



**DECAL
EARLY HEAD START
PARTNERSHIP**
Georgia Department of Early Care and Learning
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DECAL EARLY HEAD START CHILD CARE PARTNERSHIP

2016 SELF-ASSESSMENT RESULTS



Georgia Department of Early Care and Learning

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Introduction: The DECAL Early Head Start – Child Care Partnership

The Georgia Department of Early Care and Learning (DECAL) was awarded \$3.5 million dollars per year for five years to serve as a grantee for the DECAL Early Head Start – Child Care Partnership (EHS-CCP). The partnership currently serves 184 infants, toddlers, and their families.

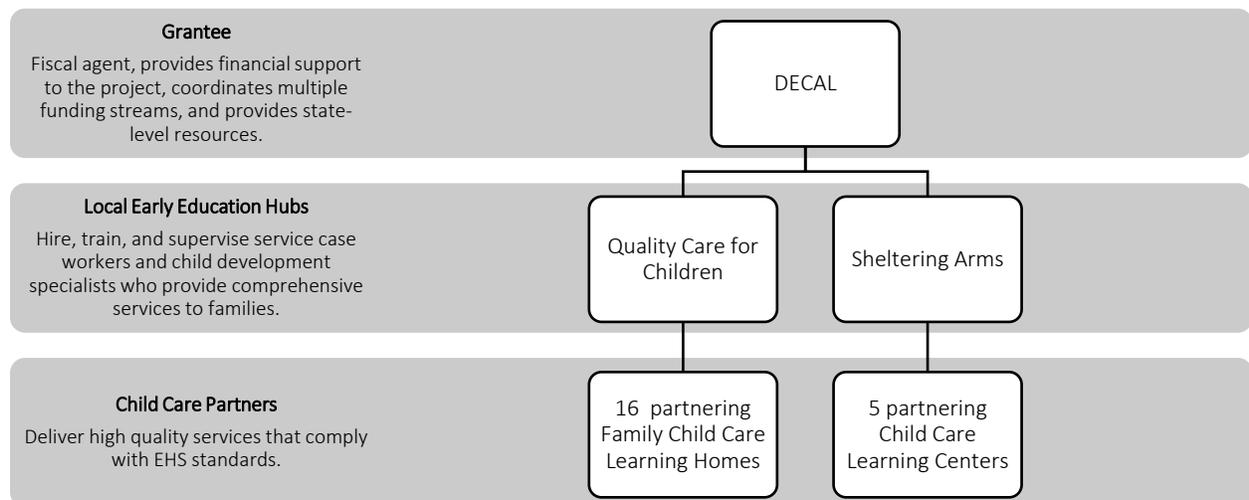
The goals of the DECAL EHS-CCP include:

- Delivering comprehensive services to families.
- Creating early education hubs to support programs and meet EHS standards.
- Enhancing quality in the partnering child care programs to meet EHS standards.
- Monitoring the project and measuring improvements to access and quality.
- Revising the state’s child care subsidy policies to support EHS-CCPs statewide.

As a first time Early Head Start (EHS) grantee, DECAL selected partners, Sheltering Arms and Quality Care for Children, with experience in providing quality early education services and created local “early education hubs.” Specifically, the goals of the hubs was to promote school readiness and provide comprehensive services. The comprehensive services offered by the EHS-CCP include providing families with financial planning and budgeting assistance, access to health care, nutrition support, and career assistance.

As a part of the current management structure, Quality Care for Children worked exclusively with 16 participating family child care learning homes and Sheltering Arms worked with the five child care learning centers. To identify the child care programs with which to partner, DECAL utilized community-level data to identify communities, by zip-code, with the greatest need for EHS services. At the end of the process, five child care centers and 16 family child care homes were selected. These programs began receiving funding for EHS services from DECAL in 2015. As mentioned previously, the EHS-CCP currently serves 184 infants, toddlers and their families.

Figure 1. EHS-CCP Management Structure Roles and Responsibilities



The 2016 EHS-CCP Self-Assessment

As a part of the grant requirements, the DECAL Early Head Start Partnership conducted an annual self-assessment to review progress on the above goals. The self-assessment procedure includes ensuring accountability in meeting objectives proposed in the application and determining whether resources are used effectively. The self-assessment is an instrumental part of program planning because it helps program leaders understand the strengths, possibilities, and challenges of the EHS-CCP while inspiring ideas and innovations that help improve service delivery. Parents, teachers, family providers, center directors, and hub staff all participated in the 2016 self-assessment process, adding diverse perspectives from every type of stakeholder including members of the EHS Policy Council. DECAL lead the self-assessment process with guidance from the Policy Council. The self-assessment process included multiple data collection methods such as focus groups, surveys, classroom observations, and an in-depth document review to check whether child care partners are meeting select EHS standards. The different data collection methods are discussed below:

Focus Groups

Two focus groups were conducted at DECAL's headquarters in Atlanta, Georgia. The purpose of the focus groups was to identify strengths and challenges associated with receiving grant funds, supporting child care partners' efforts to provide comprehensive services to families, and identifying ways to improve the self-assessment process. The focus groups provided opportunities to capture feedback through in-person collaboration that was more difficult to obtain through surveys or other means of data collection.

