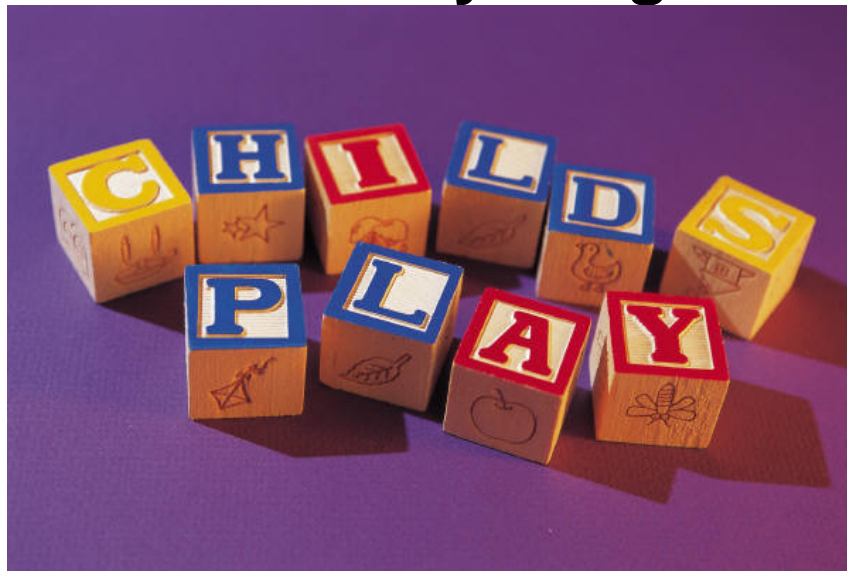


Boston Quality Inventory: Infant and Toddler Classrooms In Community Programs



**Report Prepared by
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August 25, 2007
For Boston EQUIP
and the Boston Child Care Alliance**

WELLESLEY CENTERS FOR WOMEN

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Preface

This study was conducted by a team of researchers, led by Dr. Nancy Marshall and Dr. Joanne Roberts, Work, Families and Children program at the Wellesley Centers for Women. We wish to thank the program directors, teachers and staff who welcomed us into their programs and classrooms, and the many families who participated in this study. We also wish to thank our research staff and colleagues who brought their skills and experience in classrooms to this needs assessment. The research team worked in collaboration with Associated Early Care and Education, Boston EQUIP and the Boston Child Care Alliance in the conduct of this study.¹ The study was funded by an anonymous foundation. However, the findings of this report and the views and opinions expressed herein do not necessarily state or reflect those of Associated Early Care and Education, Boston EQUIP, the Boston Child Care Alliance or the funder. Any errors are the sole responsibility of the authors.

Nancy L. Marshall, Ed.D. and Joanne Roberts, Ph.D.

August 25, 2007

¹ For more information about The Boston Early Education Quality Improvement Project (Boston EQUIP), a project of Associated Early Care and Education, please visit their website: <http://www.bostonequip.org/>. For more information about the Boston Child Care Alliance, please call 617-524-8888.

Executive Summary

More than half of all infants are in homes where either both parents work, or there is only one parent, and that parent is employed.¹ For infants and toddlers of working parents, formal early childhood programs both keep children safe while parents are at work and provide the developmental supports that young children need to learn and grow. Infants and toddlers are in non-parental care for an average of 25 hours per week, with 39% of infants/toddlers in care full-time.² Non-parental care includes care by relatives, in-home sitters, family child care providers and center-based programs, such as child care centers, nursery schools or Early Head Start programs. In Massachusetts, in 2000, one in five (20%) infants and toddlers with employed mothers attended center-based programs.³

As early education and care programs become the norm, even for our youngest children, parents and policy makers have asked what the consequences are for children’s development. The NICHD Study of Early Child Care and Youth Development, an in-depth study of children from birth to school-age, has found that families are still the most important influence on children’s development, but early education and care programs are an important context for young children’s growth and development.⁴ The cumulative evidence of the research on early child care and children’s development is clear; for children in non-parental care, the quality of that care is consistently associated with children’s development.

High quality early childhood programs are related to children’s cognitive and school outcomes, especially for children from low-income families.^{5,6,7} High-quality early childhood education has been found to produce lasting gains on achievement tests, and reduced rates of grade retention or placement in special education services.⁸ The early years are also crucial years for the development of social skills – the ability to make friends, to get along well with others, to cooperate in group activities, to understand others’ perspectives – skills that are necessary to the development of self-esteem and social relationships, and to later school success. Research has found that higher quality early care and education is associated with young children’s social and emotional development.⁹

.....
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• with outcomes that all parents want
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.....

The National Association for the Education of Young Children (NAEYC) *Early Childhood Program Standards* provide detailed guidelines for infant and toddler programs on curriculum, teaching, physical environment and other key program components.¹⁰ These NAEYC Standards provide the context for the Boston Quality Inventory, and for our recommendations to raise the quality of infant and toddler programs.

The Boston Quality Inventory

This report is based on data collected from 51 classrooms serving infants and toddlers in randomly selected EEC-licensed programs, including Early Head Start programs, located in the city of Boston. The study included 22 classrooms that served infants and 29 classrooms that served toddlers. Three classrooms were mixed-age (serving infants and toddlers); two of these classrooms predominantly served toddlers and were classified as toddler classrooms, one classroom predominantly served infants and was classified as an infant classroom for the analyses in this report. The Boston Quality Inventory assessed the quality of infant and toddler classrooms in community programs using the Infant-Toddler Environment Rating Scale (ITERS).¹¹ The ITERS provides benchmarks for different levels of quality, labeled Inadequate,

Adequate, Good and Excellent. Programs that meet or exceed the Good benchmark are generally consistent with the NAEYC *Early Childhood Program Standards*. The ITERS is described in detail in the Appendix. In addition, the Boston Quality Inventory included brief interviews with classroom teachers, surveys completed by program directors, and surveys completed by 154 families with children in the selected classrooms.

Findings and Recommendations

Most of the Boston community programs serving infants and toddlers offer full day, full-year early care and education – open five days per week and at least 50 weeks a year. A few programs were open seven days a week. Only 2% were open less than 40 weeks per year and only three programs were open fewer than six hours per day. Because most community programs are open full day and year-round, they provide continuity of early care and education for the children enrolled, and a safe setting for many young children while their parents are at work. However, given the number of hours that infants and toddlers spend in these programs, it is important that the programs offer quality environments that support young children’s development.

Research from around the United States finds that infant and toddler classrooms are more likely to fail to meet the Good benchmarks than are preschool classrooms.¹² The same is true in Boston. More than half (62%) of the programs met standards for adequate care, based on the total score of the ITERS. However, fewer than one-in-five programs met the professional standards for programs that support optimal development of our youngest children, and 20% of programs were rated as inadequate.

In examining specific aspects of care, we found that programs were particularly lacking in space, furnishings, materials and curriculum. Only 16% of infant and toddler classrooms provided the space and furnishings to meet the Good benchmark in that area, only 14% provided the activities and materials to meet the Good benchmark in that area, and only 12% provided the flexibility and variety in activities needed to meet the Good benchmark in program structure. While most programs were rated as adequate, 10% of programs were judged inadequate in space and furnishings, 43% were judged inadequate in activities and materials, and 26% were judged inadequate in program structure. Infant classrooms were more likely than toddler classrooms to be rated inadequate, and were less likely to meet the Good benchmark in these areas.

Programs were more likely to meet the Good benchmarks in two categories addressing relationships. About one-third (32%) of programs met the Good benchmark for interactions among the children and between teachers and children, and one-quarter (26%) met the Good benchmark for the listening and talking that is important to young children’s language and social development. However, only 4% met the Good benchmark for hygiene and positive interactions during personal care routines, such as diaper changes, naps and meals. The one area where most programs met the Good benchmark was in providing supports to staff and families; 88% of programs met the Good benchmark. While infant and toddler classrooms were similar in most of these areas, infant classrooms were more likely than toddler classrooms to be rated inadequate in listening and talking.

To ensure that all infants and toddlers receive the early care important to their development, Boston should ensure that all community programs meet the NAEYC *Early Childhood Program Standards*. The following recommendations address this goal.

1. **Support NAEYC accreditation.** About 55% of programs were NAEYC-accredited. Programs that were NAEYC-accredited were twice as likely to meet the Good benchmark, and less likely to be rated as inadequate, compared to programs that were not accredited. NAEYC accreditation should be supported as an important step in raising programs to the Adequate or Good benchmark.
2. **Teachers with BAs in every classroom.** Infant and toddler teachers in Boston programs are less likely than preschool teachers to have their Bachelors degree (24% and 28%, respectively, compared to 52% of preschool teachers). The overwhelming research evidence supports the importance of teacher qualifications, and the conditions under which they work – group size, adult-child ratios, and compensation.¹³ In the Massachusetts Cost and Quality Study, infant and toddler classrooms were more likely to provide higher quality care when teachers had more education and worked in environments with smaller ratios and fewer children.¹⁴ Boston community programs should expand the number of classrooms with BA-level teachers to meet the NAEYC Program Standards requirement that, by 2020, at least 75% of classrooms in an early childhood program have a teacher with a minimum of a baccalaureate degree in early childhood education or a related field.²
3. **Provide all community infant and toddler classrooms with the furnishings and materials needed to provide a high-quality early care and education program.** Ten percent of programs were rated Inadequate, and only 16% met the Good benchmark, on space and furnishings. More than half of infant classrooms and one-third of toddler classrooms were rated as Inadequate on the activities and materials ITERS scale. Programs for infants and toddlers require specialized furnishings, such as high chairs and infant seats, as well as a variety of materials and activities appropriate for infants and toddlers. In addition, infant and toddler classrooms need adequate space and room arrangements that are appropriate for babies and crawlers, including quiet cozy areas.
4. **Provide additional professional development opportunities for Boston infant and toddler teachers.** The BQI found specific areas where teachers would benefit from additional training. Some of this training may be available through formal education (e.g., BA programs), but even when teachers have a BA degree, additional training has been found to be associated with higher quality.¹⁵ Areas where specific training is indicated include:
 - **Program Structure.** Over one-quarter of classrooms were judged Inadequate on Program Structure. These programs had schedules that did not meet the routine needs of children (e.g., delays in diapering, inappropriate nap schedules, lack of flexibility in schedules). Both infant and toddler classrooms needed to offer children greater opportunities for both active and quiet play and more flexibility regarding required participation in group activities. In addition, infant and toddler classrooms often did not provide children with a balance of indoor and outdoor activities. Given the urban nature of the programs in the study, outdoor space that is appropriate for infants and toddlers may be a significant obstacle for programs.

² NAEYC requires that 75% of teachers in larger programs – those with 4 or more classrooms - have a BA or higher by 2020; NAEYC defines a teacher as the adult with the primary responsibility for the classroom. Therefore, in the Massachusetts context, the NAEYC requirement for teacher education can best be understood as 75% of classrooms in larger programs must have at least one primary teacher with a BA or higher by 2020. (This requirement is being phased in between 2006 and 2020.)

- **Curriculum.** Over 40% of centers were scored Inadequate in activities and materials. These programs offered children little diversity in materials and had a limited amount of activities available. In particular, infants and toddlers lacked access to outdoor physical space, art materials (for children 12 months and older), musical materials, blocks (for children 12 months and older), nature and science materials and materials that exhibited racial and cultural diversity. Activities were especially lacking for infant programs.

One-third of infant classrooms and more than one-quarter of toddler classrooms were rated Inadequate on Listening and Talking. In these classrooms, children were not talked to frequently about the children's experiences, during routines and play, with language that supports children's early language development. These classrooms also did not provide the rich literacy environment important to young children, with a variety of infant/toddler books available and staff involved in using the books with individual children or small groups daily.

- **Interactions.** Almost one-quarter of classrooms were rated as Inadequate on the Interactions scale; more toddler programs than infant programs failed to meet the Good benchmark. Teachers tended not to react quickly to solve problems among children and did not regularly facilitate positive peer interactions among children. Toddlers often present behaviors that are more challenging to teachers and have more peer conflict than do infants. As a result, toddler teachers need a broader repertoire of responses to toddlers' behavior; this appears to be a challenge for teachers.
- **Hand-washing and health procedures.** Infants and toddlers require intensive personal care routine management. The vast majority of classrooms had children in diapers and children requiring assistance during meal times. These labor-intensive tasks can be difficult for teachers to manage in group care settings. Hand washing after diaper changing was done either inconsistently or at inappropriate times to reduce the spread of contamination. Hand washing at meal time was also inconsistent, with many teachers failing to wash their hands while preparing meals and bottles and teachers inconsistently washing children's hands before and after meals (when finger feeding). Clearly, training is needed regarding acceptable hygiene practices as well as training on personal routine care to help facilitate diaper changing and meal practices in a manner that reduces the spread of germs. In addition, more than half of classrooms did not have routine care areas that were conveniently arranged. This may be a contributing factor to the lack of sanitary practices observed in classrooms.

Boston's infant and toddler programs provide an important resource for Boston's working families with young children. More than half of the programs meet standards for adequate care. However, fewer than one-in-five programs meet the professional standards for programs that support optimal development of our youngest children, and 20% of programs were rated as inadequate. To ensure that all of Boston's children have a strong start, Boston's infant and toddler programs require a commitment of resources that will raise all programs to meet the NAEYC *Early Childhood Program Standards* for infant and toddler programs.

The Importance of Infant and Toddler Programs

More than half of all infants are in homes where either both parents work, or there is only one parent, and that parent is employed.¹⁶ For infants and toddlers of working parents, formal early childhood programs both keep children safe while parents are at work and provide the developmental supports that young children need to learn and grow. Infants and toddlers are in non-parental care for an average of 25 hours per week, with 39% of infants/toddlers in care full-time.¹⁷ Non-parental care includes care by relatives, in-home sitters, family child care providers and center-based programs, such as child care centers, nursery schools or Early Head Start programs. In Massachusetts, in 2000, one in five (20%) infants and toddlers with employed mothers attended center-based programs.¹⁸

As early education and care programs become the norm, even for our youngest children, parents and policy makers have asked what the consequences are for children's development. The NICHD Study of Early Child Care and Youth Development, an in-depth study of children from birth to school-age, has found that families are still the most important influence on children's development, but early education and care programs are an important context for young children's growth and development.¹⁹ The cumulative evidence of the research on early child care and children's development is clear; for children in non-parental care, the quality of that care is consistently associated with children's development.

High quality early childhood programs are related to children's cognitive and school outcomes, especially for children from low-income families.^{20,21,22} High-quality early childhood education has been found to produce lasting gains on achievement tests, and reduced rates of grade retention or placement in special education services.²³ The early years are also crucial years for the development of social skills – the ability to make friends, to get along well with others, to cooperate in group activities, to understand others' perspectives – skills that are necessary to the development of self-esteem and social relationships, and to later school success. Research has found that higher quality early care and education is associated with young children's social and emotional development.²⁴

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Classroom Observations. The goal of the classroom observation was to assess classroom practices using standardized measures that would provide a picture of the strengths of each classroom, as well as areas needing improvement. The classroom observations used the Infant-Toddler Environment Rating Scale (ITERS),²⁶ developed specifically for use in infant and toddler classrooms. The Boston Quality Inventory assessed the quality of infant and toddler classrooms in community programs using the Infant-Toddler Environment Rating Scale (ITERS).²⁷ The ITERS provides benchmarks for different levels of quality, labeled Inadequate, Adequate, Good and Excellent. Programs that meet or exceed the Good benchmark are generally consistent with the NAEYC *Early Childhood Program Standards*. The ITERS is described in detail in the Appendix.

Classroom observers received extensive training on all measures. Visits were scheduled at times that were not disruptive and on days that were typical of the usual environment for that classroom (i.e., not on a day when a field trip was planned, nor when half the class, or the regular teacher, was out sick). Each observation took 3-4 hours and followed a standardized administration procedure designed to minimize disruption to students, teachers, and other program staff.

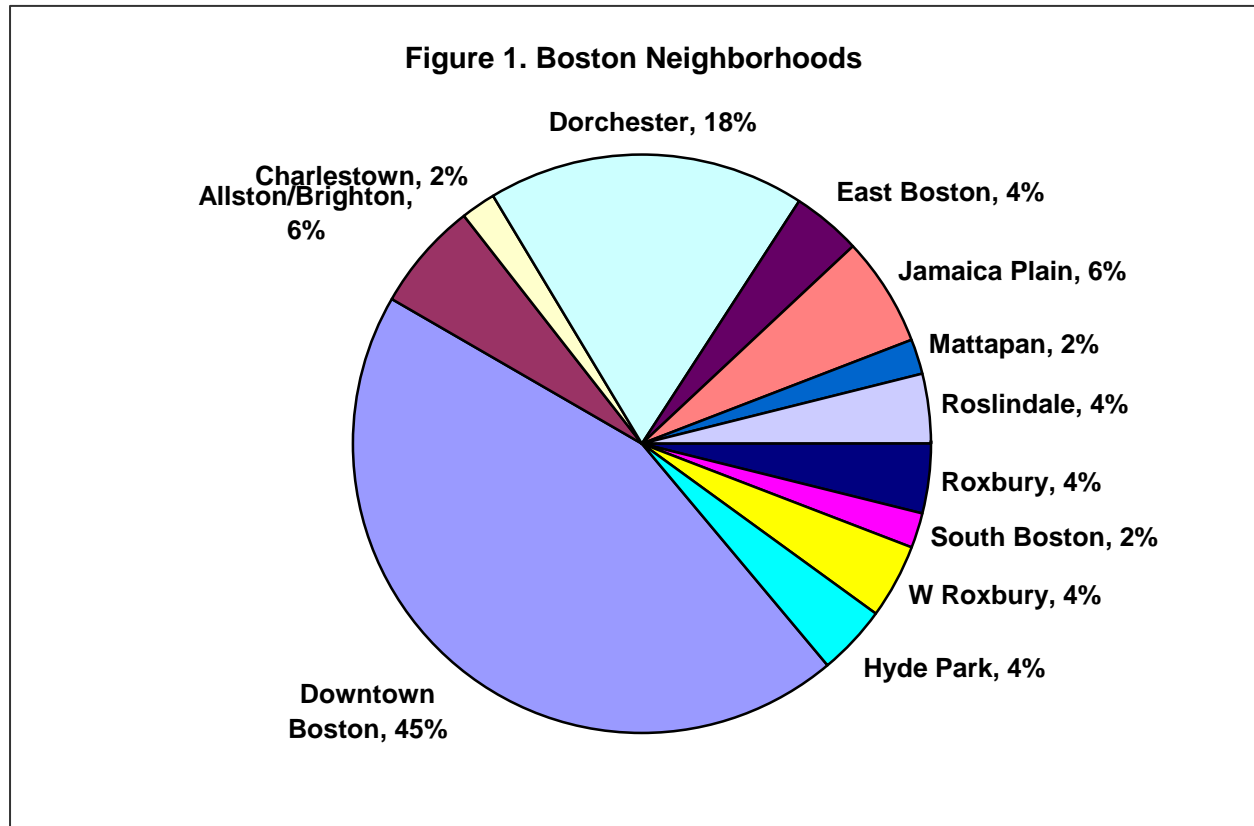
Teacher Interviews. Brief teacher interviews were done with all teachers in the classrooms we observed. Teachers were asked about the enrollment of their classrooms including the gender, ethnic and language breakdowns of children. Teachers were also asked about their own ethnicity, languages spoken, experience in ECE and educational attainment. In addition, teachers were asked about the methods they used to communicate with the families of children in their class. Response rate was 99%.

Director Surveys Directors of observed programs were asked to complete a brief questionnaire about their program, communication with parents and services offered. Specifically, directors were asked to indicate job experience, hours of program operation, program profit status, enrollment, communication strategies used with families and income level of families served. Directors also indicated the types of services offered by their programs and the assessment techniques used to monitor children's developmental progression. Of the 51 directors asked to participate, 94% completed the survey.

Family Surveys. Family surveys were sent home with children and returned in sealed envelopes to a collection site at the program. The family survey offered families an opportunity to rate and comment on their child's current experiences and their reasons for choosing their child's program, as well as provide information about children's experiences at home. One hundred fifty four (154) families returned surveys, from 31 programs; 56 families had a child in an infant classroom, 147 families had a child in a toddler classroom, and seven families had a child in an infant/toddler (mixed age) classroom.

Description of Programs, Classrooms, Teachers and Families

The programs were located in all neighborhoods of Boston, with a majority of programs located in the downtown area of Boston. The neighborhood distribution of participating programs is shown in Figure 1.



About 4% of programs were Early Head Start Programs. About one-third (30%) of programs were part of a larger child care organization that delivered care at more than one site; 48% of programs were single-site child care programs. Approximately 17% of the programs were part of an organization that also provides other services (e.g., YMCAs, CAP agencies). Program type did vary to some degree by infants and toddlers. For the infant sample, no programs were Early Head Starts. About 40% of infant programs were part of a larger child care organization that delivered care at more than one site; half of the programs were single-site child care programs and 10 were programs that were part of larger organizations that provided other services. For toddlers, 8% were Early Head Starts, 23% were programs that were part of a larger child care organization; 46% were part of a single-site child care program and 23% were part of a larger organization that provided other services.

About 21% of programs were for-profit, independently owned/operated programs. Another 4% of programs were for-profit programs that were part of either a local or a national chain. About 66% of the programs were non-religiously affiliated, not-for-profit programs and 6% were religiously affiliated not-for-profit programs. About 2% were classified as other. Among infant classrooms, 24% were for-profit independently owned/operated programs. Approximately 10% were for profit programs that were part of a local or national chain. About 57% were not-for-profit, non-religiously affiliated programs and 10% were not-for-profit, religiously-affiliated

programs. Among toddler classrooms, 19% were for-profit independently owned/operated programs. None of the toddler programs were for-profit programs that were part of a local or national chain. About 73% were not-for-profit, non-religiously-affiliated programs and 4% were not for profit, religiously affiliated programs.

About 55% of programs were NAEYC accredited and 10% of the programs had been in the process of NAEYC self study (prior to accreditation) for less than 2 years when the study took place. For infant programs, 59% were accredited and 9% were in the process of NAEYC self study. For toddler programs, 52% were accredited and 10% were in the process of NAEYC self study.

Most of the Boston community programs serving infants and toddlers offer full-day, full-year early care and education – open 5 days per week and at least 50 weeks a year. A few programs were open 7 days a week. Only 2% were open less than 40 weeks per year and only three programs were open fewer than 6 hours per day.

Program Enrollment. Programs varied greatly in their enrollment. Table 1 offers the average enrollment of programs and ranges by age of children.

Table 1. Average Enrollment of Program by Age of Children (N=48 programs)

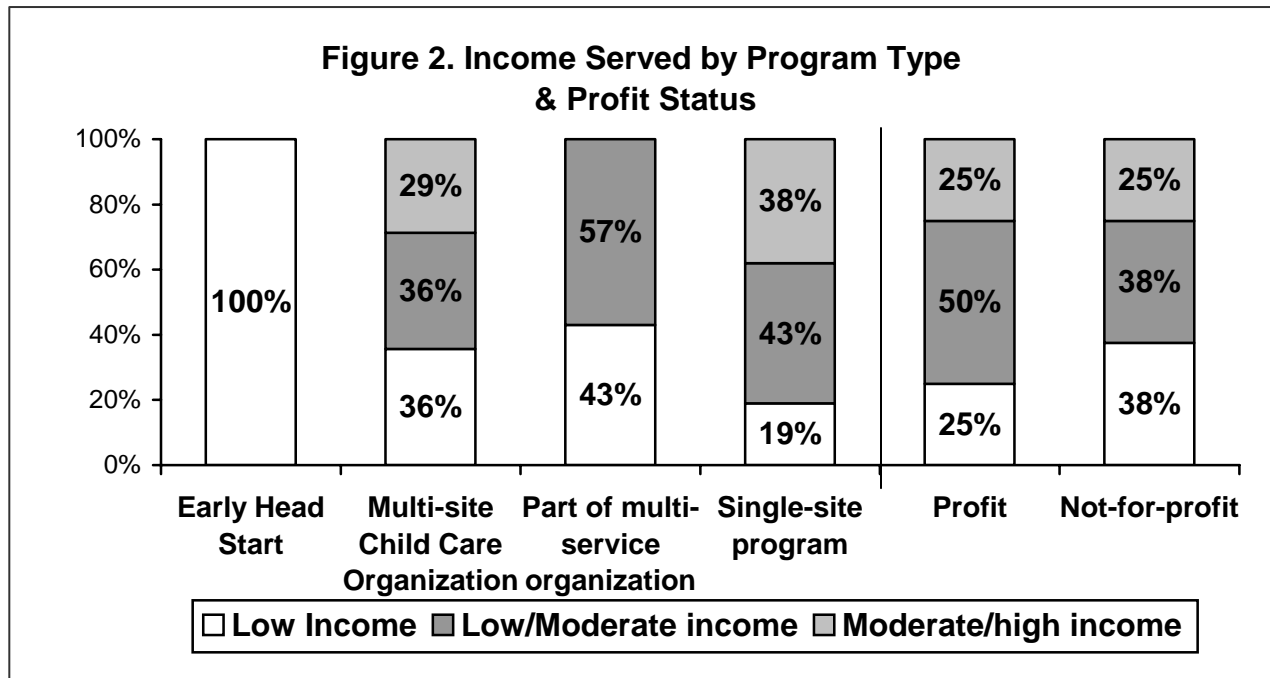
| Age Group | N Programs with Any | Mean Enrollment ¹ | Minimum | Maximum |
|------------------------|---------------------|------------------------------|---------|---------|
| Full-time Infants | 25 | 11.6 | 3 | 40 |
| Part-time Infants | 5 | 4.6 | 2 | 11 |
| Full-time Toddlers | 42 | 18.2 | 2 | 57 |
| Part-time Toddlers | 22 | 9.3 | 2 | 42 |
| Full-time Preschoolers | 42 | 30.9 | 3 | 115 |
| Part-time Preschoolers | 23 | 22.6 | 2 | 103 |

¹ mean enrollment among programs with any enrolled in this age group

Over half (52%) of the programs in the sample offered infant care; most programs enrolled infants full-time. Unlike infant care, all programs in the sample served toddlers. About 87% of programs offered full-time toddler care; 46% of programs enrolled toddlers part-time (some programs enrolled toddlers both full-time and part-time). While these programs were selected because they served infants and/or toddlers, most programs also served preschoolers. Approximately 88% offered full-time care to preschoolers and 48% enrolled preschoolers part-time.

Income Served. We asked directors to indicate the income levels of the families served by the program. We then categorized programs into three income groups. Low-income programs were defined as those in which at least 75% of children came from families with incomes below \$35,000/year. Low/moderate income programs were defined as those in which at least 75% of children came from families with incomes below \$85,000/year (but not 75% below \$35,000). Moderate/high income programs were those in which at least 50% of children came from families with incomes over \$35,000 (and they do not meet the criteria for low/moderate classification) or 40% or more of the children came from families with incomes over \$85,000. One-third (33%) of the program were defined as low-income programs. About 29% of programs were considered low/moderate income programs and 28% of programs were considered moderate/high income programs. Breaking the data down by infants and toddlers, 30% of the infant programs were low-income programs; 40% were low/moderate income programs and 30% were moderate/high income programs. For toddlers, 35% were low-income programs, 39% were low/moderate income programs and 27% were moderate/high income programs.

However, different programs varied in the populations they served (see Figure 2). As might be expected, Early Head Start programs were defined as low-income programs. In contrast, single-site child care programs tended to be low/moderate or moderate/high income programs, with less twenty percent considered low-income programs. Multi-site child care organizations tended to served low-income and low/moderate income children and programs that were part of a larger service organization served low income and low/moderate income children only. In addition, for-profit programs about half served primarily low/moderate income children. Not for profit centers tended to serve low-income and low/moderate income children.



Classroom Enrollment. The enrollment of classrooms in the study ranged from five to 19 students (some part time), with an average enrollment of 9.4 students per classroom. For infants the enrollment ranged from five to 19 children with an average of 8.5 infants (some part time). For toddlers, the enrollment ranged from five to 18 children with an average of 10 toddlers enrolled per classroom. The average observed group size was 6.7 children present during the observation, with a range of 3 to 12 children. For infants the average group size was 6.4 with a range of 3-11 children. For toddlers, the average group size was 6.9 with a range of 3-12 children. The number of special needs children in each classroom ranged from zero to three children, with an average of 0.27 special needs children per classroom. For infants the average number of children with special needs per class was 0.23 with a range of 0-2. For toddlers, average number of special needs children per class was 0.31 with a range of 0-3.

Staffing Patterns. Classrooms were staffed in multiple ways. Eleven percent of classrooms had only one staff member present during the 3-4 hour observation. For classrooms with only one teacher present, the average group size was 4.5 with a range of 3-6 children. All of these classrooms were toddler classrooms, which comprised 21% of the toddler sample. About 41% of classrooms had two staff members present that were at least EEC teacher qualified. About 43% of the infant classrooms had two staff members present that were at least EEC teacher qualified and 42 percent of the toddler classrooms had two staff members that were EEC

teacher qualified.

Teachers. For those individuals with the job title of teacher or head teacher, experience varied significantly. Teachers/head teachers had an average of 6.2 years of working in early care and education or in another child-related job *prior to their current position*, with a range of 1 month to 30 years of experience. In addition, teachers had worked at their current program for an average of 6.2 years, with a range of 1 month to 26 years. For infants, teachers had an average of 6 years of child-related job experience prior to their current position with a range of 0 to 22 years. Infant teachers had been at their current position an average of 6.8 with a range of 2 months to 26 years. For toddler classrooms, teachers averaged 6.4 years of experience prior to their current position with a range of 0-30 years. Toddler teachers had been at their current center for an average of 5.7 years with a range of 1 month to 21 years.

NAEYC Standards require that, by 2020, at least 75% of classrooms in an early childhood program have a teacher with a minimum of a baccalaureate degree in early childhood education or a related field (this requirement is being phased in between 2006 and 2020).³ The classroom observers for the Boston Quality Inventory noted the classroom staff member that was most dominant in the classroom; we refer to this individual as the Primary Teacher. Just over one-quarter (26%) of these teachers had earned a BA or higher. *Put another way, over one-quarter of classrooms had at least one teacher with a BA or more.* Approximately 16% of teachers had earned a CDA and 6% had earned an Associates Degree. Half of the teachers (50%) had taken some college courses. About 2% of teachers reported having only a high school diploma or GED.

Table 2 compares primary teachers in infant and toddler classrooms, as well as primary teachers in preschool classrooms in Boston programs.⁴ Toddler classrooms are slightly more likely than infant classrooms to have at least one teacher with an Associates or Bachelors degree (38% vs. 24%). Infant and toddler teachers in Boston programs are less likely than preschool teachers to have their Bachelors degree (24% and 28% compared to 52%). This is consistent with the statewide findings of the Massachusetts Cost and Quality Studies.²⁸

Table 2. Education of Primary Teachers

| | Infant Teachers | Toddler Teachers | Preschool Teachers |
|--------------------------|------------------------|-------------------------|---------------------------|
| Bachelors degree or more | 24% | 28% | 52% |
| Associates degree | 0% | 10% | 27% |
| CDA | 24% | 10% | 6% |
| Some college | 48% | 52% | 15% |
| H.S. | 5% | | |

Assistant Teachers. Assistant teachers had 0-35 years of experience working with children prior to their current position with an average of 6.7 years of experience. They reported working

³ NAEYC requires that 75% of teachers in larger programs – those with 4 or more classrooms - have a BA or higher by 2020; NAEYC defines a teacher as the adult with the primary responsibility for the classroom. Therefore, in the Massachusetts context, the NAEYC requirement for teacher education can best be understood as 75% of classrooms in larger programs must have at least one primary teacher with a BA or higher by 2020.

⁴ Data from Marshall, NL and Roberts, J. 2007. *Boston Quality Inventory: Preschool Classrooms in Community Programs.*

at their current job an average of 1.9 years with a range of 1 month to approximately 6 years. Similar to teachers, education varied for assistant teachers. About 7% reported having less than a high degree and approximately 40% of assistant teachers reported having earned a high school diploma or GED as their highest level of education. Forty-seven percent of assistant teachers had taken some college courses.

Other Staff Characteristics. Directors had been directors of their current programs an average of 8.7 years with a range of 4 months to 30 years. Child care staff were overwhelmingly female. Only one program had a male staff member in the observed classroom.

Comparing Staff and Child Diversity. The staff in Boston community programs are very similar in race/ethnicity and language to the children enrolled in those programs. Table 3 shows the teachers' reports of staff and children's race/ethnicity and languages spoken. For children, the teachers reported the primary language spoken in the home. Teachers were able to do this for 99% of the children.

Table 3. Race/ethnicity and Languages of Staff and Children

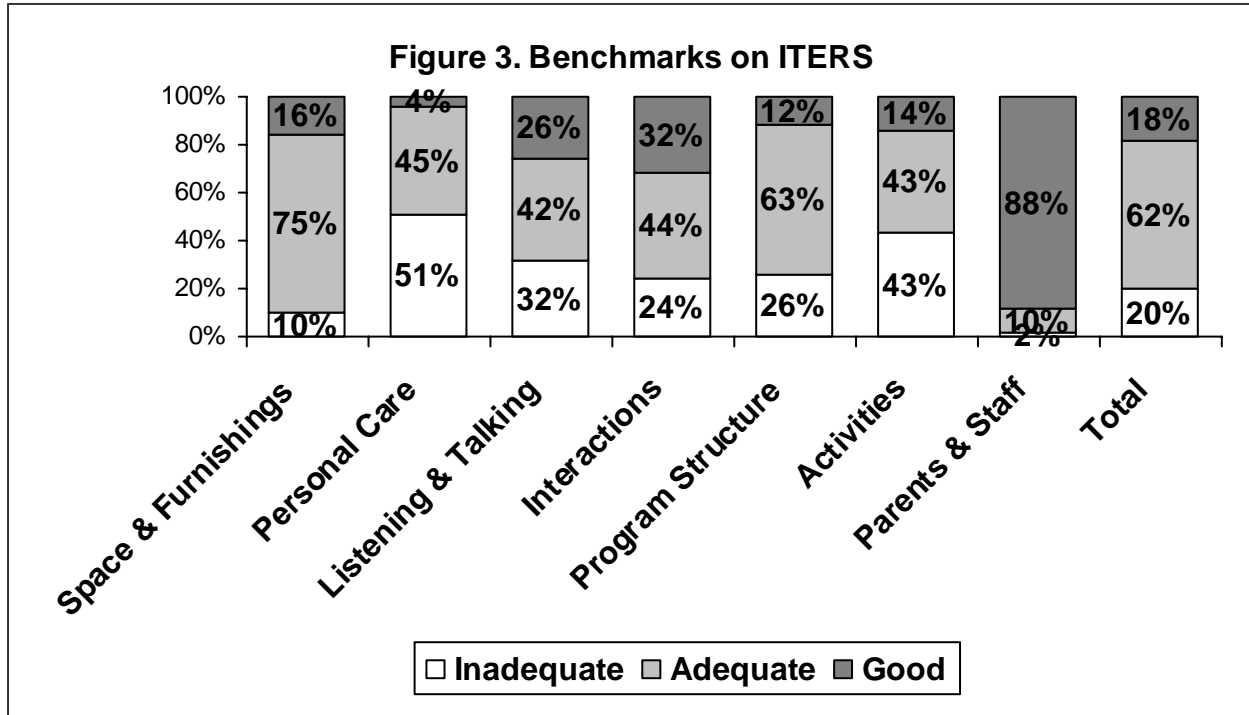
| | Staff | Children |
|------------------------------|-------|------------------|
| <i>Race/Ethnicity</i> | | |
| White/Caucasian | 30% | 43% |
| Black/African American | 36% | 22% |
| Latino/Hispanic | 28% | 14% |
| Asian | 6% | 8% |
| Multi-racial/Other | 2% | 12% |
| <i>Languages</i> | | |
| English | 91% | 75% ¹ |
| Spanish | 30% | 11% |
| