Metro Rate Area homes enrolled children on subsidy

Quality Improvement Initiatives and Professional Development Opportunities

Family child care providers in both rate areas reported similar patterns of participation in the various quality improvement initiatives sponsored by DHS. Providers in both rate areas were unlikely to have participated in any quality improvement initiatives as seen by the means of less than 1.00 in Table 10. In addition, there were no statistically significant differences by rate area for participation in home quality improvement grants, expansion grants, teen parenting grants, the accreditation support, or model observation sites.

Table 10. Average Number of Quality Initiatives and Professional Development Opportunities Accessed by Rate Area				
	Quality Improvement		Prof. Dev. Opportunities	
	Mean^a	SD	Mean^a	SD
Standard Rate (n.s.)	.55	.69	3.71	2.25
Metro Rate (n.s.)	.53	.76	3.02	1.83

^a Figures represent number used or accessed by providers

Of the 12 opportunities for professional development listed for providers, only three had statistically significant differences in participation across rate areas. Differences were noted for participation in the REWARD salary supplement program, the Scholars for Excellence program, and Satellite training. In each case providers in Standard Rate areas were more likely to participate in these programs than providers in Metro Rate areas (see Table 12).

Providers in both rate areas were equally likely to participate in the remaining professional development opportunities (see Table 6 for a list of all professional development opportunities).

Table 11. Frequency of Participation in Professional Development Opportunities by Rate Area		
Opportunity	Standard Rate	Metro Rate
REWARD ($\chi^2(1)=4.133, p<.042$)	42%	26%
Scholars for Excellence ($\chi^2(1)=12.915, p<.000$)	26.5%	4%
Satellite Training ($\chi^2(1)=8.831, p<.003$)	72%	48%

Observed Quality and Parent Involvement

Family child care homes in both Standard and Metro Rate areas demonstrated similar levels of quality. No statistically significant differences by rate area were seen in the sensitivity of provider-child interactions or global environmental quality. This was true for both FDCRS total and subscale scores. Also similar across rate areas were provider reports of their use of parent involvement strategies, both the typical number of strategies used and the likelihood of using specific parent involvement strategies.

Three-Star Nationally Accredited Homes

While the participating Three-Star nationally accredited family child care homes were too few to be included in the inferential statistical analyses, a glimpse of life in these settings can be obtained through a brief description of the homes and the providers who operate them. The description below includes the major features addressed for One-Star, One-Star Plus, and Two-Star homes.

The Providers

The family child care providers ($n=3$) in Three-Star homes were all age 45 or older ($M=53.67$ years, $SD=10.26$), had at least 10 years experience as a provider ($M=16.33$ years, $SD=10.12$), and worked over 40 hours per week. Two of the three indicated they typically worked over 50 hours per week. Two reported their income from family child care was in the \$31,000 to \$35,999 range, while the third indicated her child care income was in the \$11,000 to \$15,000 range.

Two of the Three-Star home providers had completed some college; the third was a high school graduate. All three held a family child care CDA credential. One had completed a Certificate of Mastery at a community college and thus had a minimum of 12 hours of early childhood/child development college level coursework. All three had completed more than 20 hours of professional development in the past year.

Enrollment

Like the larger sample, the Three-Star providers were typically the only adult present in the home and had an average total enrollment of seven children ($M=7.33$, $SD=2.52$). An average of three children were present during the morning data collection visit ($M=3.33$, $SD=2.52$). Only one of the Three-Star home providers reported accepting children receiving DHS subsidy. She enrolled eight or more children funded by DHS.

None of the children enrolled in the Three-Star family child care homes spoke a language other than English as his/her primary language. Only one home had children currently enrolled who were of racial or ethnic minority. Six children representing ethnic minorities attended this home.

Regarding enrollment of children with special needs, one Three-Star provider was caring for two children with disabilities. A second provider reported she had been approached about accepting a child with special needs in the last 12 months, but no children with disabilities were currently enrolled. Two of the providers had training in caring for children with special needs and one had accessed a DHS special needs grant. When asked to identify barriers to accepting children with special needs, one provider mentioned modification of her home and another provider said she enrolled too many children to

accommodate a child with special needs. The third provider saw no barriers to enrollment of children with special needs.

