

# Assessment of Center-Based Quality 2011-12

A project of the

Nevada Early Childhood Advisory Council, managed by the Head Start Collaboration and Early Childhood Systems Office

Funding for this Project was provided by the American Recovery & Reinvestment Act (ARRA)



Nevada's children will be safe, healthy and thriving during the first eight years of life, and the system will support children and families in achieving their full potential.

-- Vision of the Nevada Early Childhood Advisory Council

#### Acknowledgements

This project was funded with federal stimulus funds (under the American Recovery & Reinvestment Act). It was envisioned and made possible by the Early Childhood Advisory Council, which is managed by the Nevada Head Start Collaboration and Early Childhood Systems Office (HSC & ECSO). A special work group of the Early Childhood Advisory Council provided guidance and assistance with many aspects of the project.

More than 150 individuals across Nevada including teachers, directors and parents helped to make this project successful, through participation in assessment of centers, focus groups, and interviews. The Council gratefully acknowledges this support and participation.

Special thanks are extended to members of the project advisory committee, to all key stakeholders that made time for interviews, and families that participated in focus groups, interviews, and surveys.

Aspects of this report help to inform the requirement for Needs Assessment as defined in the Head Start Act, as amended (42 USC 9801 et seq.).

Report developed by Social Entrepreneurs Inc. (SEI)



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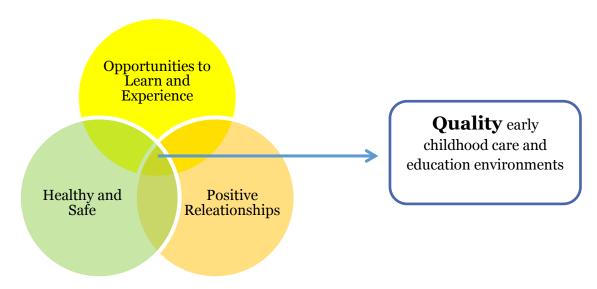
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### **Report Summary**

The purpose of this report is to present a snapshot of the quality within centers that provide early childhood care and education across Nevada. Having information on quality provides direction to focus limited resources, develops awareness of the needs and assets within early childhood settings, and creates pathways for improvement.

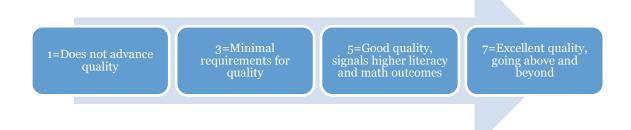
Experts agree that there are at least three critical components of quality within early childhood care and education. They include the protection of children's health and safety; positive relationships; and opportunities for stimulation and learning from experience (UNC FPG Child Development Institute).



Quality in early childhood settings is important. *High quality* early childhood care and education provides children with enhanced school readiness and has also been shown to yield substantial long-term benefits, including higher graduation rates, fewer school dropouts, less need for special education, and less crime (American Educational Research Association, 2005).

In this study, the Early Childhood Advisory Council managed by the Head Start Collaboration and Early Childhood Systems Office invited and sponsored observational assessment of center-based early childhood care and education settings within Nevada. To measure quality, two Environmental Rating Scales (ERS) were used: the Infant/Toddler Environmental Rating Scales-revised (ITERS-R) and the Early Childhood Environmental Rating Scales-revised (ECERS-R). These instruments are shown to be both valid and reliable in measuring quality (Clifford, Reszka, & Rossbach, 2010). Trained assessors rated using individual indicators within 5 subscales: Physical Environment; Basic Care; Curriculum; Interaction; and Schedule and Program Structure. All indicators were averaged to show an overall score. The overall score is understood as a broad description of quality. Centers are scored between 1 and 7, with 1 meaning that quality is not in place, 3 meaning that minimal requirements for quality have been met, 5 meaning quality is good, and 7 meaning quality is excellent. It is important to note that

despite the widespread use of these instruments, overall scores of 7 are extremely uncommon if ever seen. An overview for scoring is provided below.



Research has shown that higher ERS scores are associated with improved school readiness among the children that have experienced the higher quality programs (Sylvia, et al., 2006). Although every classroom is different, low quality classrooms are generally characterized by all of the following: lack of accessibility to materials, multiple safety hazards, and adults and children not following recommended health and safety practices.

In addition to observational assessments of classrooms, family and community perspectives on quality were invited through key informant interviews, focus groups, and surveys. Other indicators of quality such as teacher turnover rates and educational attainment of center staff are also presented to assist in understanding the issues related to early childhood care and education across the state.

#### **Results Summary**

In total, 90 classrooms in 47 centers in Nevada were directly assessed using the Environmental Rating Scales (ERS). The study sample represents roughly 10% of centers statewide. Participation in the assessment was voluntary.

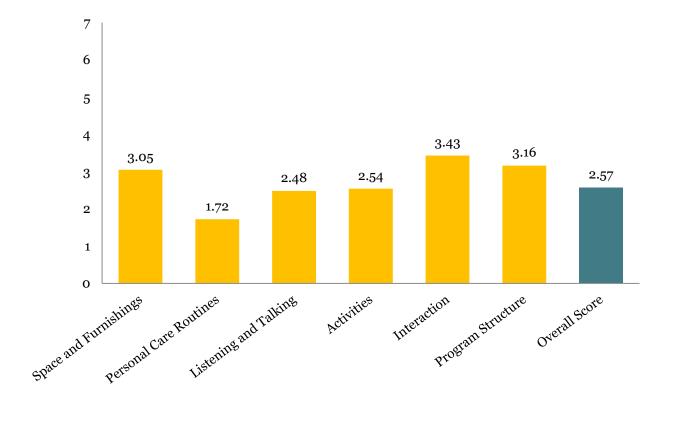
- 58% of centers assessed were located in Clark County
- 20% of centers assessed were located in Washoe County
- 22% of centers assessed were located in Nevada's rural counties (referred to as "Balance of State throughout this document)

#### Infant and Toddler Classrooms (Ages 6 weeks to 2.5 years)

The ITERS-R was used to measure the global quality of infant toddler rooms.

- Mean scores across the ITERS-R subscales were generally in the low quality range.
   Statewide, the mean ITERS-R score in infant toddler classrooms was 2.57 (range 1.00 6.33). Only 23% of classrooms met the minimum requirements for overall quality.
- Infant toddler classrooms across Nevada did not meet minimum ERS requirements for quality in Personal Care Routines; Listening and Talking; and Activities. The subscale Listening and Talking is particularly important because it is related to language acquisition. In most infant toddler classrooms, a low score in Listening and Talking signals that age-appropriate books were not available to children on a regular basis.
- The lowest score was in Personal Care Routines, at 1.72. A minimum score of 3 should be achieved as a measure to prevent the spread of communicable disease and illness.
- Higher scores for Peer Interaction and Discipline show that children are allowed to interact for much of the day; staff help facilitate positive interactions; positive methods of discipline are used effectively; and attention is given when children are behaving well.

Figure 1. Overall ITERS-R Scores Statewide

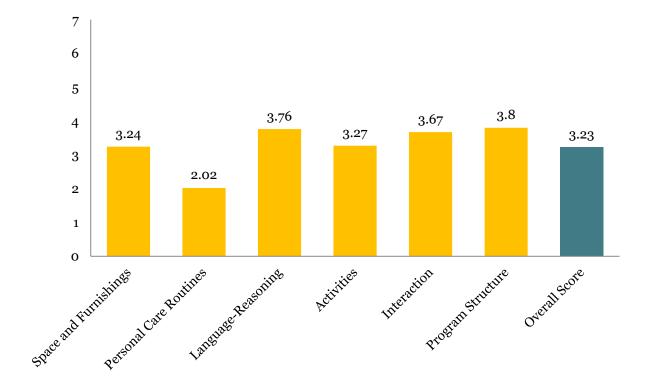


#### Preschool Classrooms (Ages 2.5 years through 5 years)

The ECERS-R was used to measure the global quality of preschool classrooms.

- The mean total score in preschool classrooms was 3.23 (range 1.00 6.75).
- Close to half (47%) of the classrooms scored between a 3.0 and 3.9, which indicates they were meeting minimum quality requirements. Another 15% scored within the 4.0 to 4.9 range, which means that these programs were approaching good quality. However, 38% of classrooms were rated as low quality (received a score lower than 3.0).
- Program Structure was approaching a score of 4 (good quality), meaning that children are spending a substantial portion of their day in self-directed and self-selected activities (referred to throughout as "free play"). This encourages further learning and exploration.
- Interaction and Language-Reasoning were both approaching good quality. While these are separate subscales, higher scores in Interactions have a positive effect on Language-Reasoning. Additionally, the regular use and accessibility of books contribute to higher scores in this area.
- A minimum score of 3 should be achieved in Personal Care Routines as a measure to prevent the spread of communicable disease and illness. In Nevada, the average score in preschool classrooms was 2.02.

Figure 2. Overall ECERS-R Scores Statewide



#### **Conclusions**

- Teachers and administrators in early childhood care and education centers are working hard to serve families. The voluntary participation of 47 centers across Nevada demonstrates openness to assessment and commitment to improvement.
- Although incentives were used to encourage participation, centers were still hesitant.
   Many directors expressed concerns that their results could be used to penalize them.
   This suggests that the ERS are not yet widely valued by centers in Nevada as a tool that they can use to identify strengths and areas where quality enhancements are needed.
- Additional efforts are needed to improve the quality of infant toddler, center-based care in Nevada. The fact that only one quarter of infant toddler classrooms in the study were rated as minimal quality is particularly troubling (meaning 75% didn't reach that threshold). Since substantial research documents the importance of early brain development, it is essential to strengthen the quality of center-based care for infants and toddlers in Nevada.
- A small group of centers had high overall scores compared to the average. Many, but not all of these outliers are associated with a larger organization, public investment, or both. In addition to financial support, public programs and affiliated programs are likely to have established pathways and benchmarks related to quality, continuity of leadership, research-based curriculum, and access to professional development for staff. Centers that are privately owned and that are not associated with another supporting organization face considerable barriers to achieve high quality because these program components are often costly. Evaluating the supports and infrastructure available to high quality and very high quality centers may provide guidance on ways to strengthen the overall quality of center-based care statewide.
- In focus groups and interviews, many parents associated licensing status with a center meeting quality standards including teachers having met minimum qualifications. However, using the ERS scales, meeting licensing requirements (only) would result in a score of 1, a score that does not meet minimal definitions of quality. There is a disconnect between what families believe licensing means in terms of quality, compared to what is able to be provided through these services.
- Satisfaction with care as rated by parents appears to be related to ERS measurements of quality, but families also tended to rate quality as higher than ERS data supports. More information is needed to validate this conclusion.
- When families described what they hoped their children would experience in care settings, their descriptions aligned with what researchers have defined as characteristics of quality. They described classrooms that are safe and healthy; wanting their children to experience friendships with peers and have positive relationships with teachers; and classrooms that support learning and growth. However, families have very limited information to assess the degree to which a center provides these elements. They often rely on word of mouth or superficial observations of the center or classroom to make a choice, because more complete information is not available.
- Many areas of the state do not have licensed center-based care available. The need for high quality care for all children, including those with disabilities and for children in rural, underserved communities including tribes, warrants attention.

Information on the workforce shows that the majority of staff in center-based care across
the state hold a high school diploma, with no additional degrees. Numerous studies
support that the education and training of caregivers is a critical component of quality.
Providers of early childhood care and education should have the education and training
they need to ensure high quality for the children they serve.

#### Recommendations

Key stakeholders, families, and providers offered perspectives on how to improve quality in center-based care in Nevada. Together with data from observational assessment, prioritized recommendations include:

## 1. Develop a coordinated, statewide plan for quality that includes measurable targets.

- Convene partners to develop a shared definition of quality and measures to improve it.
- Build in sharing of resources and braiding of funding streams. Leverage work on Nevada's pilot projects and information that exists in plans developed by various agencies and organizations that are working to improve education for very young children.
- Consider in planning the needs of rural, underserved communities including tribes, as well as issues of inclusion and quality for all children, including those with disabilities.

# 2. Garner resources for centers that are committed to improving quality. Support innovative solutions that improve quality at centers across the state, and build in opportunities to share what is working.

- Develop a public-private partnership with one or more general contractors to improve facilities and enhance site-based safety.
- Expand centers' utilization of low or no-cost resources, such as library programs that provide books and other literacy tools to very young children.
- Develop funding opportunities to enhance materials and furnishings for infant toddler classrooms. Examples of materials that could be requested and purchased are soft items and developmentally appropriate books.
- Offer professional development opportunities to improve personal care routines, including proper hand washing.
- Create self-improvement tools and provide peer mentoring. Support peer relationships using distance technology.
- Measure and share progress using standardized assessments.