Surveys

Five different surveys were created and distributed by DECAL staff. Separate surveys were created for parents of children served by the grant, family child care providers, center directors, teachers, and hub staff members. The surveys added to the self-assessment process by providing multiple perspectives on focused areas. For example, the surveys captured parents' feedback on the child care and comprehensive services they received, while child care providers reported on the same services they provided to families. The surveys were also instrumental in that they provided an opportunity for key stakeholders to provide feedback who were unable to attend the focus group sessions.

Environment Rating Scale (ERS) Observations

As a part of the self-assessment process, DECAL conducted 10 Environment Rating Scale (ERS) observations in EHS classrooms. The ERS family of instruments is used by Quality Rated, Georgia's tiered quality rating and improvement system, to assess the quality of child care learning environments. The ERS observations provided a significant contribution to the self-assessment process by documenting progress toward Quality Rated and the EHS-CCP's shared goal of enhancing the quality of EHS classrooms in partnering programs.

Document Review Process

A primary aim of the grant objectives is to ensure that all child care partners are meeting all of the EHS standards. To assess progress toward this goal, 15 EHS standards were evaluated by DECAL and hub staff to determine whether or not they were met, partially met, or not met. The document review results inform areas where DECAL and hub staff can better support child care partners' efforts to meet the EHS standards.

The current report provides a summary of the results from the 2016 EHS-CCP self-assessment. As mentioned previously, these results include findings from two focus groups, surveys, Environment Rating Scale (ERS) observations, and the document review.

Focus Group One

Background

As a part of the self-assessment process, DECAL hosted the first of two focus group meetings for DECAL's EHS-CCP on May 16, 2016, approximately a year into the implementation process. There were 20 attendees including local hub representatives, family providers, directors, teachers, and parents.

The focus groups included questions evaluating the strengths and weaknesses of the partnership and progress toward its intended goals. Discussions highlighted strengths and challenges associated with the process for receiving funds and filling slots, the current management structure and communication of EHS standards, and training and technical assistance. The strengths and challenges for each of the discussion topics are listed below. It is important to note that surveys to be used in the self-assessment were also reviewed by the focus group. Focus group discussions were facilitated and documented by DECAL's internal Research and Policy Analysis team.

Results

1. Process for Receiving Funds and Filling Slots

Strengths

The process of sending and receiving funds has been working. All the providers received their EHS funds from DECAL. Furthermore, all 184 slots for infants and toddlers and their families were filled by programs and hub staff within a short timeframe.

Challenges

Programs had challenges determining CCDF child care subsidy eligibility and EHS eligibility together. Program and hub staff expressed challenges with the process of receiving funds and filling slots. More specifically, hub staff and child care providers were confused about a child's EHS eligibility if the child is receiving CCDF child care subsidy funding. Since EHS and subsidy funding were often received at different dates, providers and hub staff had to backtrack to determine the time subsidy funds were received in order to determine how the funds impacted the child's eligibility. It was recommended by the focus group to screen for subsidy and EHS at the same time, so it would be easier to determine a child's eligibility for both child care subsidy and EHS.

2. Management Structure and Communication of EHS Standards

Strengths

Stakeholders liked the current management structure of the EHS-CCP. Stakeholders believe the management structure has helped programs

Challenges

Providers reported confusion with the 10-hour rule (i.e., programs must stay open for 10 hours). Hub staff and providers had confusion with the EHS

support families of children receiving EHS funds. However, a small portion of stakeholders indicated that it was too early in the grant to assess the management structure.

requirement that programs must stay open 10 hours per day, 5 days per week. More specifically, the rule did not indicate whether children had to be present during all hours of operation. As a result, providers were confused as to whether children should be asked to leave after an 8-hour day. Furthermore, child care providers did not know whether they could charge a family if a child stays “after hours.”

3. Training and Technical Assistance

Strengths

Stakeholders generally liked the training that they received as part of the EHS-CCP. Hub staff were complimentary about the professional development and the training, especially the training on individualizing instruction to meet the needs of children with disabilities. Stakeholders were vocal on expanding the training to include more topics.

Challenges

Family providers need more training. Since EHS funding for family providers is, generally, a new concept, participants mentioned that family support specialists were often unclear how certain EHS standards targeting center-based care applied to family-based providers. It was recommended that new training emphasizing EHS in a family care setting be made available.

Hub staff and program staff thought it was time consuming to get their questions answered. Due to the lack of clarity on the EHS standards, participants had numerous questions, and it often took a significant amount of time to receive an adequate response. Participants suggested that the EHS-CCP provide a resource for where to go to get specific questions answered. It is important to note that despite challenges, participants reported that they were eventually able to get their questions answered.

The trainings started after the school year began, forcing programs to play catch-up. It was recommended to begin the trainings in July so child care providers will be prepared for the upcoming school year.

A little over a year into implementation, stakeholders came to the May 2016 focus group with a positive outlook while at the same time expressing some challenges. It was clear that the stakeholders are learning how to make the process of enrolling children in EHS easier on themselves. A specific example of this was the challenges determining EHS and CCDF child care subsidy eligibility together. Hub and program staff realized that by determining eligibility for both EHS and child care subsidy at once, they

could save valuable time. An important result of the focus group session was not only identifying strengths but recognizing challenges with the process and identifying ways to overcome them.