All of the providers had waiting lists for infants, toddlers and two-year-old children. The mean number of children of each age on the Three-Star home waiting lists was is shown in Table 12.

Table 12. Three-Star Home Waiting Lists			
Age Group	Mean	SD	Range
Infants	3.00	1.73	2-5
Toddlers	6.50	2.12	5-8
2-year-olds	5.50	3.54	3-8

Quality Improvement Initiatives and Professional Development Opportunities

As noted above, one provider had obtained a special needs expansion grant from DHS. Other types of DHS sponsored grants were not mentioned by any of the Three-Star home providers. However, all providers reported they had participated in the accreditation support project.

Each of the Three-Star home providers had made use of multiple professional development opportunities.

- Three-Star home providers participated in an average of 7.33 (*SD*=3.21, range 5-11) professional development opportunities.

All three reported they had participated in Child Care Careers courses, satellite training, and had made use of DHS conference vouchers. Professional Development opportunities accessed by two providers included REWARD, Directors Advanced Training, and CECPD services, specifically scholarships, registry training and the video lending library. Finally, TEACH was accessed by one provider.

Observed Quality

Observed quality was high in the Three-Star homes (see Table 13). Like providers in the other Star categories, most of the Three-Star providers were quite sensitive in their interactions with children. The range of sensitivity scores obtained, however, indicates that one provider’s interactions were less sensitive than desired.

Global environmental quality was high with average FDCRS total and subscale scores consistently above 5 or “good.” The highest subscale scores were on the Adult Needs and Space and Furnishings subscales, with the Adult Needs

subscale being the only subscale on which all Three-Star homes obtained excellent ratings. Surprisingly, the ratings on the Basic Care and Social Development subscales fell in the inadequate range for one of the providers. Clearly one of the Three-Star homes did not demonstrate the qualities assumed to be present in Three-Star accredited homes. However, based on observations of only three homes, it is best not to assume that the data presented here are a reliable representation of Three-Star homes.

Table 13. Observed Quality in Three-Star Homes			
Provider-Child Interaction	Mean	SD	Range
Caregiver Sensitivity	3.30	1.04	2.10-4.00
FDCRS Quality			
Total Score	6.06	1.16	4.75-6.94
Space & Furnishings	6.33	0.67	5.67-7.00
Basic Care	5.82	1.92	2.67-7.00
Language & Reasoning	6.08	1.59	4.25-7.00
Learning Activities	5.81	1.03	4.67-6.67
Social Development	5.33	2.33	2.67-7.00
Adult Needs	7.00	0	7.00-7.00

Parent Involvement

The Three-Star family child care providers were involved with the parents of children in their care in several ways. All three had parent-provider contracts, and welcomed parents into their home at all times. Two regularly held parent conferences and encouraged parents to assist in the family child care home. In contrast, one reported that she never encouraged parents to assist in the home. One provider had a parent resource area available. Of the three providers only one reported engaging in all five of the forms of parent involvement stipulated in the Two-Star guidelines, therefore only one of the three met the parent involvement guidelines for Three-Star homes.

Enhancing Quality Through Policy

A continuing question for the Oklahoma DHS Division of Child Care is how to make the greatest possible impact on child care quality through policy. The data gathered for this study provide an opportunity to explore characteristics of family child care that might be improved through policy initiatives. To identify the specific policies most likely to impact family child care quality a series of variables representing both basic licensing regulations and the “Reaching for the Stars” guidelines were examined. Also included in the mix was DHS subsidy density or the percentage of children enrolled who were funded by DHS subsidy.

Before examining the licensing and Stars variables, the potential relationship between subsidy density and family child care quality was addressed. Subsidy density was considered important because most of the Oklahoma DHS quality improvement initiatives target children receiving DHS subsidies. In addition, existing research (Martinez-Beck, 2003; Norris, Dunn, & Eckert, 2003) on tiered reimbursement policies indicates the percentage of DHS subsidized enrollment can indeed influence the quality of care provided.