# 3. Create demand for high quality care and education through public awareness focused on helping Nevadans understand the importance of early childhood.

Provide families of young children with information about what quality care means
for infants, toddlers, and preschool-age children. Information from a public
awareness campaign could be distributed through hospitals (with materials sent
home with new parents), at family resource centers, and through centers and schools.

- Develop ways for families to assess quality at various centers. Quality rating and
  information systems (such as Silver State Stars) are one way to make quality visible
  among participating centers. QRIS programs can also help to educate the public
  about the difference between licensing standards and quality.
- As part of statewide quality improvement, provide assistance to centers to meaningfully engage parents and families.

"A high quality ECE system in Nevada would have a high public benefit compared to the amount of investment needed. The public benefit is seen more immediately in higher school readiness rates and, over time, in lower prison rates, lower welfare rates, and a better prepared workforce..."

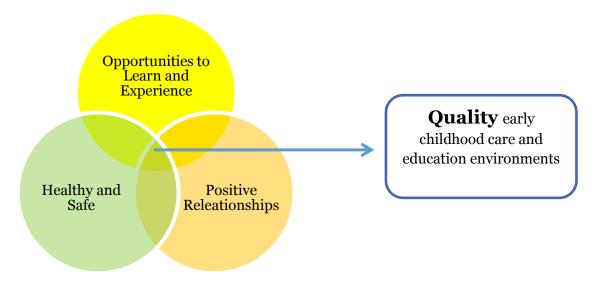
-Insight, 2011, The Economic Impact of Early Care and Education in Nevada

#### Introduction

The importance of positive experiences within the first 5 years of a child's life cannot be underestimated. A wealth of research supports that when children's needs are met during these critical years of development, the benefits are lifelong. Nearly 80% of the physical growth of the brain occurs in the first 5 years of life; positive experiences are a foundation for each child to reach their full potential. The early years matter.

Nearly all children will receive some sort of care, early childhood education, or both, outside of the home within their first 5 years of life. An estimated 136,918 of Nevada's children ages 0-5 are in need of care while their parents are at work (U.S. Census Bureau, 2012). These children are cared for in a variety of environments, including child care centers and preschools, home-based child care and preschools, and in the homes of family, friends and neighbors. In addition, many families that have a parent or caregiver in the home will seek preschool or other enrichment experiences for the child. Yet, little is known at the state level about the quality of Nevada's early childhood care and education environments.

Experts agree that there are at least three critical components of quality within early childhood care and education. These components include protection of children's health and safety, positive relationships, and opportunities for stimulation and learning from experience (UNC FPG Child Development Institute).



*High quality* early childhood care and education provides children with enhanced school readiness and has also been shown to yield substantial long-term benefits, including higher graduation rates, fewer school dropouts, less need for special education, and less crime (American Educational Research Association, 2005).

#### **About this Project**

In the spring of 2011, the Nevada Early Childhood Advisory Council (ECAC) managed by the Nevada Head Start Collaboration and Early Childhood Systems Office (HSC & ECSO) envisioned a project to collect baseline data on the quality of care across the state. The HSC & ECS office contracted with Social Entrepreneurs Inc. (SEI) to complete this study, having determined that 1) the focus would be on center-based care, and 2) the appropriate Environmental Rating Scales (ERS) would be used to assess centers statewide. The decision to assess center-based care instead of all environments including care provided in homes was determined by the ECAC Workgroup and based on practical limitations of budget and timing. The ERS scales were selected for their respected position in the ECE field. ERS also align with Nevada's Quality Rating and Information System (QRIS) Pilot and with other quality rating initiatives that are in place across the nation.

#### Importance of Center-Based Care Statewide

This report focuses on quality within one major segment providing early childhood care and education to young children in Nevada – care that occurs in licensed child care or preschool centers.¹ Licensed centers including Head Start and Early Head Start comprise slightly less than half of the total licensed programs for children ages o-5 statewide. (Insight: Center for Community Economic Development, 2011).

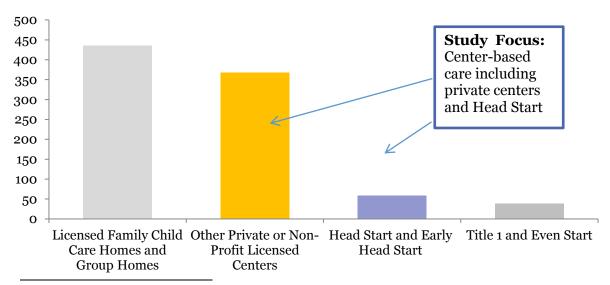


Figure 3. Licensed Programs in Nevada Serving Children 0-5

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<sup>&</sup>lt;sup>1</sup> It is important to note that licensed care is not the only type of care available or used by families. In 2011, there were 1,772 children receiving subsidies and in care with registered, license-exempt providers (Insight: Center for Community Economic Development, 2011). This number represents only a small component of the total children in care that is not licensed or license-exempt. Care that occurs with family, friends and neighbors was not assessed in this project due to budget limitations. However, it is recognized that quality in *all* early care and education settings is important and should be evaluated toward a goal of quality care and education for all children.

#### The Environmental Rating Scales

For this assessment, the Infant Toddler Environmental Rating Scales (ITERS-R, designed for classrooms with children ages 6 weeks to 2.5 years) and the Early Childhood Environmental Rating Scales (ECERS-R, designed for classrooms with children ages 2.5 to 5 years) were used to assess early childhood programs across the state. These tools have been widely used in the United States and other nations to effectively assess early childhood settings. Both ITERS-R and ECERS-R measure five essential elements of quality in early care and education environments:<sup>2</sup>

- Physical Environment;
- Basic Care;
- Curriculum:
- Interaction; and
- Schedule and Program Structure

The scales utilize observation by a trained assessor to measure process quality in early childhood groups, including interactions between and among providers, children, family members, and experiences with the materials and physical environment. Both the ITERS-R and ECERS-R scales are authored by Thelma Harms, Debby Cryer, and Richard Clifford (Harms, Cryer, & Clifford, Infant/Toddler Environment Rating Scale - Revised Edition , 2006 Harms, Cryer, & Clifford, Early Childhood Environment Rating Scale - Revised Edition , 2005). Project assessors were trained at the national center to implement the ITERS-R and ECERS-R instruments. As part of this project, assessors utilized a Nevada-based ERS expert to test inter-rater reliability and provide additional mentoring towards fidelity to the scales.

All indicators can be averaged to show an overall score. The overall score is understood as a broad description of quality, and research has shown that higher ERS scores are associated with improved school readiness among the children that have experienced the higher quality programs. Children in low quality classrooms experience environments that are likely inadequate for health and safety and do not promote their cognitive and social emotional development. Centers are scored between 1 and 7, with 1 meaning that quality is not in place; 3 meaning that minimal requirements for quality have been met, 5 meaning quality is good, and 7 meaning quality is excellent. It is important to note that despite the widespread use of these instruments, overall scores of 7 are extremely uncommon if ever seen.

An overview for scoring is provided on the following page.

<sup>&</sup>lt;sup>2</sup>Both ITERS-R and ECERS-R include a section on Parent and Staff Education. However, authors will remove this section from the next edition of the scales, and discouraged use of this subscale because of its unreliability (see Clifford, R.M., Reszka S.S., and Rossbach H.G. (2010). Reliability and Validity of the Early Childhood Environment Rating Scale. Chapel Hill, NC: The University of North Carolina at Chapel Hill, FPG Child Development Institute.). When comparing data from this project to other studies using ERS scores, it is important to understand and correct if necessary for this difference. In general, the Parent and Staff subscale scores higher than many of the other subscales and may result in a higher overall score when this component is included in the average.

1=Does not advance quality 3=Minimal requirements for quality 5=Good quality, signals higher literacy and math outcomes

7=Excellent quality, going above and beyond

Although every classroom is different, low quality classrooms are generally characterized by all of the following: lack of accessibility to materials, multiple safety hazards, and adults and children who do not follow recommended health and safety practices. Looking only at low quality classrooms for the infant toddler age range, additional characteristics affecting scores included negative language being used with children and lack of access to books.

#### Outreach

Regional targets for participation in Nevada were set based on the distribution of children throughout the state's counties. In addition to assessment results provided to participating

centers, a \$75 gift card for educational supplies was offered as an incentive to participate. Initially, a letter was sent via email through the agencies responsible for licensing in Nevada. After an initial response that was lower than expected, letters were mailed to providers. Forms were completed via mail, web and fax. Interested providers were called, presented with basic information about the process, and assessments were scheduled. At any center, up to two classrooms were assessed, with the specific classrooms determined by the centers' director or lead staff person.

#### Report Geography

Assessment targets were identified based on population for Clark County, Washoe County, and all other counties together (Balance of the State). For all geographies, data is aggregated to provide confidentiality to centers that participated.

There are approximately 225,403 children ages o-5 years living in Nevada. More than half (about 61%) of these children have all parents in the labor force.

-Data from 2010 Census

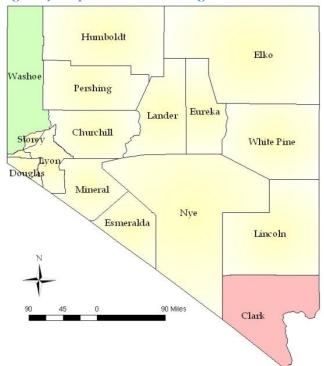


Figure 4. Map of Nevada showing Clark and Washoe Counties, and Balance of State

#### **Project Limitations**

The results of this study provide indicators related to quality throughout the state. However, the study was not comprehensive, and aspects of the methodology should be noted as limitations.

**Eligibility:** Licensed, center-based care and education sites were eligible for assessments. An estimated 26,000 children are enrolled in the state's licensed centers and Head Start programs (Insight, 2011). Centers represent a considerable portion of the care available statewide. However, many children are also cared for in other settings that were not assessed.

**Self-Selection:** Centers volunteered to participate in the assessment. An incentive for educational materials was advertised to help increase participation. For the purpose of interpreting results, self-selection bias is an issue. Sites may have volunteered because they were confident in elements of their quality and were familiar with the scales; other sites may have been motivated in large part by the incentive and opportunity to collect baseline data.

**Reach:** In towns with small populations, there may be few or no licensed centers. Since not all counties participated, generalizations across all 15 rural counties may not be representative.

Assessment Tools: There is no one, perfect tool for assessment. While the ERS tools have numerous strengths and are widely recognized, respected, and used in the field of early care and education, some researchers have identified concerns with using scales in high-stakes situations. The assessment process is also limited in that the classroom is observed at one point in time. Events such as a teacher change would likely have a strong impact on the classroom score. These are important considerations in understanding, interpreting, and using assessment data.

#### Other Sources of Information on ECE Quality

Observational assessments using the Environmental Rating Scales (ERS) were the focus of this project; however, other sources were also used to understand quality. Seven focus groups were held with families and other community stakeholders in Clark County (3), Washoe County (2); Lyon County / Yerington Paiute Tribe (1); and with stakeholders representing Carson-Douglas-Lyon (1). The purpose of focus groups was to learn and document multiple perspectives on quality. A brief survey for families was also made available online in both English and Spanish. Twenty five surveys were completed. Key informant interviews were also held to learn from experts in the field regarding their perceptions of needs related to improving early childhood care and education in Nevada. Eight interviews were completed.

Selected structural indicators of quality are also presented. These indicators help to provide a more complete picture of the assets and needs within Nevada related to quality care and education. The state child care resource and referral agency, the Children's Cabinet, provided data<sup>3</sup> from their 2011 survey of Nevada providers that inform 'structural indicators' throughout the document. Information on staff turnover, professional development, and pedagogy or curriculum is presented. Staff turnover rates provide important information about the consistency of caregivers at centers. Professional development is an important factor associated with quality (The National Association of Child Care Resource & Referral Agencies). Information on the pedagogical approach, curriculum, or both are included because 1) they speak to choice available among centers and 2) some curricula are research-based and studies have shown them to be highly effective for the education of very young children.

It is important to note that the information on structural indicators was collected through a statewide survey, and is not directly connected to the assessment process. Information on staff turnover, professional development, and pedagogy/curriculum is self-reported by center directors and represents trends statewide.

"Over half of parents report that quality child care is hard to find; furthermore, parents are almost twice as likely to report concerns about the quality of their children's care as opposed to cost."

- The Children's Cabinet, 2009 - Child Care in the State of Nevada: **Demographics Report** 

<sup>&</sup>lt;sup>3</sup> The survey information provided by the Children's Cabinet is preliminary. Any errors or omissions are the responsibility of this report's authors (Assessment of Center-Based Quality).