Another key component of the self-assessment process was the opportunity to improve the self-assessment process itself. Therefore, focus group participants were asked to review and provide feedback on drafts of surveys that would then be used as part of the self-assessment. This feedback helped inform several important changes that were made to the surveys. The findings from these surveys are discussed in the following section.

Surveys

Background

Five surveys were drafted by DECAL’s Research and Policy Analysis team prior to the first focus group on May 16, 2016. During the first focus group, participants reviewed a draft of the surveys. Revisions were made based on the feedback received.

Responses to these five surveys were collected from EHS-CCP stakeholders from June 17th, 2016, through July 5th, 2016. The five surveys were:

- Family survey (both English and Spanish versions)
- Family provider survey (both English and Spanish versions)
- Center teacher survey (English only)
- Center director survey (English only)
- Hub staff survey (English only)

Participants

Overall, 48 families of children enrolled in EHS, 15 family child care providers, five center directors, seven center-based teachers responded to the surveys, and 22 hub staff members.

The table below displays the number of surveys sent out and the number of survey responses.

It is also important to note that there were 11 families and 11 family providers who selected the Spanish version of the survey. Due to the small sample of families who took the Spanish version of the survey (n=11) and family providers who took the English version of the survey (n=4), the results for English and Spanish surveys were reported together when possible.

Table 1. Survey response and completion rate by survey type

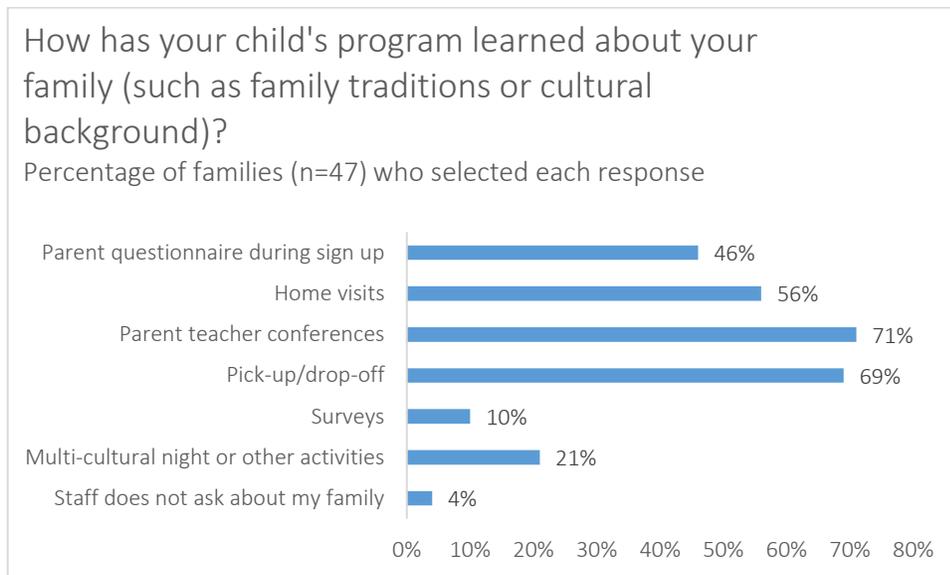
	Surveys Distributed	Responses	Response Rate	Completed	Completion Rate
Hub Staff	22	22	100%	18	82%
Directors	5	5	100%	5	100%
Teachers	44	7	16%	3	43%
Family Providers	15	15	100%	14	93%
Families	152	48	32%	44	92%

Results

Family Engagement

Families were asked how their EHS program learns about them (e.g., family traditions and cultural backgrounds). The majority of families reported that their program learns about them during pick-up or drop-off time, parent-teacher conferences, and home-visits, but only 21% of families reported that their program learns about their family through a multicultural night or other activities.

Figure 1. Family responses to question related to family engagement



A strength of the EHS-CCP is that services are provided through DECAL and the hubs that help programs engage families in their child’s EHS program. A trained Family Engagement Advocate is a member of the hub staff. This staff member works with EHS programs to encourage parents that do not volunteer regularly to participate more or in different ways in their child’s EHS program. All responding providers report at least sometimes communicating, and the majority report that they frequently communicate, with their assigned Family Engagement Advocate.

- 60% (n=3) of directors and 54% (n=7) of family providers report communicating frequently with the Family Engagement Advocate on a scale of 1 (never) to 3 (frequently).

The majority of directors and family providers reported that mothers volunteer frequently at their EHS program.

- 60% (n=3) of directors and 58% (n=7) of family providers report that mothers volunteered frequently on a scale of 1 (never) to 3 (frequently).

EHS-CCP programs have made a concerted effort to understand fathers and encourage them to participate in their programs.

- 100% (n=14) of family providers and 60% (n=3) of directors report that staff frequently understand and appreciate the important role fathers play in child development on a scale of 1 (never) to 3 (frequently).

2016 Self-Assessment Results

Despite some challenges that child care providers may face with fathers' involvement, the majority of EHS-CCP providers reported that fathers volunteer at least sometimes.

- 100% of directors (n=5) and 67% (n=8) of family providers report that fathers sometimes or frequently volunteer at their EHS program on a scale of 1 (never) to 3 (frequently).

The previous findings speak to the job that participating parents, program staff, and family engagement advocates are doing to ensure that parents of children receiving EHS funding are actively involved in their child's program. It is a goal of the EHS-CCP that supporting parental engagement will not only result in parents' positive attitudes toward their child's EHS program but also provide them with the tools they need to support their child's development.