Next, the relationship between quality and licensing variables was examined. Ratio and group size have been consistently related to child care quality for many years (see Kontos, 1992) and are key features of Oklahoma licensing regulations for family child care homes. Thus, the number of children present at mid-morning during the quality observation was used as measure of group size. Provider-child ratio was calculated by dividing group size by the number of adults present. Finally, the relationship between family child care quality and variables representing features of the “Reaching for the Stars” policy was explored. The “Stars” variables were as follows:

- Number of ways in which providers met the specialized education criteria (CDA, or Associates/ Bachelors in ECE, or Associates/Bachelors in other field with 12 hours in ECE)
- 20 hours of professional development for providers in the previous 12 months
- Number of parent involvement items met

These three groups of variables were entered into a hierarchical regression model predicting global environmental quality in family child care using the FDCRS total score. The three steps of the regression model were: 1.) subsidy density, 2.) licensing variables, and 3.) “Reaching for the Stars” variables. This hierarchical procedure provides information on the unique contribution of each group of variables after statistically controlling for those in the previous step. Therefore, the first step reveals the predictive power, or relationship, between subsidy density and quality. The second step removes the influence of subsidy

density and shows the relationship between the two licensing variables and quality. Finally, the third step shows how the Stars variables have additional influence on quality after accounting for subsidy density, ratio and group size.

As seen in Table 14, the R^2 in the first step of the model was not significant. Thus, subsidy density did not predict the global quality of the family child care home. The same was true for the licensing variables in the second step of the model; after accounting for subsidy density, ratio and group size did not predict quality. Note that while there are significant beta weights for steps 1 and 2, the variance accounted for (change in R^2) was not statistically significant.

In contrast, the Stars variables entered in the third step of the model were statistically significant predictors of family child care quality. Of these Stars variables, only the education variables were significant predictors. That is, after accounting for variation due to subsidy density, ratio and group size, family child care home quality was higher when providers had both more specialized education in early childhood/child development and had completed 20 hours of professional development in the last 12 months

Finally, although the regression model was statistically significant its predictive power was low, accounting for only 14% of the variance in family child care home quality. This state of affairs suggests other variables, not yet identified, also play an important role in the quality of care received by children in Oklahoma family child care homes.

Table 14. Predicting Global Family Child Care Quality – FDCRS Total Score					
Step 1: Subsidy	Step 2: Licensing	Step 3: Stars	Beta	Adjusted R²	R² Change
Subsidy Density			-.21*	.01	.01
	Group Size Ratio		-.38 .39*	.02	.02
		Specialized Ed. 20 Hrs. Prof Dev. Parent Involvement	.20* .23* -.13	.14	.14***

* $p < .05$ *** $p < .001$

Discussion and Implications

Quality Status of Oklahoma Family Child Care Homes

This report represents the culmination of a study of family child care in the context of Oklahoma's "Reaching for the Stars" policy. The findings provide ample evidence that family child care homes look different across the various Star categories, thus validating the notion that "Stars" criteria represent different levels of quality. The Two-Star homes in this sample provided a higher level of global environmental quality than either One- or One-Star Plus homes. In addition, Two-Star family child care providers were more sensitive in their interactions with children than One-Star providers. Thus, both the environment and the adult-child interactions occurring in that environment are more desirable in Two-Star homes, than in homes of lower Star categories. Unfortunately, limitations in the population at the time of data collection made it impossible to verify similarities and differences between Two- and Three-Star family child care homes. Additional data are needed for this task.

In addition to documenting increasingly higher levels of quality in each successive Star category, the levels of global quality seen here were higher than those of samples from other large and small scale studies of family child care (e.g., Kontos, 1994; Kontos, Howes, & Galinsky, 1996). Even after a professional development intervention, the average level of global quality and provider-child interaction in the study by Kontos and colleagues was lower than that observed here in **all** four Star categories. In fact, the quality differences observed between Two-Star homes meeting the enhanced Stars quality criteria and One- and One-Star Plus homes were similar to the differences noted between non-accredited and accredited family child care homes by Smith and Endsley (1996). Perhaps meeting the Two-Star criteria helps family child care home providers act more like accredited providers than they might otherwise. But again, additional data are needed on Three-Star nationally accredited providers to determine the veracity of this notion.