#### **Results**

#### **Participating Centers across the State**

In total, 90 classrooms in 47 centers in Nevada were directly assessed using the Environmental Rating Scales (ERS). Included in this total are 12 Head Start sites located in Clark County. Table 5 shows the classroom visits by region. Head Start sites are shown separately as they comprise a large component of the total of centers assessed in Clark County. Head Start sites were not assessed in other counties.

Figure 5	Number	of C	Taccec	<b>Observed</b>	hw i	Region
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		Number of	Î	
Region	Infant toddler Classes	Preschool	Total Classes	Percentage
		Classes		of Total
Clark County	16	24	40	44%
Clark County Head	0	12	12	13%
Start				
Washoe County	6	12	18	20%
Balance of State	8	12	20	22%
TOTALS	30	60	90	100%

#### Classroom Quality: Infants and Toddlers

In this study, the mean ITERS-R score in infant toddler classrooms was 2.57 (range 1.00 – 6.33). As seen in Figure 5, 77% of the infant toddler classrooms were rated as low quality (i.e., ITERS-R scores were less than 3.0 or were not meeting minimum requirements). Only 23% of classrooms met the minimum requirements for quality. Mean scores across the ITERS-R subscales were generally in the low quality range. Infant toddler classrooms for Nevada did not meet minimum ERS requirements for quality in Personal Care Routines, Listening and Talking and Activities (see Table 6).

Figure 6. Aggregate Scores for Infant Toddler Classrooms in Nevada

Subscale	Mean	Range
Space and Furnishings	3.05	1.80 – 4.60
Personal Care Routines	1.72	1.00 - 2.33
Listening and Talking	2.48	1.0 0- 6.33
Activities	2.54	1.22 - 4.33
Interaction	3.43	2.25 - 6.00
Program Structure	3.16	1.50 – 6.00
Overall Score	<b>2.5</b> 7	1.00 - 6.33

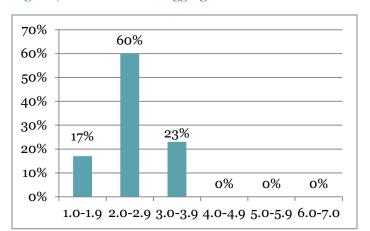


Figure 7. Distribution of Aggregate Scores for Infant Toddler Classrooms in Nevada

The majority of low scores can be seen within Personal Care Routines, Listening and Talking, and Activities. Personal Care Routines cover indicators such as Greeting/Departing, meals/snacks, nap, diapering/toileting, health practices, and safety practices.

#### **Space and Furnishings**

Infant toddler classrooms throughout Nevada met minimum requirements when it came to Indoor Space and Room Arrangement (average scores of 3), and scored an average of 4 in Display for Children. The areas that showed the most need (not meeting minimum requirements) were Furniture for Routine Care and Play, and Provision for Relaxation and Comfort. Both areas were scored at 2. In most cases, there was not enough furniture for feeding, sleeping, diapering/toileting, storage of children's possessions and supplies. Under Provision for Relaxation and Comfort, there was a limited amount of "softness" (i.e. cushions, mats, quilts, and soft toys) accessible to children.

#### **Personal Care Routines**

On average, classrooms met minimum requirements in Greeting/Departing. However they received low scores in the remaining indicators. Overall, what most affected their scores in this subscale were improper or lack of hand washing, improper sanitation of eating and diapering surfaces, no physical separation of eating and diapering areas, overcrowding of nap area, and safety hazards found in both indoor and outdoor play areas (e.g. uncovered outlet plugs, lack of age-appropriate play equipment, lack of a solid barrier between playground and parking lot/streets, etc.).

#### Listening and Talking

In the Listening and Talking subscale, classrooms met the minimum requirements for helping children understand language and helping children use language, but did not meet the requirements for using books. In most cases, requirements were not met in this area because of the accessibility of books. Most classrooms acknowledged owning books but these books were not accessible to all children. In order to receive credit for books being accessible, all children (including non-mobile infants) should be able to access them. This means that either the child

care provider places the non-mobile infant where it can reach those items (e.g., books) or brings books to the child.

#### **Activities**

Overall, participants across Nevada did not meet minimum standards for several indicators under Activities, particularly fine motor, art, blocks, dramatic play, nature/science and promoting acceptance of diversity. There are several factors that impacted scores, namely accessibility of materials. An area that most classrooms struggled with was accessibility of materials for all children, including non-mobile infants. To receive credit on specific indicators, a certain number of play materials are required; classrooms also had inadequate amounts of materials accessible to children. In addition, classrooms did not meet minimum requirements for promoting acceptance of diversity. In most cases, this is because there were a lack of diversity materials that were either visible or in reach of children (e.g. dolls with different skin tones, posters, pictures, books, etc. depicting people of color). In some cases, classrooms did not meet minimum requirements because they possessed materials that promoted stereotypes of a particular ethnic group.

#### **Interaction**

Overall, participants across Nevada received scores of 3 under Supervision of Play and Learning and Staff-Child Interaction, and scores of 4 under Peer Interaction and Discipline. These scores tell us that children are closely supervised and that staff pay more attention to caregiving versus other tasks and interests. They also indicate that staff have positive interactions with children and are sympathetic to them. The higher scores for Peer Interaction and Discipline show that children are allowed to interact for much of the day and that staff help facilitate positive interactions, and that positive methods of discipline are used effectively and attention is given when children are behaving well.

#### **Program Structure**

Infant toddler classrooms in Nevada scored well under the subscale Program Structure. Both the schedule of classrooms and the amount of time children spend in free play met minimum requirements (Schedule was scored on average at 4). Classrooms scored a 5 in Group Play Activities, which means that on average the staff were flexible with children when they wanted to join or leave an activity; the size of the group during play was appropriate for the age and ability of the children; and alternate activities were available. No infant toddler classrooms that had a child with a disability were scored (receiving a score of N/A for the State).

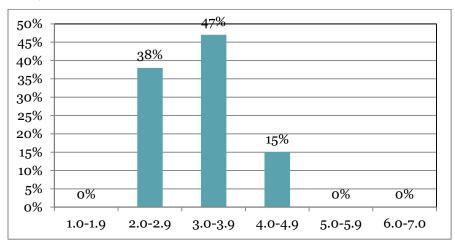
#### **Classroom Quality: Preschool**

The ECERS-R was used to measure the global quality of preschool classrooms. In this study, the mean total score in classrooms was 3.23 (range 1.00-6.75). Close to half (47%) of the classrooms scored between a 3.0 and 3.9, which indicates they are meeting minimum quality requirements. Another 15% score within the 4.0 to 4.9 range, which means that these programs are approaching good quality. However, 38% of classrooms were rated as low quality (received a score lower than 3.0)

Figure 8. Aggregate Scores for Preschool Classrooms in Nevada (Including Head Start)

Subscale	Mean	Range
Space and Furnishings	3.24	1.88 – 4.75
Personal Care Routines	2.02	1.17 – 4.20
Language-Reasoning	3.76	1.50 - 5.75
Activities	3.27	1.50 - 5.10
Interaction	3.67	1.00 - 5.80
Program Structure	3.80	2.00 - 6.75
Overall Score	3.23	1.00 – 6.75

Figure 9. Distribution of Aggregate Scores for Preschool Classrooms in Nevada (Including Head Start)

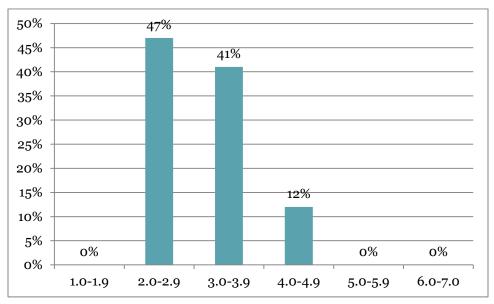


Included in the aggregate score were twelve Head Start classrooms that were assessed for this project. The inclusion of these Head Start programs raises the average score throughout the state. This is likely due to the fact that Head Start programs must adhere to certain regulations, including reporting, parent involvement, teacher education and training, and access to technical assistance. When the scores of those Head Start classes were removed from the aggregate total, centers across Nevada received an average quality score of 3.16 (compared to 3.23). Close to half (47%) of classrooms received an average score that was below meeting minimum requirements. Without inclusion of the Head Start classrooms, Nevada scored lower in Space and Furnishings, Language-Reasoning, Activities, and Interaction. The score was the same for both in Program Structure. Centers in Nevada scored slightly higher in Personal Care Routines without the Head Start classrooms.

Figure 10. Aggregate Scores for Preschool Classrooms in Nevada (Excluding Head Start)

Subscale	Mean	Range
Space and Furnishings	3.13	1.88 - 4.75
Personal Care Routines	2.08	1.17 - 4.20
Language-Reasoning	3.57	1.50 - 5.75
Activities	3.24	1.50 - 5.10
Interaction	3.52	1.00 - 5.60
Program Structure	3.80	2.00 - 6.75
Overall Score	3.23	1.00 - 6.75

Figure 11. Distribution of Aggregate Scores for Preschool Classrooms in Nevada (Excluding Head Start)



#### **Space and Furnishings**

On average, preschool classrooms in Nevada (both preschool and Head Start classrooms) met minimum requirements in all indicators under this subscale except for Space for Gross Motor Play. In this case, the score of 2 was given mainly due to safety issues. Some examples of safety issues observed include:

- No solid barrier between parking lot/street and playground (i.e. cement or brick wall. Fences made out of wire or wood posts do not receive credit as they do not provide a sufficient barrier between a car and the playground).
- Fall zones around play equipment were not sufficient (fall zone is dependent on the type of equipment).
- Cushioning not sufficient under play equipment (like fall zones, this is also dependent on the type of equipment).

#### **Personal Care Routines**

The area where most preschool classrooms commonly received low scores was under Personal Care Routines for both other preschool and Head Start classrooms. Like the infant toddler classrooms, numerous classrooms throughout Nevada struggled with improper hand washing and improper sanitation of eating surfaces. These deficits affected scores in Meals/Snacks, Toileting/Diapering and Health Practices. Additionally, classrooms throughout the State received low quality scores under Safety Practices in indoor and outdoor play areas (e.g., uncovered outlets, loose electrical cords, medicines, cleaning materials and other substances labeled "keep out of reach" not locked away, no solid barrier between playground and parking lot/street, cushioning and fall zones not sufficient in outdoor play areas, etc.).

#### Language-Reasoning

Preschool and Head Start classrooms in the Nevada met minimum sub requirements and scored slightly higher in this particular subscale of Language-Reasoning. Indicators for preschool age children under this subscale are Books and Pictures, Encouraging Children to Communicate, Using Language to Develop Reasoning Skills, and Informal Use of Language. Meeting minimum requirements in these indicators means that:

- Children have access to books (in some cases a wide variety that may be organized into a
  reading center, or there are additional language materials used daily) and staff use
  books with children (both formally and sometimes informally).
- Staff has activities and materials that are appropriate to encourage children to communicate. These activities may take place in free play and group time, and may be found in a variety of areas.
- Staff talks about logical relationships (for example, they may point out that outside time comes after snack) and concepts are appropriate for children.
- Children and staff have some conversation and children are allowed to talk much of the day, and language is primarily used to exchange information and for social interaction.

#### **Activities**

In terms of activities, providers across Nevada (both at Head Start and other preschools) met minimum requirements for all indicators, and in some cases scored slightly higher (4). Those categories that were scored slightly higher were Fine Motor, Art, Sand/Water, and Nature/Science. Scoring slightly higher in these categories meant that programs generally had a wider variety of materials accessible to children for much of the day.

#### Interaction

Supervision of Gross Motor Activities and General Supervision of Children both met minimum requirements in preschool and Head Start classrooms. This means that staff provided sufficient supervision of the children and most of that supervision was non-punitive; control was exercised in a reasonable way. As for Discipline, providers in Nevada received a score of 4, which means that staff used non-punitive discipline methods effectively (e.g. redirection); some programs were set up to avoid conflict and promote age appropriate interaction and most staff were consistent in their reaction to children's behavior. Centers in Nevada received a score of good (5) when it comes to Staff-Child Interactions, which means that aside from having few unpleasant interactions staff showed warmth through appropriate physical contact; showed

respect for children; and responded sympathetically to children who were upset or hurt. Finally, the centers throughout the state met minimum requirements and received a score of 4 under Interactions Among Children, which means that peer interaction was encouraged, that staff usually stopped negative interaction; and some peer interaction occurred during the observation. It also means that some center staff modeled good social skills and helped children to develop appropriate social behavior with their peers.

#### **Program Structure**

In Program Structure, centers across Nevada (preschool and Head Start classrooms) scored above meeting minimum requirements in all indicators. Schedule, Free Play, and Group Time all received a score of 4, which means that the schedule usually provided a good balance of flexibility and a variety of play activities occurred each day, usually for a substantial portion of the day. Additionally, Group Time was age appropriate for children, where play or routine activities were done in small groups. When it came to Provisions for Children with Disabilities, the State's average score was 5 (Good). This means that staff would follow through with activities and interactions as recommended by professionals for those children with disabilities, modifications were made in the classroom so the child(ren) with disabilities could participate and that parents were frequently involved in sharing information with the staff.

#### Family and Community Perceptions of Program Quality

A mixture of focus groups, interviews and surveys provided information on how families experience quality, what they look for, and how they make choices about care. In addition, interviews with many of Nevada's experts on early childhood were held. These perspectives provide important context to our understanding of quality throughout the state.

In interviews and focus groups, families agreed on the major components of quality. Learning was foundational to each parent interviewed and at focus groups. Each parent interviewed or in focus groups identified and emphasized at least one of three aspects of quality: their children were in an environment that was seen as healthy and safe, were able to make friends and build positive relationships, or had rich learning opportunities.

In general, parents that were in very high quality centers spoke very highly about their experiences. They emphasized the quality of relationships and could attribute specific learning and growth of their child or aspects of the program. They referenced teachers and directors by name and could point to actions that were meaningful to the child and family's experience with the center.

The sampling of families from lower-scoring centers is very limited. A few surveys indicate that families of children in lower scoring facilities were more likely to identify one or more concerns or areas for improvement than those in higher scoring centers. When asked about specific elements of quality, they could provide detailed examples of what is working well, not working well, or both, at the center that their child attends.

In one focus group families expressed collectively that they hoped for more interactive and indepth learning in the preschool classroom. They did not feel satisfied with teachers using worksheets with the children; instead they wanted the instructors to engage the children in meaningful play and interaction around concepts such as shapes and letters. This desire by parents is supported by research and is why the ERS gives lower scores for classrooms that rely on worksheets rather than engaged discussion and learning. Parents emphasized the value of getting children out of the classroom and into the community, identifying field trips to the library as examples of activities that would be valuable. Their hopes were that their children would be building all of the skills they needed to be successful in kindergarten and beyond.

Other parents emphasized the importance of peers, and hoped that their children would make friends, learn how to get along, and play well with others.

Parents that indicated some level of concern with their child's care setting often disclosed that felt they had limited choices. For example, one parent had a child in Head Start program, and she shared a high satisfaction with the program. Her youngest child was cared for in a center near her home. She said that she had selected it because it was nearby and accessible, but, she wished that the younger child could have the same level of quality care as the older sibling. For this particular family, her concerns at the center were balanced by her knowledge that the child was in licensed care. Many families interviewed equated licensing with quality, including some level of training for teachers and caregivers.

Families that were at a very high scoring center expressed extremely high levels of satisfaction with the caregiver and the administration. They agreed on the elements that were in place that made the experience positive for their child and their family, saying things like, "they really care about our kids. They want what is best for them. The administration has really high standards. It

"We want [our children's experience while in care] to be based around learning. That's our main concern, getting inquiry started, engaging their interests. Science is missing. The children should be engaged in learning, not just doing worksheets. They need to paint and play. They'll learn this way: if the teachers point out the colors and shapes along the way."

-Parent in Focus Group

is not about money; it is about our children." These parents felt that cost of care was a factor, but only a small part. "It is expensive, but not the most expensive," said one parent. "I appreciate that." Families at this center's focus group had selected the program after looking at several choices and alternatives.

High quality is expensive for providers, but subsidies and special programs keep it in reach for many families. Families that were participating in Head Start or receiving subsidies through programs like TAPS expressed that the support was extremely important.

There is strong support among the state's ECE experts that program quality could be improved. Many key informants identified the need to expand QRIS, which is currently a pilot project in Nevada. Others identified the need for program alignment and common indicators and outcomes across the state. Informants talked about measurement of meaningful indicators and outcomes for both the child as well as at the level of individual providers and centers. This would allow for data-informed decisions about what's working and prompt adjustments when quality is low. Key informants were in agreement that a more unified, collaborative and organized field is key to any considerable progress in achieving overall improvement to quality as a state.

#### Structural Indicators

Information on structural indicators was gathered by the Children's Cabinet, Nevada's Child Care Resource and Referral source, through a statewide survey. Data is preliminary.

#### Staff Turnover

Children need consistent caregivers so that they can develop strong attachments. Turnover in child care interrupts attachment between the child and the caregiver. Low turnover is an indicator of child care quality, whereas high turnover is a detriment to quality. Statewide, nearly one-quarter of all staff have been at a center less than one year (24%). Turnover rates are 15% statewide, as measured by the percentage of staff that left during the year counted in the teacher to child student ratio.

#### Education, Experience and Professional Development

Statewide, directors report that staff members at centers are most likely to have a high school diploma (but no additional degrees). Nearly two-thirds of all providers (62%) hold a high school diploma. Less than 3% have not earned a diploma. Teachers with associate's degrees make up nearly 13% percent of the workforce. Teachers with bachelor's degrees make up 16% of the workforce. About 6% hold an advanced degree. Of staff members with associate's, bachelor's or graduate degrees, approximately 15% hold their degree in Early Childhood Education.

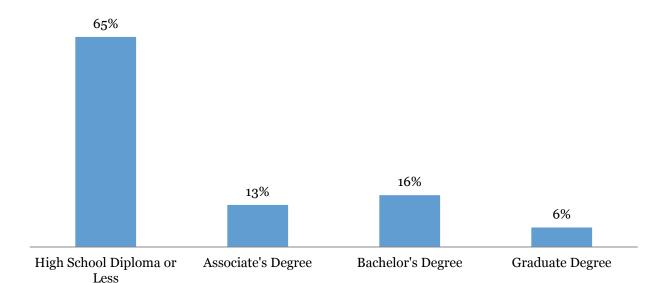


Figure 12. Director Reported Education of Center Staff

#### **Pedagogy and Curriculum**

Statewide, most centers identify that they use one or more pedagogical approach, specific curriculum, or both. The most commonly described approaches are to use developmentally appropriate practices and a theme-based curriculum. More than half of all centers (281) in 13 counties reported using developmentally appropriate practices. Centers in 10 counties reported using a bilingual curriculum. In these counties, approximately 1 in 5 report (19%) offering a bilingual curriculum. Throughout the state, there are centers that use specific pedagogical approaches such as Montessori (25), Emergent/Reggio/Project Work<sup>4</sup> (75), and Waldorf (2). Centers reported using curricula such as the Creative Curriculum (182), High-Scope (42), Including Religion (77), and Theme-based (229).

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<sup>&</sup>lt;sup>4</sup> Emergent describes a way of planning curriculum based on the student's interest and passions as well as the teacher's. Reggio Emilia schools are one example of schools that use emergent curriculum. Schools that are not Reggio Emilia may also use emergent curriculum and project work.

#### **Participating Centers in Clark County**

#### **Classroom Quality: Infants and Toddlers**

The 16 infant toddler classrooms in Clark County that participated in the study scored an average of 2.64.<sup>5</sup> Overall, centers in Clark County met minimum requirements in Space and Furnishings and Interaction, but received low quality ratings in every other category.

Subscale	Mean	Range	NV Mean	NV Range
Space and Furnishings	3.36	2.00 - 4.60	3.05	1.80 – 4.60
Personal Care Routines	1.66	1.00 - 2.33	1.72	1.00-2.33
Listening and Talking	2.33	1.33 - 4.33	2.48	1.0 0- 6.33
Activities	2.62	1.40 – 4.29	2.54	1.22 - 4.33
Interaction	3.41	2.25 - 6.00	3.43	2.25 - 6.00
Program Structure	2.85	1.50 - 4.25	3.16	1.50 – 6.00
Overall Score	2.64	1.87 - 3.74	<b>2.5</b> 7	1.00 - 6.33

#### **Space and Furnishings**

Infant toddler classrooms assessed throughout Clark County met minimum requirements when it came to Indoor Space, Furniture for Routine Care and Play, and Room Arrangement (scores of 3); and scored an average of 4 in Provision for Relaxation and Comfort and Display for Children. These scores indicate that there was enough furniture for feeding, sleeping, diapering/toileting, storage of children's possessions and routine care. The space was adequate for the size of the group and in good repair, and it was arranged so that staff could easily supervise children. The higher scores for Relaxation and Display indicate that a cozy area or many soft toys were accessible to children and that the displays had many posters or mobiles, some in areas where children could reach.

#### **Personal Care Routines**

On average, classrooms met minimum requirements in Greeting/Departing. However they received low scores in the remaining indicators. Overall, what most affected their scores in this subscale were improper or lack of hand washing; improper sanitation of eating and diapering surfaces; no physical separation of eating and diapering areas; overcrowding of nap area (and in some cases, using the same bedding for different children); and safety hazards found in both indoor and outdoor play areas (e.g. uncovered outlets, lack of age-appropriate play equipment, lack of a solid barrier between playground and parking lot/streets, and insufficient fall zones and cushioning under play equipment).

<sup>&</sup>lt;sup>5</sup> The QRIS Pilot assessed 30 centers in Clark County over a period of three years using the Environmental Rating Scales. Initial assessments were held, centers were provided technical assistance to improve scores, and a second assessment was then completed. For infant toddler classes, the average overall score for time interval one (baseline) was 3.08. This is higher than the average overall score from this quality needs assessment project (2.64).

#### Listening and Talking

Infant toddler classrooms met the minimum requirements for helping children understand language and helping children use language, but did not meet the requirements for using books. In most cases, requirements were not met in this area because limited availability. Most classrooms acknowledged owning books but they were not accessible to all children. In order to receive credit for accessible books, all children (including non-mobile infants) should have access to them. This means that either the child care provider places the non-mobile infant where it can reach those items (e.g., books) or brings books to the child.

#### **Activities**

Infant toddler classrooms in Clark County met the minimum requirements for most Activities, except for Sand and Water Play, Nature/Science, Use of TV, Video and/or Computer, and Promoting Acceptance of Diversity. Centers in Clark County received a score of 2 in Sand and Water Play. This is because in many cases, Sand and Water Play were not available to children on a regular basis or children were not closely supervised when playing with sand and water materials. Centers in Clark County also received a score of 2 in Nature/ Science because of the limited amount of nature or science materials available to children. In some cases, children did not have opportunities to experience the natural world daily. ERS guidelines state that children should be given opportunities to interact with nature (such as sitting on the grass or watching the wind blow leaves on a tree while indoors).

Centers in Clark County received a score of 2 under Use of TV, Video, and/or Computer. In most cases, this was because there was no alternative activity available while the TV/Computer was used (i.e. all children must sit and watch the same program), and there was no time limit when using the TV or Computer (ITERS-R advises no more than 30 minutes a day in a full-day program for TV and 10 minutes for computer usage). Centers in Clark County also received a score of 2 under Promoting Acceptance of Diversity, largely due to the limited amount of racial and cultural diversity materials present in classrooms. Occasionally, some materials that presented stereotypes were found in materials (such as music and books); this lowered the overall score.

#### Interaction

Infant toddler classrooms in Clark County scored well in the Interaction subcategory. Classrooms received scores of 3 in Supervision of Play and Learning, Staff-Child Interaction, and Discipline, and a score of 4 in Peer Interaction. These scores indicate that children are closely supervised and that staff pays more attention to caregiving versus other tasks and interests. They also indicate that staff have positive interactions with children and are sympathetic to them. Discipline (when used) and expectations are appropriate for the ages of the children. The score of 4 under Peer Interaction indicates that children are allowed to interact for much of the day and that staff help facilitate positive interactions.

#### **Program Structure**

Classrooms in Clark County received scores of 3 under Schedule and Free Play, which indicates that the schedule meets the needs of all children and that free play occurs daily (indoors and outdoors), with adequate play materials. Scores of 2 were given to Group Play Activities and Provisions for Children with Disabilities. This means that group play activities in some

classrooms may not have been age appropriate (i.e. were too long or children were not interested), or in some cases, children may have been forced to participate in group play. The low score under Provisions for Children with Disabilities indicates there may be some issues in terms of availability of assessment information or limited involvement of parents and classroom staff in setting goals.

#### **Classroom Quality: Preschool**

There were 36 preschool classrooms in Clark County that participated in the study, including Head Start classrooms. Of those, 12 were Head Start classrooms. Their aggregate score was 3.18.6 The score without Head Start classrooms was 3.02. Overall, centers in Clark County met minimum requirements in Space and Furnishings, Language-Reasoning, Activities, Interaction, and Program Structure but received low quality ratings in Personal Care.

Figure 14. Aggregate Scores for Preschool Classrooms in Clark County (Including Head Start)

Subscale	Mean	Range	NV Mean	NV Range
Space and Furnishings	3.34	2.00 - 4.50	3.24	1.88 – 4.75
Personal Care Routines	1.86	1.17 - 3.00	2.02	1.17 – 4.20
Language-Reasoning	3.68	1.50 - 5.50	3.76	1.50 - 5.75
Activities	3.31	1.50 - 5.10	3.27	1.50 - 5.10
Interaction	3.43	1.00 - 5.80	3.67	1.00 - 5.80
Program Structure	3.68	2.00 - 5.67	3.80	2.00 – 6.75
Overall Score	3.18	2.11 - 4.20	3.23	1.00 – 6.75

The same is true when Head Start classrooms are removed from the total. Other preschool classrooms scored lower in Space and Furnishings, Language-Reasoning, Activities, Interaction and Program Structure than when Head Start classrooms are included.

Figure 15. Aggregate Scores for Preschool Classrooms in Clark County (Excluding Head Start)

Clark County (no HS)				
Subscale	Mean	Range	NV Mean	<b>NV Range</b>
Space and Furnishings	3.15	2.00 - 4.50	3.24	1.88 – 4.75
Personal Care Routines	1.91	1.17 – 3.00	2.02	1.17 – 4.20
Language-Reasoning	3.27	1.50 - 4.75	3.76	1.50 - 5.75
Activities	3.27	1.50 – 4.60	3.27	1.50 - 5.10
Interaction	3.01	1.00 – 4.60	3.67	1.00 - 5.80
Program Structure	3.65	2.00 - 5.67	3.80	2.00 – 6.75
Overall Score	3.02	2.11 - 4.50	3.23	1.00 – 6.75

<sup>&</sup>lt;sup>6</sup> A QRIS Pilot assessed 30 centers in Clark County over a period of three years using the Environmental Rating Scales. Initial assessments were held, centers were provided technical assistance to improve scores, and a second assessment was then completed. For preschool classes, the average overall score for time interval one (baseline) was 3.07. This is slightly lower than the average overall score from this quality needs assessment project (3.18).

#### **Space and Furnishings**

In terms of Space and Furnishings, participating classrooms in Clark County met minimum requirements in all indicators, even when Head Start classrooms were removed from the average. This indicates that the indoor space was sizeable for the amount of children and staff allowed in the room at one time; that the furniture was in good condition and each child had their own personalized cubby; there were enough furnishings for relaxation and comfort; rooms had interest centers defined with enough space for several activities to occur at once; and displays for children were appropriate with some of their projects in view.

#### **Personal Care Routines**

Like many other classrooms, both Head Start and other preschool classrooms scored low under Personal Care routines. Greeting/Departing was the only indicator to receive a mid-level score of 4, whereas all other indicators ranged between 1 and 2. Low quality scores in Personal Care Routines indicate lack of or improper hand washing, lack of or improper table sanitation, as well as safety issues both indoors and out.

#### Language-Reasoning

Head Start and other preschool classrooms scored 3 and 4 under this particular subcategory, which shows that these classrooms met minimum requirements for Books and Pictures, Encouraging Children to Communicate, Using Language to Develop Reasoning Skills, and Informal Use of Language. Receiving scores that met minimum requirements for quality indicates that staff use books with children on a regular basis and use language as a means for social interaction instead of controlling behavior. It also means that staff allows children to talk for much of the day, and have materials that encourage communication (e.g. puppets, dramatic play props, or small figures) in multiple areas within the classroom.

#### **Activities**

Both preschool and Head Start classrooms met all minimum requirements for indicators under Activities. No classroom received a score of 5, but all classrooms received scores between 3 and 4. Receiving scores within this range means that there are an adequate number of play materials for children to access for some or much of the day. These materials support Fine Motor; Art, Music and Movement; Blocks; Sand and Water; Dramatic Play; Nature and Science; Math and Numbers; Use of TV, Video, and/or Computer; and Promoting Acceptance of Diversity.

#### Interaction

Head Start and other preschool classrooms did not meet minimum requirements in all indicators under Interaction. All classrooms received an average score of 2 under Supervision of Gross Motor Activities and General Supervision of Children (other than gross motor). Receiving low scores in these two areas indicate several things. The first is that supervision as observed was not always adequate to protect the health and safety of children while they were in gross motor play. Inadequate supervision means that there were not enough staff present to watch children in all areas; they did not move around as needed to properly view all areas; or they did not intervene when a problem occurred.

Second, receiving a low score under General Supervision indicates that there was insufficient supervision of children overall. For example, staff did not pay attention to cleanliness or did not

prevent the inappropriate use of materials (such as stopping a child from dumping sand from the sensory table on the floor). Both Head Start and other preschool classrooms met minimum requirements under Discipline, Staff-Child Interactions, and Interactions Among Children.

#### **Program Structure**

When including Head Start classrooms into the aggregate score of centers in Clark County, classrooms met the minimum requirements for all indicators under the subcategory of Program Structure. This means that the schedule was flexible and appropriate for children, children spent some part of the day in free play both indoors and out, some play activities were done in small groups, and there were opportunities for children to be a part of self-selected group. Centers in Clark County (including Head Start) met minimum requirements for Provisions for Children with Disabilities. This means that staff had access to a child's assessments, made minor modifications needed in the program to include the child, and had parental involvement in goal setting within the classroom.

#### Family and Community Perceptions of Program Quality

Most families participating in focus groups and interviews held in Clark County expressed satisfaction with the quality of care they received. Families emphasized different aspects of quality; many underscored the importance of their child having friendships and learning to get along well with other children. Others emphasized academic aspects of the program and the importance of early childhood education in providing their children with specific knowledge and skills important in kindergarten.

Some families expressed that it was difficult to find care, not because there are too few centers, but, because of the lack of information about the quality of care. One woman described having found a center that seemed great at first; after more than one safety problem where her child had been hurt (due to limited supervision) she had changed centers. She was very satisfied with the new center, but, had made the choice for the new center based on word of mouth. Others identified that while their current care situation was adequate, their hopes were for a more exciting and enriched education for their child. If they were receiving subsidies, they felt their choices were limited. Many families were evaluating and hoping their child would be in an elementary school that has high standards and a reputation for academic excellence. They saw their child's preschool education as an important preparation for future academic success.

#### **Structural Indicators**

Information on structural indicators was gathered by the Children's Cabinet, Nevada's Child Care Resource and Referral source, through a statewide survey. Data is preliminary.

#### Staff Turnover

Children need consistent caregivers so that they can develop strong attachments. Turnover in child care interrupts attachment between the child and the caregiver. Low turnover is an indicator of child care quality, whereas high turnover is a detriment to quality. Turnover among staff in Clark County is 18%. About 23% of staff has been at a center less than a year.

#### Education, Experience and Professional Development

In Clark County, directors report that staff members at centers are most likely to have a high school diploma (but no additional degrees). More than two-thirds of all providers (68%) hold a high school diploma. About 2% have not earned a diploma. Teachers with associate's degrees make up 13% percent of the workforce. Teachers with bachelor's degrees make up 13% of the workforce. About 4% hold an advanced degree. Of staff members with associate's, bachelor's or graduate degrees, approximately 15% hold their degree in early childhood education (ECE).

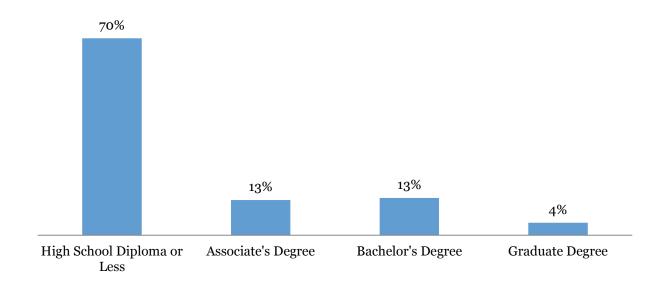


Figure 16. Director Reported Education of Center Staff - Clark County Centers

#### **Pedagogy and Curriculum**

Most centers within Clark County identify using one or more pedagogical approach, specific curriculum, or both. The most commonly described approaches are to use developmentally appropriate practices (DAP) and theme-based curriculum. Clark County has multiple centers that include Montessori, Emergent/Reggio/Project Work, HighScope, Creative Curriculum, and many that include religion. Nearly 15% (38) report using a bilingual curriculum.

#### **Participating Centers in Washoe County**

#### **Classroom Quality: Infants and Toddlers**

The 6 infant toddler classrooms in Washoe County that participated in the project scored an average of 2.57, the same as Nevada as a whole. Overall, centers in Washoe County met minimum requirements of quality in only Interaction and Program Structure, but received low quality ratings in every other category.

Subscale	Mean	Range	NV Mean	NV Range
Space and Furnishings	2.70	1.80 – 3.60	3.05	1.80 – 4.60
Personal Care Routines	1.67	1.33 - 2.17	1.72	1.00-2.33
Listening and Talking	2.72	1.33 – 6.33	2.48	1.0 0- 6.33
Activities	2.42	1.25 - 3.67	2.54	1.22 - 4.33
Interaction	3.33	2.25 - 5.50	3.43	2.25 - 6.00
Program Structure	3.53	2.50 - 5.00	3.16	1.50 – 6.00
Overall Score	<b>2.5</b> 7	1.86 – 3.83	<b>2.5</b> 7	1.00 - 6.33

#### **Space and Furnishings**

Infant toddler classrooms throughout Washoe County met minimum requirements when it came to Indoor Space, Room Arrangement (scores of 3), and scored an average of 4 in Display for Children. These scores indicate that there was enough indoor space for children and staff, and it was arranged so that staff could easily supervise children. The higher scores for Display indicate that a cozy area or many soft toys were accessible to children and that the displays had a variety of pictures, posters and mobiles, some in areas where children could reach.

Low quality scores of 2 were given to Furniture for Routine Care and Play, and Provisions for Relaxation and Comfort. Receiving a lower score for Routine Care Furniture can indicate several things. First, there may not have been enough storage for children's belonging (cubbies), furniture may not have been in good repair, and/or the seating used for children was not comfortable and supportive. For example, to receive credit for comfortable and supportive seating, children's feet must be able to touch the footrest in a high chair. If their feet dangle, the seating is not considered comfortable.

Receiving a low quality score under Provisions for Relaxation indicates that there were not enough soft furnishings, such as carpets, rugs, or soft toys, available to children. To receive credit under this indicator, there must be at least a rug or other soft furnishing provided during play and three or more soft toys accessible to children for much of the day.

#### **Personal Care Routines**

On average, classrooms met minimum requirements in Greeting/Departing; however, they received low scores in the remaining indicators. Overall, what most affected their scores in this subscale were improper or lack of hand washing; improper sanitation of eating and diapering surfaces; no physical separation of eating and diapering areas; overcrowding of nap area (and in some cases, using the same bedding for different children); and safety hazards found both

indoor and outdoor play areas (e.g. uncovered outlets, lack of age-appropriate play equipment, lack of a solid barrier between playground and parking lot/streets, and insufficient fall zones and cushioning under play equipment).

#### Listening and Talking

Classrooms met the minimum requirements for helping children understand language and helping children use language, but did not meet the requirements for using books. In most cases, requirements were not met in this area because of the limited accessibility of books. Most classrooms acknowledged owning books but these books were not available to all children. In order to receive credit for books being accessible, all children (including non-mobile infants) should have access to them. This means that either the child care provider places the non-mobile infant where it can reach those items (e.g., books) or brings books to the child. For mobile infants and older children books must be reachable.

#### **Activities**

Infant toddler classrooms in Washoe County only met the minimum requirements for four indicators under the Activities subcategory. These were Active Physical Play, Music and Movement, Sand and Water Play, and Use of TV, Video, and/or Computer. Receiving a score of 3 in these categories means that children had an open space indoors for active play for much of the day; some space was used outdoors at least three times a week; and some appropriate materials were used. It also means that they had access to some musical toys and music at least once during the day, that sand and water play were appropriate with close supervision, and that use of TV or computer were limited. Classrooms received scores of 2 in all other areas, which means that there were either an inadequate amount of toys, or more likely that not all children had access to toys (e.g. non-mobile infant). In the case of Art, most of the low quality scoring is due to the use of toxic materials with small children, such as glitter or shaving cream.

#### Interaction

Washoe County infant toddler classrooms met minimum requirements of quality for all indicators under Interaction. Classrooms received scores of 3 under Supervision of Play and Learning and Staff-Child Interaction, and received scores of 4 under Peer Interaction and Discipline. These scores indicate that staff closely supervises all children and that they interacted well with children (held them, smiled and talked to them, were sympathetic when children were hurt or upset). These scores also reflect that children were allowed to interact with one another for much of the day and that most programs were set up to avoid conflict and promote appropriate interaction (e.g. have duplicate toys, respond quickly to problems, etc.).

#### **Program Structure**

Infant toddler classrooms in Washoe County received a score of 4 under Schedule, which means that for the most part, schedules were flexible and individualized for each child and that indoor and outdoor activities were provided. Classrooms in Washoe County received a score of 3 under Free Play, which indicates that: free play occurred inside and outside daily for most classrooms both indoors and out; there were enough play material for children; and staff provided adequate supervision to protect children's health and safety. Centers in Washoe County received a high quality score of 5 under Group Play Activities. This shows that staff in classrooms was flexible with children and adjusted activities as they joined or left the group. It also means that the

group sizes were appropriate for the ages of the children (2-3 infants, 2-5 toddlers, 4-6 two year olds), and staff provided alternative activities for children who were not participating in the group.

#### Classroom Quality: Preschool

There were 12 preschool classrooms in Washoe County that participated in the project. Their aggregate score was 3.38, slightly higher than overall score for centers throughout the state. Overall, centers in Washoe County met minimum requirements in Space and Furnishings, Language-Reasoning, Activities, Interaction, and Program Structure but received low quality ratings in Personal Care Routines.

Figure 18. A	Aggregate Scores	in Preschoo	l Classrooms :	in Was	hoe County
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Subscale	Mean	Range	NV Mean	NV Range
Space and Furnishings	3.14	2.25 - 4.13	3.24	1.88 - 4.75
Personal Care Routines	2.38	1.50 - 2.83	2.02	1.17 – 4.20
Language-Reasoning	3.77	2.25 - 5.75	3.76	1.50 - 5.75
Activities	3.42	1.80 - 5.00	3.27	1.50 - 5.10
Interaction	3.95	1.60 – 4.80	3.67	1.00 - 5.80
Program Structure	4.23	2.33 - 6.75	3.80	2.00 - 6.75
Overall Score	3.38	2.33 - 4.80	3.23	1.00 - 6.75

#### Space and Furnishings

In terms of Space and Furnishings, centers in Washoe County met minimum requirements in all indicators except for Space for Gross Motor Play (score of 2). This indicates that the indoor space was sizeable for the amount of children and staff allowed in the room at one time; that the furniture was in good condition and each child had their own personalized cubby; there were enough furnishings for relaxation and comfort; rooms had interest centers defined with enough space for several activities to occur at once; and display for children was appropriate with some of their projects in view.

Receiving a low score in Space for Gross Motor Play indicates that there were safety issues related to indoor and outdoor play spaces. Either there was no space (indoors or out) for gross motor play, or the space was not generally safe. In Washoe County, some of the more common issues were lack of sufficient cushioning under play equipment; insufficient fall zones; and lack of a solid barrier between the playground and a parking lot or street.

#### **Personal Care Routines**

Like many other classrooms throughout the state, preschool classrooms in Washoe County scored low in Personal Care Routines. Greeting/Departing was the only indicator to receive a high quality score of 5. The Nap/Rest indicator was scored as a 3, whereas all other indicators ranged between 1 and 2. Improper hand washing, lack of or improper table sanitation, as well as safety issues indoors and out contributed to low scores in Personal Care Routines.

To receive a high quality score of 5 under Greeting/Departing, staff greeted each child individually (used their name or greeted the child in their primary language), provided a

pleasant departure (children were not rushed, hugs provided) and parents were greeted warmly by staff.

A score of 3 under Nap/Rest means that naptime was scheduled appropriately for most of the children such that most children slept, nap areas were not crowded and clean bedding was used, and calm yet sufficient supervision was provided in the room.

## Language-Reasoning

Classrooms scored 3 and 4 under this particular subcategory, which shows that these classrooms are meeting minimum requirements for Books and Pictures, Encouraging Children to Communicate, Using Language to Develop Reasoning Skills, and Informal Use of Language. Receiving scores that meet minimum requirements indicates that staff use books with children on a regular basis and use language as a means for social interaction instead of controlling behavior. It also means that staff allows children to talk for much of the day, and have materials that encourage communication (such as puppets, dramatic play props, or small figures) in a variety of areas.

#### **Activities**

Classrooms in Washoe County met all minimum requirements for indicators under Activities. No classroom received a score of 5, but all classrooms received scores between 3 and 4. Receiving scores within this range means that there are an adequate number of play materials for children to access for some or much of the day. These play materials support Fine Motor; Art, Music and Movement; Blocks; Sand and Water; Dramatic Play; Nature and Science; Math and Numbers; Use of TV, Video, and/or Computer; and Promoting Acceptance of Diversity.

#### Interaction

Classrooms in Washoe County scored 3 under Supervision of Gross Motor Activities and General Supervision of Children. This means that staff provided adequate supervision throughout the day to protect the health and safety of children. They scored 4 under Discipline and Interactions Among Children, which shows that non-punitive forms of discipline were used or the program was set up to avoid conflict, and that children generally interacted well with one another. It also means that staff helped demonstrate good social skills or helped children to develop social behavior with their peers. Classrooms in Washoe County received a high quality score of 5 under Staff-Child Interactions. This means that staff showed warmth through appropriate physical contact. They showed respect for children and responded sympathetically to children who were hurt or upset.

## **Program Structure**

Preschool programs in Washoe County scored above meeting minimum requirements under Schedule, Free Play, and Group Time. Receiving a slightly higher score shows that the schedule provides a good balance of structure and flexibility, with a variety of play activities occurring each day; that children spend a substantial portion of the day in Free Play; and that whole-group gatherings are limited, with some play activities and/or routines occurring individually or in small groups. They also scored a 5 under Provisions for Children with Disabilities. A high score in this indicator means that staff has access to assessments, and follow through with activities and interactions recommended by other professionals. It also means that they make

modifications in the environment, program, and schedule so that children can participate in many activities with others. Finally, it means that parents are frequently sharing information with staff about the program, setting goals and providing feedback.

# Family and Community Perceptions of Program Quality

Focus groups in Washoe County occurred with Families at a Head Start site and families in a center assessed by this project.

Families at Head Start felt confident with the quality of the program, but, many families had less positive experiences with other centers. They expressed that all care was expensive, and, it was difficult to know what centers were good for their child until they had enrolled. Most families felt that center-based care was better than home-based care, providing more resources to the child and being more transparent than a home-based setting. Most participants equated licensing with quality, and expressed that without additional information about the center, the fact that they were licensed meant they would be of high quality.

In a focus group of families at a very high quality center, parents talked about their decision to select the center, and what made it special. All parents had visited multiple centers and evaluated differences between them. Once having chosen this center, they felt highly satisfied with the level of care and education their children received, and attributed the strength of the program to the director who had set high standards, and the teachers who provided excellent care and education for the children. Families attributed specific learning and growth that they had observed in their children to aspects of the quality of education at the site.

## **Structural Indicators**

Information on structural indicators was gathered by the Children's Cabinet, Nevada's Child Care Resource and Referral source, through a statewide survey. Data is preliminary.

## **Staff Turnover**

Children need consistent caregivers so that they can develop strong attachments. Turnover in child care interrupts attachment between the child and the caregiver. Low turnover is an indicator of child care quality, whereas high turnover is a detriment to quality. Turnover among staff in Washoe County is 11%. About 27% of staff has been at a center less than a year.

## Education, Experience and Professional Development

In Washoe County, center directors report that staff members are most likely to have a high school diploma (but no additional degrees). More than half (54%) hold a high school diploma. About 3% have not earned a diploma. Teachers with associates' degrees make up 10% percent of the workforce. Teachers with bachelor's degrees make up 24% of the workforce. About 9% hold an advanced degree. Among teachers with associate's, bachelor's or other advanced degrees, 14% are in Early Childhood Education.

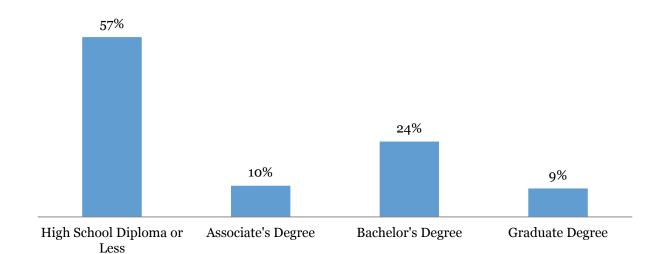


Figure 19. Director Reported Education of Center Staff - Washoe County Centers

## **Pedagogy and Curriculum**

Most centers within Washoe County report using one or more pedagogical approach, specific curriculum, or both. The most common approach noted is use of developmentally appropriate practice and a theme-based curriculum. Washoe County has centers that use other approaches, including Montessori, Emergent/Reggio/Project Work, Waldorf, and centers that use specific curricula such as HighScope or the Creative Curriculum. About one in five (21%) reported using a bilingual curriculum.

"They are not motivated by the money, and they are not trying to 'market' to us. They truly care about our children, and it shows. I know it sounds cliché, but it makes all the difference in the world."

-Parent in Focus Group

# Participating Centers in the Balance of the State

It is important to note that despite attempts to contact and work in Nevada's frontier counties, they were not all reached through this study. Contacts were made in Lander County, but the center closed before the assessment could occur. In Churchill County, one home-based provider responded (but, was not eligible as a home based site). No observational assessment data is available for Churchill, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, or White Pine counties. Observational assessments did take place in Carson City, Douglas County, Elko County, and Lyon County.

# Classroom Quality: Infants and Toddlers

The 8 infant toddler classrooms in the Balance of State that participated in the project scored an average of 2.64, higher than the statewide average. Overall, classrooms in the Balance of State met minimum requirements for quality in Interaction and Program Structure, but received low quality ratings in every other category.

Subscale	Mean	Range	NV Mean	NV Range
Space and Furnishings	2.68	2.00 - 3.80	3.05	1.80 – 4.60
Personal Care Routines	1.90	1.50 - 2.33	1.72	1.00-2.33
Listening and Talking	2.58	1.67 – 4.00	2.48	1.0 0- 6.33
Activities	2.47	1.22 - 3.89	2.54	1.22 - 4.33
Interaction	3.56	2.50 - 5.00	3.43	2.25 - 6.00
Program Structure	3.50	2.00 - 6.00	3.16	1.50 – 6.00
Overall Score	2.64	1.93 - 3.80	<b>2.5</b> 7	1.00 - 6.33

Figure 20. Aggregate Scores for Infant Toddler Classrooms in the Balance of State

#### **Space and Furnishings**

Infant toddler classrooms throughout the Balance of State met minimum requirements in Indoor Space, Provisions for Relaxation, and Comfort and Display for Children. Centers in the Balance of State did not receive quality scores for Furniture for Routine Care, Play and Learning. and Room Arrangement for Play. Receiving low quality scores in these areas indicate that there is not enough furniture for the storage of each individual child's possessions and that the arrangement of the room is not set up so that staff can easily supervise all children.

#### **Personal Care Routines**

Like many of the other centers who participated in this project, centers in rural counties (Balance of State) did not meet minimum requirements for quality in five out of six indicators. Centers scored an average of 5 under Greeting/Departing, but scored 1 and 2 in Meals/Snacks, Nap, Diapering/Toileting, Health Practices, and Safety Practices. Overall, what most affected scores in this subscale were improper or lack of hand washing, improper sanitation of eating and diapering surfaces, no physical separation of eating and diapering areas, overcrowding of nap area (and in some cases, using the same bedding for different children), and safety hazards found both in indoor and outdoor play areas (e.g. uncovered outlets, lack of age-appropriate play equipment, lack of a solid barrier between playground and parking lot/streets, and insufficient fall zones and cushioning under play equipment).

#### Listening and Talking

Infant toddler classrooms in the Balance of State met the minimum requirement for Helping Children Understand Language, but received scores of 2 under Helping Children to Use Language and Using Books. Like other classrooms in the state, centers scored low under Using Books because of limited accessibility. Most classrooms acknowledged owning books but these books were not accessible to all children. In order to receive credit for books being accessible, all children (including non-mobile infants) should be able to have access to them. Unlike the aggregate total for classrooms statewide, infant toddler classrooms in the Balance of State scored lower under Helping Children to Use Language. Part of this indicator requires that no negative language is used with children (e.g. "No, don't do that, stop it!"). Because of this, many of the classrooms in the Balance of State did not receive high quality scores.

#### **Activities**

Infant toddler classrooms in the Balance of State met minimum quality requirements for six indicators under Activities. The indicators that were met were Fine Motor, Active Physical Play, Music/Movement, Blocks, Dramatic Play, and Nature/Science. The Activities that did not score as high quality were Art, Sand/Water Play, Use of TV, Video and/or Computers, and Promoting Acceptance of Diversity. Centers scored low in Art usually because it was not available to young children, or because toxic materials, such as glitter or shaving cream were used. Centers also scored low under Sand/Water because many reported not having Sand/Water play available to toddlers (which is a requirement in ITERS-R). Centers also scored low under TV, Video and/or Computers because TVs were used with children under the age of 12 months which is not recommended by ITERS-R. Lastly, centers scored low under Promoting Acceptance of Diversity due to a lack of diversity materials available or because some of the materials displayed stereotypes of other cultures.

#### Interaction

Infant toddler classrooms in the Balance of State met minimum requirements of quality for all indicators under Interaction except for Supervision of Play and Learning (score of 2). Receiving a score of 2 under this indicator usually means one of two things: 1) during the observation, children were not always within sight, hearing and easy reach of the staff and if there were momentary lapses in supervision, there were more than five of these lapses, or 2) attention was not on caregiving but on other responsibilities and tasks. However, classrooms received a high quality score of 5 under Staff-Child Interaction. This means that there was frequent positive staff-child interaction, that staff and children were usually relaxed towards one another, and that there was much holding, patting and physical warmth shown throughout the day.

#### **Program Structure**

Classrooms in the Balance of State met minimum requirements under Program Structure, and scored higher in Schedule (4) and Group Play Activities (6). Receiving a score of 4 under Schedule indicates that not only did the schedule meet the needs of each child, but was also flexible, individualized, and usually provided a balance of indoor and outdoor activities. An aggregate score of 6 under Group Play Activities means that classrooms were scoring within the high quality range. It indicates that staff was flexible with children as they joined and left activities, that the size of the group was appropriate for the age and ability of children, and that alternative activities were available. It also means one of two things: 1) group activities were set

up to maximize children's success or, 2) staff met the needs of individual children to encourage participation.

# **Classroom Quality: Preschool**

There were 12 preschool classrooms in the counties in the Balance of State that participated in the project. Their aggregate score was 3.21. Overall, these classrooms met minimum requirements in Space and Furnishings, Language-Reasoning, Activities, Interaction, and Program Structure, but received low quality ratings in Personal Care Routines.

Figure 21. Aggregate Scores for Preschool Classrooms in the Balance of State

Subscale	Mean	Range	NV Mean	<b>NV Range</b>
Space and Furnishings	3.06	1.88 – 4.75	3.24	1.88 – 4.75
Personal Care Routines	2.14	1.50 - 3.00	2.02	1.17 – 4.20
Language-Reasoning	3.98	2.75 - 5.25	3.76	1.50 – 5.75
Activities	3.00	1.80 – 4.90	3.27	1.50 - 5.10
Interaction	4.12	2.40 - 5.60	3.67	1.00 – 5.80
Program Structure	3.71	2.33 - 4.50	3.80	2.00 – 6.75
Overall Score	3.21	<b>2.31 – 4.69</b>	3.23	1.00 – 6.75

## Space and Furnishings

In terms of Space and Furnishings, centers in the Balance of State met minimum requirements in all indicators except for Space for Gross Motor Play (score of 2). This indicates that: 1) the indoor space was sizeable for the amount of children and staff allowed in the room at one time, 2) that the furniture was in good condition and each child had their own personalized cubby, 3) there were enough furnishings for relaxation and comfort, 4) rooms had interest centers defined with enough space for several activities to occur at once, and 5) display for children was appropriate with some of their work displayed.

Receiving a lower score in Space for Gross Motor play means that either there was no space (indoors or out) for gross motor play, or more likely the space was not generally safe. Like the Safety indicator under Personal Care Routines, Space for Gross Motor Play addresses safety issues found in playgrounds or indoors. In classrooms across the Balance of the State, some of the more common issues were lack of sufficient cushioning under play equipment, insufficient fall zones and lack of a solid barrier between the playground and a parking lot or street.

#### **Personal Care Routines**

Classrooms in the Balance of State scored low in Personal Care Routines. The only indicator to receive a quality score was Greeting/Departing. To receive a quality score, staff greeted each child individually (used their name or greeted the child in their primary language), and provided a pleasant departure (children were not rushed, hugs provided). Receiving low quality scores in Meals/Snacks, Nap, Toileting/Diapering, Health Practices and Safety Practices all tie to improper hand washing and improper sanitation of surfaces.

## Language-Reasoning

Classrooms scored mostly 3 and 4 under this particular subcategory with one indicator scored as a 5 (Encouraging Children to Communicate). This shows that these classrooms are meeting

minimum requirements for Books and Pictures, Using Language to Develop Reasoning Skills, and Informal Use of Language. Receiving scores that meet minimum requirements indicates that staff use books with children on a regular basis and use language as a means for social interaction instead of controlling behavior. It also means that staff allows children to talk for much of the day. Receiving a high quality score under Encouraging Children to Communicate means that communication activities take place during both free play and group times, and materials that encourage communication (such as puppets, dramatic play props, or small figures) are found in a variety of areas.

#### **Activities**

Classrooms in the Balance of State met all minimum requirements for indicators under Activities except for Use of TV, Video, and/or Computers. Receiving scores within this range means that there are an adequate number of play materials for children to access for some or much of the day. These play materials support Fine Motor; Art; Music and Movement; Blocks; Sand and Water; Dramatic Play; Nature and Science; Math and Numbers; and Promoting Acceptance of Diversity. Classrooms received a lower score under Use of TV, Video, and/or Computers indicating that either time limits were not enforced with children who were watching TV or using a computer, alternate activities were not available, or materials were not free of violence or were culturally insensitive.

#### Interaction

Classrooms in the Balance of State scored mostly 4 and 5 under Interaction, scoring higher than the State as whole. Receiving high quality scores in this subscale shows that not only did staff provide adequate supervision to protect the health and safety of children but they showed appreciation of children's efforts, and gave help when needed. Staff also showed appropriate warmth towards children, showed respect, and responded sympathetically to children if they were hurt or upset. Staff modeled good social skills and helped children to develop appropriate social behavior with peers (such as helping children talk through conflicts).

#### **Program Structure**

Classrooms met minimum requirements for quality under Schedule, but received a score of 4 under Free Play and Group Time. This means that children spent a substantial portion of the day in free play, indoors and out, and some play activities or routines were done in small groups or individually. Classrooms also received a high quality score of 6 under Provisions for Children with Disabilities. Receiving this score means that not only do staff have assessments available but they also follow through with activities and interactions recommended by other professionals, modifications were made in the environment (program) so that children can participate, and parents frequently share information with staff, set goals and give feedback. A score of 6 in this indicator also means that two of the following actions were observed: 1) most of the professional intervention was carried out within the regular activities of the classroom, 2) children with disabilities were integrated into the group and participate in most activities, or 3) staff contributes to individual assessments or intervention plans.

# Family and Community Perceptions of Program Quality

Since not all counties participated in focus groups, interviews, or direct assessments, generalizations across 15 rural counties are difficult.

Key informants and focus groups identified access to quality early childhood care and education as the first and foremost concern for rural communities. In towns with small populations, limited demand and lack of infrastructure do not support high quality center-based care. Head Start helps to fill this gap, but does not meet needs for infant toddler care and high quality full-day early childhood education needed by many families. Care for infants and toddlers can be especially difficult to find. Distance to professional development opportunities can also be an issue.

## **Structural Indicators**

Information on structural indicators was gathered by the Children's Cabinet, Nevada's Child Care Resource and Referral source, through a statewide survey. Data is preliminary.

## **Staff Turnover**

Turnover in Nevada's rural counties is averaged at 11%. Turnover ranges from 0% reported in Lander, Lyon, Mineral and Nye Counties, to 50% reported for Pershing County. About 19% of staff in centers has been at their job less than one year.

## Education, Experience and Professional Development

In Nevada's rural counties, center directors report that staff members are most likely to have a high school diploma (but no additional degrees). Nearly (66%) hold a high school diploma. About 3% have not earned a diploma. Teachers with associates' degrees make up 20% percent of the workforce. Teachers with bachelor's degrees make up 10% of the workforce. About 9% hold an advanced degree. Among teachers with associate's, bachelor's or advanced degrees, 15% are in Early Childhood Education.

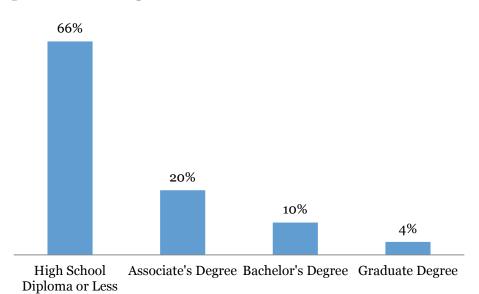


Figure 22. Director Reported Education of Center Staff -Centers in Balance of State

## **Pedagogy and Curriculum**

Collectively, centers in the counties making up the Balance of the State report offering a variety of pedagogical approaches. However, within individual counties, families may have very limited choices in terms of what is offered. Eight of 15 rural counties have centers that offer a bilingual curriculum. Six rural counties have centers that offer a Reggio/Emergent/Project approach. Ten rural counties have centers that report using the Creative Curriculum. Five report using HighScope. Four counties have centers that report using Montessori. One reports Waldorf. Eleven Counties have centers that report using developmentally appropriate practices, six counties have centers that report including religion, and ten rural counties report using theme-based curriculum.

Comprehensive high-quality early childhood education programs are needed to meet the needs of American Indian / Alaska Native students.

Early Childhood Education should be inclusive of culturally appropriate curriculum.

-from Goals 8.3 and 8.8, (Indian Commission Indian Education Advisory Committee, 2009)

## **Conclusions**

- Teachers and administrators in early childhood care and education centers are working hard to serve families. The voluntary participation of 47 centers across Nevada demonstrates openness to assessment and commitment to improvement.
- Although incentives were used to encourage participation, centers were still hesitant. Many directors expressed concerns that their results could be used to penalize them. This suggests that the ERS are not yet widely valued by centers in Nevada as a tool that they can use to identify strengths and areas where quality enhancements are needed.
- Additional efforts are needed to improve the quality of infant toddler, center-based care in Nevada. The fact that only one quarter of infant toddler classrooms in the study were rated as having met minimal quality is particularly troubling (meaning 75% didn't reach that threshold). Since substantial research documents the importance of early brain development, it is essential to strengthen the quality of center-based care for infants and toddlers in Nevada.
- A small group of centers had high overall scores compared to the average. Many, but not all of these outliers are associated with a larger organization, public investment, or both. In addition to financial support, public programs and affiliated programs are likely to have established pathways and benchmarks related to quality, continuity of leadership, research-based curriculum, and access to professional development for staff. Centers that are privately owned and that are not associated with another supporting organization face considerable barriers to achieve high quality because these program components are often costly. Evaluating the supports and infrastructure available to high quality and very high quality centers may provide guidance on ways to strengthen the overall quality of center-based care statewide.
- In focus groups and interviews, many parents associated licensing status with a center meeting quality standards including teachers having met minimum qualifications. However, using the ERS scales, meeting licensing requirements (only) would result in a score of 1, a score that does not meet minimal definitions of quality. There is a disconnect between what families believe licensing means in terms of quality, compared to what is able to be provided through these services.
- Satisfaction with care as rated by parents appears to be related to ERS measurements of quality, but families also tended to rate quality as higher than ERS data supports. More information is needed to validate this conclusion.
- When families described what they hoped their children would experience in care settings, their descriptions aligned with what researchers have defined as characteristics of quality. They described classrooms that are safe and healthy; wanting their children to experience friendships with peers and have positive relationships with teachers; and classrooms that support learning and growth. However, families have very limited information to assess the degree to which a center provides these elements. They often rely on word of mouth or superficial observations of the center or classroom to make a choice, because more complete information is not available.
- Many areas of the state do not have licensed center-based care available. The need for high quality care for all children, including those with disabilities and for children in rural, underserved communities including tribes, warrants attention.

- Information on the workforce shows that the majority of staff in center-based care across
  the state hold a high school diploma, with no additional degrees. Numerous studies
  support that the education and training of caregivers is a critical component of quality.
  Providers of early childhood care and education should have the education and training
  they need to ensure high quality for the children they serve.
- Several strong initiatives in Nevada strengthen, support and continually work to improve
  early care and education for Nevada families. With fewer financial resources than
  needed, programs are locally implemented or piloted, instead of implemented on a broad
  scale. There is a strong need for continued collaboration and statewide leadership to
  share practices that improve outcomes for young children. Overall, there is a need for
  improved and enhanced funding to support quality early care and education throughout
  Nevada.
- Nevada State Licensing has numerous regulations that contradict the ITERS-R and ECERS-R scales. Specific examples are provided in the Appendix. This is important to note – while licensing regulations for health and safety may be met by centers, they would not receive high scores unless specific ERS criteria were met. Variations in licensing compared to defined standards of quality may create confusion for providers.
- Low scores related to Personal Care Routines were common statewide. This is in large
  part due to improper hand washing. Hand washing affects the scoring of several
  indicators, including Meals, Toileting/Diapering and Health Practices. Improper
  sanitation of tables and diapering stations also affected scores in Personal Care Routines.
  Centers who knew how to properly sanitize furniture such as tables said that the Health
  Department had come into the center and conducted training for them.
- The State is well on its way to creating a framework from which it can improve quality. Existing efforts and pilot projects provide examples of how to promote quality. Data on quality, such as data collected in this study, provides a baseline that can be used to set goals and measure future improvements.

# Recommendations

Key stakeholders, families, and providers offered perspectives on how to improve quality in center-based care in Nevada. Together with data from observational assessment, prioritized recommendations include:

# 1. Develop a coordinated, statewide plan for quality that includes measurable targets.

- Convene partners to develop a shared definition of quality and measures to improve it.
- Build in sharing of resources and braiding of funding streams. Leverage work on Nevada's pilot projects and information that exists in plans developed by various agencies and organizations that are working to improve education for very young children.

- Consider in planning the needs of rural, underserved communities including tribes, as well as issues of inclusion and quality for all children, including those with disabilities.
- 2. Garner resources for centers that are committed to improving quality. Support innovative solutions that improve quality at centers across the state, and build in opportunities to share what is working.
  - Develop a public-private partnership with one or more general contractors to improve facilities and enhance site-based safety.
  - Expand centers' utilization of low or no-cost resources, such as library programs that provide books and other literacy tools to very young children.
  - Develop funding opportunities to enhance materials and furnishings for infant toddler classrooms. Examples of materials that could be requested and purchased are soft items and developmentally appropriate books.
  - Offer professional development opportunities to improve personal care routines, including proper hand washing.
  - Create self-improvement tools and provide peer mentoring. Support peer relationships using distance technology.
  - Measure and share progress using standardized assessments.
- 3. Create demand for high quality care and education through public awareness focused on helping Nevadans understand the importance of early childhood.
  - Provide families of young children with information about what quality care means for infants, toddlers, and preschool-age children. Information from a public awareness campaign could be distributed through hospitals (with materials sent home with new parents), at family resource centers, and through centers and schools.
  - Develop ways for families to assess quality at various centers. Quality rating and
    information systems (such as Silver State Stars) are one way to make quality visible
    among participating centers. QRIS programs can also help to educate the public
    about the difference between licensing standards and quality.
  - As part of statewide quality improvement, provide assistance to centers to meaningfully engage parents and families.

# **Appendix**

## **Nevada Projects to Improve ECE Quality**

Key informant interviews identified a number of different projects that are currently working to measure quality, improve quality, or both. A basic description of these projects is provided below. The purpose of this section is not to develop an exhaustive list, but instead provide visibility to some of the important projects that are working on quality so that future efforts can build, expand, and connect to existing initiatives and successes.

#### **TACSEI**

Nevada has been selected for technical assistance for children's social emotional intervention. The Technical Assistance Center for Social Emotional Intervention (TACSEI) partnership is intended to build state capacity to sustain a system of technical assistance to improve teacher competence in supporting children's social emotional development. It's designed for children ages o- 5 and the main idea is to imbed the Pyramid Model into existing professional development. The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children is a conceptual framework of evidence-based practices developed by two national, federally-funded research and training centers: The Center for the Social and Emotional Foundations for Early Learning (CSEFEL) and TACSEI. These centers' faculty represents nationally recognized researchers and program developers in the areas of social skills and challenging behavior. Based on evaluation data over the last eight years, the Pyramid Model has shown to be a sound framework for early care and education systems. Extensive training materials, videos, and print resources to help states, communities and programs implement the model have been developed.

#### T.E.A.C.H.

T.E.A.C.H. Early Childhood ® Nevada is a part of Nevada's early childhood professional development system and is designed to address the lack of early childhood specialization, inadequate compensation, high turn-over rate, and the lack of recognition for Early Care Providers in Nevada. T.E.A.C.H. Early Childhood ® Nevada provides scholarships for Home Care Providers, Center Teachers and Aides, Center Directors, and early childhood facility owners working in a licensed facility at least 30 hours a week.

#### **NevAEYC**

The Nevada Association for the Education of Young Children has worked to raise the quality of programs for all children from birth through age eight. A major part of NevAEYC's efforts to improve early childhood education is through different systems of accreditation for programs that are committed to meeting national standards of quality. Nevada's AEYC holds conferences and partners on many other initiatives to improve the quality of early childhood education.

## United Way of Southern Nevada

Tuition Assistance Preschool Scholarships (TAPS) provide access to quality preschool educational programs and serve as a main focal point for United Way to ensure students have access to high quality school readiness programs. The Child Development Centers also have active Family Engagement Resource Centers to provide trainings, workshops and links to community resources for the families. Families living within the 2011 poverty guidelines can

apply for assistance and will be responsible for a 50% match of tuition per child. As a result of this year's funding, over 700 students will receive increased access to high quality pre - kindergarten programs.

To improve the quality of learning environments, United Way is funding professional development of child care staff, providing arts in education training, web-based child assessments and technical assistance at over twenty-seven centers serving over 1,000 students in Clark County.

## **QRIS**

The Division of Welfare and Supportive Services (DWSS), Office of Early Care and Education has formed a committee to design and implement a QRIS for Nevada. Over 40 people representing more than 30 agencies are participating on this project. It is called the Silver State Stars QRIS and is a 5-star model. The pilot project began July 2009. The purpose was to establish a standard to measure and improve the quality of early childhood programs and educate families, providers, and the community. Continuation of the Silver State Stars QRIS after the second year will depend on the success of the pilot and funding availability. The pilot is limited to licensed child care centers in Southern Nevada.

## **Nevada Cooperative Extension**

The Nevada Cooperative extension is a major provider of expertise and technical assistance. Various projects and trainings are available statewide to providers and teachers. Nevada Cooperative Extension is active throughout the state including rural frontier areas. Examples of programming include (but are not limited to) workshops and in-service training.

#### Early Care & Education Office

The State Office of Early Care and Education was established under the State Child Care Administrator's Office to oversee and coordinate the quality improvement funds received through the Federal Child Care Development Funds (CCDF). It is an umbrella agency for programs funded through the CCDF. Programs funded through this office include: Accreditation Support, Southern Nevada's Child Care Training Program, Child Care Registry, The Apprenticeship Program, Pre-K Standards Development, Child Care Scholarships and Infant toddler Quality Improvement Grants.

#### Children's Cabinet

The Child Care Resource and Referral of the Children's Cabinet collects, maintains and provides data on ECE workforce and indicators of quality. They are able to provide meaningful metrics including comparisons to other states. Every two years, a statewide survey collects data from providers to inform supply, demand, and aspects of quality. The Children's Cabinet has attained Quality Assurance, establishing it as one of the nation's leading Child Care Resource and Referral agencies (CCR&Rs). The national recognition was awarded by the National Association of Child Care Resource & Referral Agencies (NACCRRA). The mission of The Children's Cabinet exists to keep children safe and families together by offering services and resources that address unmet needs through a unique and effective cooperative effort between the private sector and public agencies in Nevada.

## Head Start Collaboration and Early Childhood Systems Office

The Nevada Head Start Collaboration and Early Childhood Systems Office (HSC & ECSO) is federally funded by three grants. The Head Start Collaboration and Early Childhood Advisory Council grants are received from the Administration for Children and Families – Office of Head Start. The Early Childhood Comprehensive Systems (ECCS) grant is through the Health Services and Resources Administration – Maternal Child Health Bureau. The Nevada HSC & ECSO is located in the Director's Office of the Nevada Department of Health and Human Services. HSC & ECSO manages the activities of the Nevada Early Childhood Advisory Council, Head Start Collaboration Partnership Committee and Lead Team. In that role the office has sponsored Summits to improve comprehensive services for children living in homeless families , family engagement practices, leadership skills in EC professionals, and improving school readiness.

## The Nevada Registry

The Nevada Registry provides linkages to professional development across the state. The registry also collects information on the professional development and qualifications of providers. Together these activities are designed to understand and strengthen the qualifications of the workforce in Nevada. The Nevada Registry is funded through the Federal Child Care and Development Block Grant - Quality Improvement Dollars and is administered through a contract with the Washoe County School District. The Nevada Registry is part of the Washoe County School District Department of Child and Family Services.

## Washoe County School District Department of Child and Family Services

Washoe County School District has several projects intended to improve quality and resources in ECE. COW Adult Learning Facilities (CALF) Resource Van currently serves nine sites and provides services to parents by offering a free book and toy lending library, workshops and trainings and weekly activity packets.

The COW Adult Learning Facilities (CALF) Resource Van is a mobile educational unit that accompanies the COW Bus to its nine sites, with one slot open for a rotating Pre-K classroom site. It provides free training and resources for family day care providers, parents, and child care centers (licensed and unlicensed). The van contains a book and toy lending library and a miniclassroom environment to provide training and support to all formal and informal providers.

Virtual Pre-K is an interactive, bilingual resource that brings teachers, parents and children together in the educational process. With short video lessons, an easy-to-use web site and hands on activities, the award-winning Virtual Pre-K program helps parents take part in their children's education, and helps early childhood educators enhance their teaching skills. Additional resources include infant toddler activities through the Born Learning Program of United Way, online preschool teacher chats and a calendar of family events in your area. Parent and caregiver workshops can be scheduled at no cost for centers throughout Nevada.

# **ERS and Licensing Crosswalk**

The environmental rating scales are validated tools to rate quality. Nevada licensing standards are developed to provide basic standards related to care. Below are examples of ERS indicators that appear to conflict with licensing standards. This is not meant to be an exhaustive list but instead provide examples of contradictions to aid in understanding these issues.

ERS		Licensing	Difference
•	ITERS-R mandates that all children should have their hands washed after a diaper change in addition to wiping hands during the diaper change process. ECERS-R and ITERS-R now allow usage of hand sanitizers if hands are not visibly soiled.	<ul> <li>19.3 C: Washoe         County regulations         allow hands to be         wiped with a         disposable wipe         instead of washed at         a sink.</li> <li>19.3 G: Washoe         County regulations         also do not allow the         use of hand         sanitizers.</li> <li>19.3 A: Regulations         say to rub hands for         20 seconds and do         not mention turning         off faucet with a         paper towel.</li> </ul>	Regulations say to rub hands for 20 seconds and do not mention turning off the faucet with a paper towel. ITERS-R mandates that all children should have their hands washed after a diaper change in addition to wiping hands during the diaper change process. Regulations allow some flexibility, stating that hands can be wiped with a disposable wipe instead of washed at a sink. Regulations also do not allow the use of hand sanitizers, whereas ECERS-R and ITERS-R now allow usage of them if hands are not visibly soiled.
•	ECERS-R and ITERS-R deem playgrounds as very unsafe if there is only fencing between the playground and a parking lot or road. There must be a solid barrier (i.e. wall) in order to receive credit for this indicator.	• 19.4 A: Regulations say that an outdoor play area must be fenced in, with the gap between fencing being no more than 4" apart.	Washoe County Regulations only specify playground requirements that would keep children from leaving the playground unsupervised and to prevent safety hazards. They do not go into full detail of safety requirements like the ECERS-R and ITERS-R, which were taken from the U.S. Consumer Product Safety Commission Public Playground Safety Handbook.
•	Pack N' Play or collapsible cribs are considered safety hazards in the ITERS-R tool (results in reduction of score). ITERS-R and ECERS-R require the use of sheets to cover cots. Sheets must be clean and not reused with multiple children.	<ul> <li>I5: Regulations allow the usage of collapsible portable cribs.</li> <li>I7: Regulations also do not require the use of a sheet over mats that are designed to be sponged or wiped clean.</li> </ul>	ITERS-R considers portable cribs to be a safety hazard because if not opened correctly, they can close and entrap children. Additionally, both ITERS-R and ECERS-R require the use of a sheet to fully cover a cot, even if made out of vinyl. This is because cots are not always sanitized properly and can transmit illnesses between children.

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