Parent Reports on Their Child's EHS Program

Given the previous results on family engagement, it should come as no surprise that parents were generally happy with their child's EHS program. The large majority of parents felt like their child's EHS program supported them by giving families the tools they need to support their child's development. Furthermore, almost all of the parents reported that their EHS program not only helped their parenting skills but discussed important family goals.

- 81% (n=39) reported that they were happy with their child's EHS program.
- 92% (n=44) reported that their child's program helps them be a better parent.
- 85% (n=41) reported that their EHS program helped them see themselves as their child's first teacher.
- 73% (n=35) reported that the EHS program staff discussed family goals (such as finding a job).
- 73% (n=35) reported that their EHS program has given them the tools they need to support their child's development.

Overall, these findings speak to the job the EHS-CCP has done in supporting children and their families. As a result of this support, the majority of parents at EHS-CCP programs feel a positive connection to their child's program and are confident that they can support their child's success when they transition out of their EHS program.

Families' Transition Out of the EHS Program

Several families indicated that their child would be transitioning out of their EHS program. The majority of families with children transitioning out of EHS reported that their child would be attending a Head Start program the following year. Almost all of the families reported that their child's EHS program helped with the transition.

31% (n=15) of respondents reported that their child would be transitioning out of their EHS program in the upcoming year. Of the 15 children transitioning out:

- 53% (n=8) will be beginning a Head Start program in the upcoming year.
- 27% (n=4) will start a preschool program in the upcoming year.
- 13% (n=2) were not sure where their child would be enrolled in the upcoming year.
- 7% (n=1) reported that their child would be receiving care at home.

Families were asked how their EHS program helped with the transition. Of the 15 families, 87% (n=13) left comments, and all except one suggested that the program or hub staff helped them with the transition.

2016 Self-Assessment Results

- 38% (n=5) reported that their EHS program helped them find a new provider for their child in the upcoming school year.
- 38% (n=5) indicated that their EHS program helped the family transition for the next stage of their education.
- 15% (n=2) reported that their EHS program taught their child important communication skills.
- 8% (n=1) reported that their EHS program did not help with the transition out of EHS.

These findings suggest that the EHS-CCP providers and hub staff were largely successful in assisting families of children transitioning out of their EHS program. The results speak to the job that EHS-CCP hub and program staff have done working with one another to ensure that comprehensive services are provided to all families that receive EHS support.

Hub Staff's Communication with Program Staff

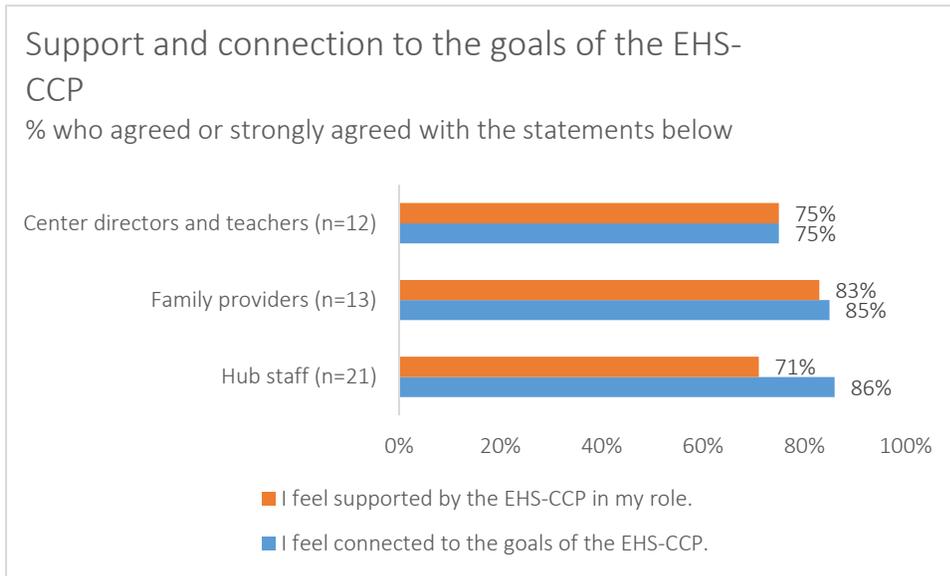
Hub staff's role in the EHS-CCP is to support child care providers in their efforts to provide comprehensive services to families such as ensuring children receive medical, dental, and mental health services as needed, and conducting developmental screening and referrals. Therefore it is important that they communicate with child care providers frequently to ensure all families are being offered the services provided to them by the EHS-CCP. As a result, hub staff were asked how frequently they report communicating with program staff about school readiness and comprehensive services to families.

As expected, the large majority of hub staff reported frequently communicating with programs about comprehensive services and school readiness.

- 79% (n=15) of hub staff reported frequently communicating with program staff about school readiness.
- 84% (n=16) of hub staff reported frequently working collaboratively with program staff to provide comprehensive services to families.

The successful collaboration between DECAL and hub and program staff has been essential to the EHS-CCP's success thus far in the grant. The self-assessment process, especially the focus groups, have provided important opportunities to communicate and engage in meaningful discussions on how to better support families of children receiving EHS. Not only were these discussions productive from a practical sense, they left the large majority of program and hub staff feeling supported in their role and connected to the goals of the EHS-CCP. As evident from the figure below, at least 71% of center based staff, family providers, and hub staff agree that they feel supported by the EHS-CCP and connected to its goals and vision.

Figure 2. Child care providers and hub staff reported feelings of support and connection to the EHS-CCP



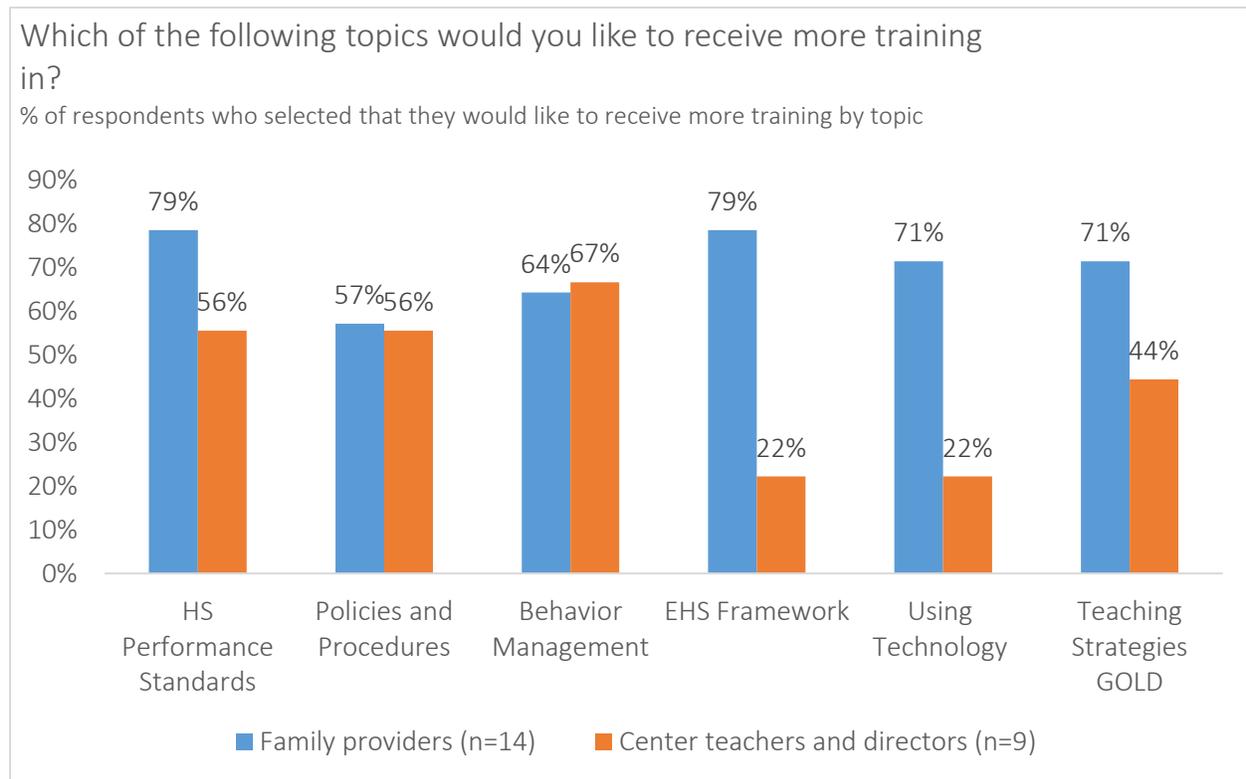
Desired Training Topics

Despite the positive findings and the strengths of the EHS-CCP, there were several areas where child care providers would have liked more training. When given options on which trainings they would like to receive, the majority of family providers and center directors and teachers wanted more training on Head Start Performance Standards, policies and procedures, and behavior management. The majority of family providers and a minority of center-based staff wanted more training on the EHS framework, using technology, and Teaching Strategies Gold.

Since EHS is generally new for family providers, it is expected that they would need training in all the assigned areas, while center staff are more experienced with EHS. Furthermore, while certain trainings might not apply to both directors and teachers in centers, in many cases the family provider plays both roles, thus more trainings might apply to them.

It should be noted that responses for center-based staff, including teachers and directors, are reported in combination due to the low response rate for teachers. An increased response rate for teachers would have helped justify an analysis of teachers separately from directors. The response rates, especially from teachers, were a topic of discussion in the second focus group.

Figure 3. Percentage of child care providers who would like more training in specific topics



Environment Rating Scale Observations

Background

A goal of the EHS-CCP is to help raise the quality of all child care partners in order to meet EHS standards. To improve quality, it was required that all the child care partners enroll in Quality Rated, Georgia’s tiered quality rating and improvement system. Quality Rated assigns a rating of one to three stars to participating programs based on a combination of a portfolio and on-site observations.

The Environment Rating Scale (ERS) family of instruments is widely used to assess the quality of early childhood learning environments. The instruments score varying aspects of quality on a scale of 1 (inadequate) to 7 (excellent). All programs that participate in Quality Rated are required to receive one or more ERS observations in order to receive a rating.

As the lead agency to the EHS-CCP, DECAL is able to use departmental resources to support the partnership and self-assessment process. Consequently, as a part of the EHS-CCP self-assessment, 10 ERS observations were conducted in 10 of the child care partner sites by trained Quality Rated assessors. These observations were conducted solely for purposes of the self-assessment, independent of the observations they receive in Quality Rated. The results of the ERS observations for the 10 selected programs are highlighted below.

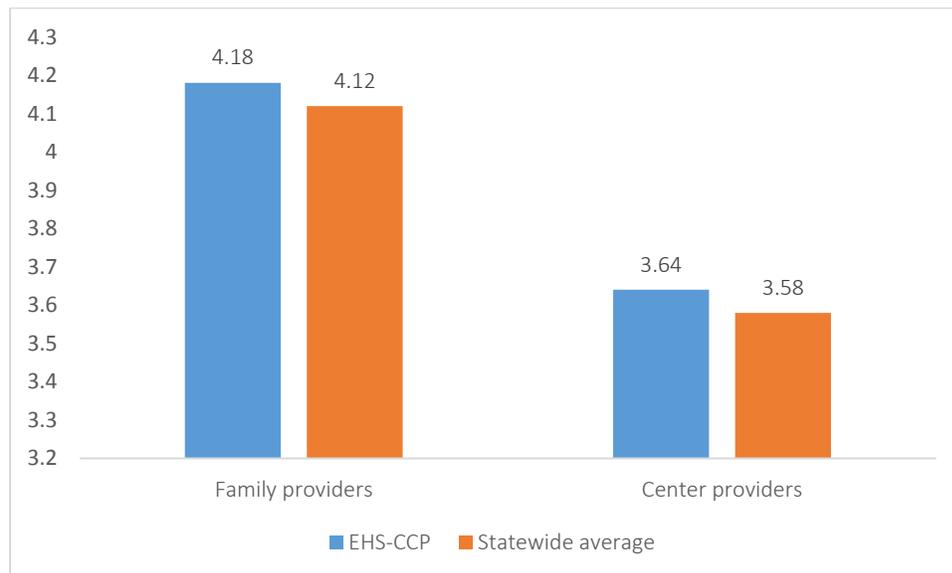
Results

Overall, five of the 14 family providers and a classroom in each of the five partnering centers were observed.

Below is a summary of the ERS observation results for programs participating in the 2016 EHS-CCP self-assessment.

- A FCCERS-R (Family Child Care Environment Rating Scale – Revised) was conducted in five randomly selected family providers in either June or July 2016. The average score for all the family providers was 4.18. This score is higher than Georgia’s statewide average for Quality Rated family providers.
- An ITERS-R (Infant/Toddler Environment Rating Scale – Revised) was conducted in each of the five center-based providers in the same time period. The average score for the selected EHS classrooms was 3.64. This score is higher than the Georgia statewide average for center based Quality Rated providers.

Figure 4. Statewide average ERS scores compared to child care partners (n=10)



It is impressive that these programs achieved an average ERS observation score that is higher than statewide averages. However, the majority of family providers scored below a 5 and the majority of center-based providers scored below a 4 on a 7-point scale, suggesting there is substantial room for quality improvement. As a part of their participation in Quality Rated, programs can opt to receive technical assistance from DECAL and the hubs to improve their ERS scores and the quality of their EHS classrooms.

Document Review

Background

DECAL’s EHS-CCP coordinator and select hub staff reviewed documents to assess whether 15 EHS standards were met, partially met, or not met. The document review was based on the 2016 Comprehensive Services and School Readiness (CRSS) Protocol for Early Head Start and Family Child Care,

respectively. The document review focused on performance and continuous improvement opportunities in two areas: 1) providing comprehensive services; and 2) promoting school readiness for children and families enrolled in Early Head Start. The document review process was conducted in one classroom in each of the center-based partners (n=5) and in five randomly selected family providers (out of 14). The results for the 10 selected programs are highlighted in the results section, followed by hub staff's recommendations on how to improve the document review process for the 2017 self-assessment. '

Results

Overall, 90% of the 15 EHS standards were partially or fully met by all 10 of the observed programs. Considering that these are federal standards that exceed state licensing requirements, these results are promising. However, it should be noted that the majority of the standards were only partially met. As a result, there is still more work the EHS-CCP can do to ensure that the large majority of child care partners are fully meeting all 15 EHS standards.

Below is a list of the overall percentages of the 15 standards that were met, partially met, and not met by the 10 programs that were reviewed.

- 31% of the 15 EHS standards were met.
- 56% of the 15 EHS standards were partially met.
- 10% of the 15 EHS standards were not met.
- 3% of the standards did not apply.

Specific EHS Standards Met and Not Met

There were some promising results from the document review process. For example, at least six of the 10 child care partners ensured that well-baby checks were started by two months of age, completed a family needs assessment for all families, conducted continuous growth assessments for all children, finished an ongoing developmental assessment for each child three times per year, and tracked daily attendance.

The majority of the programs met the following standards:

- Standard 4: Tracking well-baby checks and growth assessments starting at two months of age.
- Standard 9: Each family completes a family needs assessment within 30-45 days of program entrance.
- Standard 12: The grantee provides each child an ongoing developmental assessment three times a year.
- Standard 15: Attendance and average daily attendance are entered and tracked.

At least one program did not meet the following standards:

- Standard 6: Emergency preparedness plans posted in classrooms.
- Standard 7: Monitoring and tracking children with Individual Family Service Plan (IFSP) goals.
- Standard 13: Each child receives an ongoing individual child development plan.
- Standard 15: Attendance and average daily attendance are entered and tracked.

There was a substantial amount of programs that had challenges with a small portion of the standards. For example, at least 40% (n=4) of the assessed programs did not have emergency preparedness plans, did not ensure each child receives an individual child development plan, and did not consistently track daily attendance. These are areas in which DECAL and hub staff will provide more focused support between August 2016 and the next self-assessment period.

Hub Staff's Recommendations on How to Improve Document Review Process

Hub staff involved in the document review process provided some overall suggestions on how to improve the document review process. These suggestions are listed below.

- More team members are needed to assist with the amount of materials that need to be reviewed.
- The EHS-CCP needs to ensure that team members have access to the technology needed to complete the assessments.
- The observation checklist (where DECAL and hub staff documented what standards were met and not met) needs to be simplified.
- An earlier start (i.e., February or March) is recommended to assist with the continuous improvement efforts.

The self-assessment has allowed the EHS-CCP to identify both strengths and areas of weakness in the document review process. In the coming year, the EHS-CCP can improve the process by beginning the self-assessment process earlier in the year, using a simplified checklist, including a sufficient number of team members, and providing all document review staff access to the technology to complete the process. The findings from the 2016 self-assessment will inform DECAL and hubs staff on how to assist programs in meeting a greater percentage of the identified EHS standards in 2017.

Focus Group Two

Background

DECAL hosted a second focus group meeting for DECAL's EHS-CCP on July 21, 2016. The purpose of the second focus group session was to provide an overview of the self-assessment process and discuss the results from the ERS observation, the document review process, and the survey results. Overall, the focus group session had 10 attendees including parents, teachers, family providers, and hub staff. Discussions highlighted strengths and challenges associated with the self-assessment process including the first focus group, the surveys, the ERS observation process, the document review, and the trainings received by providers. The strengths and challenges for each of the discussion topics are listed below.

Results

Focus Group One Feedback

Strengths

Participants enjoyed the first focus group. Overall, the participants enjoyed participating in the first focus group. The focus group allowed them to voice their opinions on topics so they are heard by everyone regardless of their roles in the process.

Challenges

Participants did not identify any significant challenges with the first focus group sessions.

Survey Feedback

Strengths

Participants did not have significant challenges completing their surveys. Although some stakeholders had challenges with the surveys and the self-assessment process, the majority of respondents suggested that completing the surveys and the other self-assessment materials was simple and easy.

Challenges

Stakeholders provided suggestions on how to increase the response rate for teachers. The survey response and completion rates for teachers were low. The following suggestions were made for improving teacher response rates:

- Provide incentives to teachers to complete the survey.
- Provide supervision for the teachers' classes while the teachers complete the survey.
- Set up a kiosk with a laptop on site where teachers can complete the survey when they have free time during the day.
- Use text reminders for teachers to complete the survey with the included link to the survey.
- An option to complete a paper survey may be more convenient for some teachers.

Participants mentioned that the language in the survey was too difficult to understand for some families. As a result, it was recommended that the language on future surveys be clear and simple, so all families can understand.

ERS Observation Feedback

Strengths

Spanish-speaking family providers were observed by Spanish-speaking assessors as requested. Spanish-speaking family providers mentioned that they requested and received Spanish-speaking assessors, ensuring that the assessors could adequately capture interactions and score other language-dependent indicators.

Challenges

The Quality Rated observations were stressful for child care partners. Child care partners were uncomfortable with the observation visits from Quality Rated assessors. Participants mentioned that the observation process caused a significant amount of stress to family providers and program staff.

Providers disliked that the ERS observations were unannounced. The date and time of observations were not provided in advance. Some providers were unsure if the observation was for the self-assessment or for Quality Rated. Providers felt that if they are getting observed as part of the EHS-CCP self-assessment and not Quality Rated,

the EHS-CCP self-assessment observation should be announced.

Document Review Feedback

Strengths

Despite the suggested revisions to the document review checklist discussed in a previous section, focus group participants generally thought the checklist provided to the hub staff to complete the document review was clear and easy to use. The checklist clearly displayed all the 15 standards that were going to be reviewed and each one was clearly marked met, not met, or partially met.

Challenges

The document review process was confusing for hub staff. Hub staff did not understand all the documents that were needed to complete the document review process. There was especially some confusion on what was supposed to be assessed on site and what was supposed to be documented on Child Plus. It was recommended that they have a checklist of the materials that are needed on site.

Training Feedback

Strengths

As consistent with the first focus group, participants were complimentary about the training they received. Participants reported that the training they received, especially in certain targeted areas, was very effective.

Challenges

Stakeholders indicated that more training was needed in several areas. The findings from the surveys confirmed that many participants believe more training is needed, especially for family providers. EHS standards are new to family providers, so they were difficult to understand for many. It was suggested that more Creative Curriculum training is needed, especially for family providers and new teachers that are unfamiliar with the EHS framework.

Overall, participants had positive feedback on the self-assessment process, and they had minimal challenges completing the surveys. However, there were some challenges in the self-assessment process that the discussion highlighted. First, the low response rates for teachers were discussed, and participants provided suggestions on how to improve the teacher response rates. These suggestions included setting up a kiosk with a laptop where teachers could take surveys while they are on break, having directors provide supervision for the teachers, and using a system that sends text message reminders with links to the surveys. Second, it was mentioned that some families struggled understanding the questions on the survey so it was recommended to use less complex language on future surveys.

Third, providers mentioned that they had challenges with the ERS observations. They mainly indicated that the unannounced visits caught providers off guard and were stressful for staff.

Fourth, there was some confusion about what materials were needed during certain portions of the document review process. It was recommended that DECAL include a document review materials checklist that helps assessors prepare the materials they need to complete the review. Finally, the findings on the trainings did not surprise participants. There was a consensus that more training is needed, especially for family providers.

Conclusion

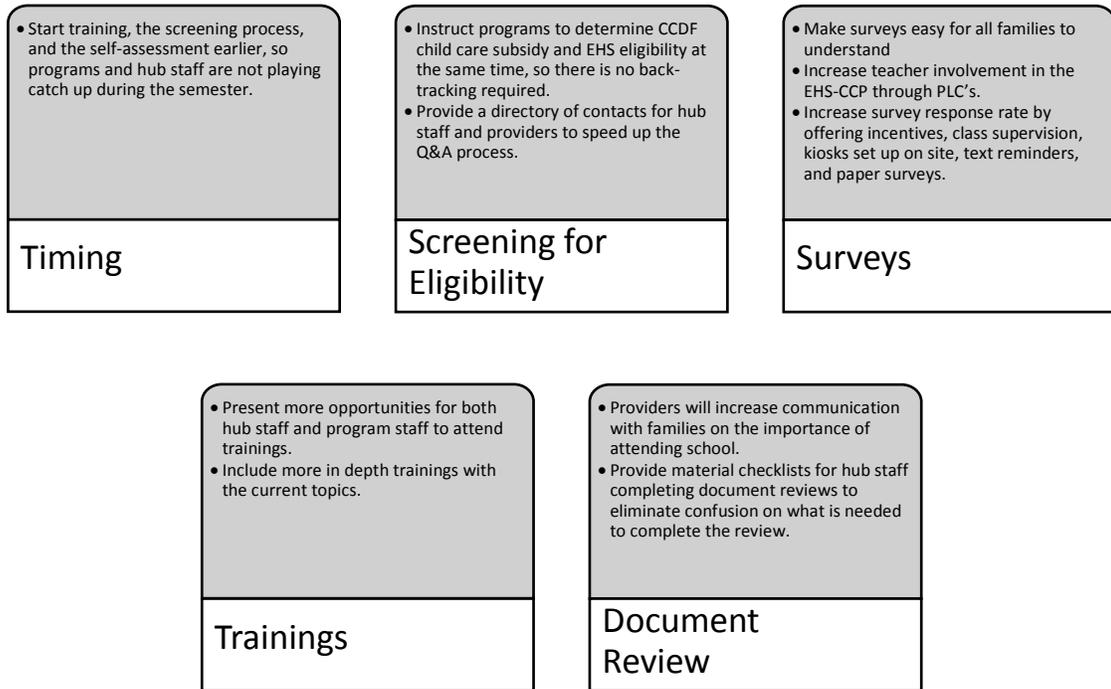
The results from the EHS-CCP self-assessment are positive. First, all programs received their funds and all the slots were filled. Second, the EHS classrooms observed as a part of the self-assessment were of acceptable levels of quality, and only a small percentage of the 15 EHS standards were not met. Third, a large portion of child care providers are reporting higher than expected levels of volunteering and participation in planning activities from mothers and fathers of children enrolled in EHS. As a result, the large majority of parents report that they are happy with their child's EHS program.

Along with the impact that the EHS-CCP has had on programs, hub staff are communicating frequently with program staff to promote school readiness and assist in providing comprehensive services to families of children enrolled in an EHS program. These successes have likely contributed to the majority of program and hub staff reporting that they feel supported and connected to the vision and goals of the EHS-CCP.

Although there have been some great successes so far, these successes have not come without their challenges. Since EHS is generally new for family providers, determining how certain EHS standards apply to family child care was sometimes difficult. As a result, the majority of family providers reported that they wanted to receive more training in a number of different areas related to EHS. In the following year, DECAL plans to work with hubs to make new trainings more accessible for family providers.

Beyond trainings, the 2016 EHS self-assessment has greatly informed the EHS-CCP on how the process can be more efficient. Examples highlighted in the plan of improvement include screening for child care subsidy and EHS at the same time, conducting trainings and document reviews earlier in the year to allow time for revisions, highlighting ways to increase teacher participation, and making the surveys easy for all families to understand. The EHS-CCP is excited to use the following plan of improvement to enhance the way that they promote school readiness and provide comprehensive services to children and families.

Figure 5. DECAL’s Plan of Improvement based on the 2016 EHS-CCP Self-Assessment Results



Overall, the EHS-CCP self-assessment results suggest parents, hub staff, and child care providers are proud of the work that has been done so far and look forward to serving more families and their children. Below is a quote received from a family provider during one of the focus group sessions that best summarizes the commitment of many of the participants to the mission and vision of the EHS-CCP.

“We are really learning many positive things for our children. The EHS-CCP has been so rewarding. I am thankful for the opportunity to participate. We are happy with the work we do because we know in our hearts how to love and understand each child and their families.” –Family Provider