The Power of Specialized Education and Professional Development

The twin factors of specialized education and continuing professional development are vital aspects of the Stars policy tied to family child care quality. The weak, but positive, relationship seen here between specialized education, professional development and quality is consistent with a substantial body of literature. Provider education and recent professional development hours have been consistently associated with higher levels of family child care quality (Clarke-Stewart, et al., 2002; Holloway, Kagan, Fuller, Tsou, & Carroll, 2001; Pence & Goelman, 1991).

Even more compelling is literature linking higher levels of child care quality to rigorous professional development experiences. Providers participating in

college-level professional development programs provide more optimal care (Arnett, 1989; Ungaretti, 1987). Other sustained professional development programs have also resulted in improvements in child care quality both across the nation and in Oklahoma (Kontos, et al., 1996; Vinch, 2000).

While child care licensing regulations typically include ratio and/or group size, specialized education and professional development is a more powerful predictor of quality. This was clearly the case in this sample and has been demonstrated in other literature as well (Burchinal, Howes, & Kontos, 2002). A well-educated provider can better translate early childhood education ideals into practice. But what precisely constitutes “well-educated”? The literature suggests that the intensity and transferability of the professional development experience are valuable places to start (Kontos, 1992; Ungaretti, 1987). In other words, the ideal is a rigorous, in-depth professional development experience that lasts an extended period of time and is coupled with strategies to facilitate the implementation of learning into real-life situations.

The key to optimizing the effect of the professional development experiences described above is the interest of the provider. More benefits are realized when family child care providers see the professional development content as relevant to their work with children (Taylor, Dunster, & Pollard, 1999). A plethora of professional development opportunities are available in Oklahoma. What is not known however, is how relevant these opportunities are to the needs of child care providers. Thus, information beyond the mere accessing of professional development opportunities is needed to deepen our understanding of this component of the Oklahoma child care milieu. In the meantime, encouraging family child care providers to continue their professional development is of key importance.

Conclusion

The enhanced quality criteria that must be met by Two- and Three-Star homes in Oklahoma are limited in scope dealing only with specialized education and professional development, parent involvement, and program evaluation (a FDCRS visit from a CECPD representative). While many child care providers view meeting the criteria as a considerable challenge, there are clearly many other aspects of family child care practice that could be added to the Stars policy. One future challenge for leaders in the field will be to find beneficial criteria that can be operationalized and implemented by both policy-makers and child care providers. The addition of such criteria to the Stars policy may pave the way for even more desirable family child care settings for Oklahoma children.

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Appendix A

“Reaching for the Stars” Criteria for Family Child Care Providers

Home Provider Training

Documentation of 20 clock hours of training from a DHS-approved source within the last 12 months.

Documentation of current pediatric first aid training, including rescue breathing and first aid for choking, provided by American Red Cross or equivalent.

Home Provider Qualifications

Have a CDA; a two-year or four-year degree in early childhood education or child development; or a two-year or four-year degree with 12 credit hours in early childhood education, child development or a closely related field and three months of experience in child care.

Waivers may be granted if the provider can document five years of full-time experience in a child care setting; completion of 50 hours of related training in the last five years; and agrees to meet the home provider qualifications within 12 months.

Parent Involvement

Provide written policies to parents upon enrollment and have signed contracts with each family.

Encourage parents to visit any time their children are present and to move freely around all parts of the home used for child care.

Arrange for and document at least once per year a conference with each child’s parents to discuss child’s current interests, accomplishments, and challenges and to set goals together.

Make opportunities available for parents to be involved in the program’s activities.

Provide information to parents about community resources and make referrals to community and medical services as needed.

Home Environment

Have the home assessed annually with the Family Day Care Environment Rating Scale (FDCRS).

Appendix B

Description of Initiatives

Oklahoma Department of Human Services Sponsored Initiatives

Scholarships from Center for Early Childhood Professional Development (CECPD):

TEACH Project: The T.E.A.C.H. Early Childhood® Project is a comprehensive scholarship program for early childhood providers. Developed by Child Care Services Association in North Carolina, this project encompasses several different scholarship programs that link education and compensation. In short, child care staff wanting to attain specialized education in early childhood may apply for scholarship money to do so. Directors, caregivers, parents, and most importantly, Oklahoma's children benefit from this program.

REWARD Wage Supplement Program: *R.E.W.A.R.D.* (CECPD) Oklahoma provides education-based salary supplements to teachers, directors, and family child care providers working with young children in child care settings. The statewide program is designed to reward commitment to the field in hopes of providing children with more stable relationships and better-educated teachers.

Scholars for Excellence Coordinators: Coordinators at each of the two-year colleges to recruit, support and mentor child care providers returning to school to further their education in early childhood. Child care providers can earn a credential (e.g., CDA, CCP), certificate or an associate degree in early childhood education.

DHS Vouchers to Attend Conferences: Each voucher credit pays up to \$25.00 of the registration fee for one person to attend conferences that has been pre-approved by the division of child care office. One person may not use more than one voucher per conference. If a conference or training is not listed on the approved conference form, it is not eligible for voucher credit use.

DHS SATTRN (satellite) Training: Director's video conferences are broadcast via satellite throughout the state and meet the Two-Star training requirements.

Child Care Careers Courses: The Child Care Careers Training Series includes a curriculum of 23 caregiver courses, 21 director and administrator courses, and five family child care home provider courses. All help to build advancing competencies in child care. Child Care Careers training is available through CECPD.

Entry Level Child Care Training (ELCCT): ELCCT is an introduction to child care training. The 20 clock hour course provides new and/or future child care professionals with knowledge needed to provide quality care for young children while helping each individual child develop to his or her full potential. The course contains information and learning activities that stress the importance of the caregiver and of child care work. ELCCT is available through CECPD.

Video Lending Library: Professional training is vital to ensure high quality care for children but not all caregivers have access to training at centers or educational institutions. To expand access and supplement formal training and education, CECPD enables caregivers to borrow videotapes on a variety of topics. Participants may borrow two videotapes at a time for a total of two weeks. The only cost to the caregiver involves the postage to return the videotapes. *Videos are available exclusively to Oklahoma residents.* Watching the videos qualifies as informal training hours and meets minimum DHS licensing requirements.

Training or Technical Assistance from CECPD's Registry: Oklahoma Registry Early Care and Education Professional Development Ladder and Oklahoma Director's Credential Development Ladder verifies, annually, that individuals have met all State of Oklahoma Department of Human Services entry-level and continuing education training requirements. The formal training received will determine the level on which the professional is located on the career ladder. Cost as of October 2003: \$25.00

Model Observation Site Program: The Model Observation Site (MOS) Project is an Oklahoma initiative that allows staff from both centers and homes to observe quality child care settings. MOS facilities are Three-Star programs that have successfully achieved national accreditation multiple times. The MOS facilities are located across the state and service diverse groups of children. CECPD coordinates the program

Initiatives Sponsored by Other Groups or Agencies

National Administrators Credential – NAC: The Oklahoma Child Care Association (OCCA) is a professional organization affiliated with the National Child Care Association. OCCA provides National Administrators Credential Training which meets the Reaching for the Stars director training requirement. This specific training focuses on developing and maintaining organization within your program, creating a program mission, goals, and objectives, learning how to market your program to the community, and managing staff effectively. (1-800-580-4181)

Directors Advanced Training – DAT (from OCCA): The Oklahoma Child Care Association (OCCA) is a professional organization affiliated with the National Child Care Association. OCCA provides Director's Advanced Training which meets the Reaching for the Stars director training requirement. This specific training focuses on time management, advocacy for children, and child development. (1-800-580-4181)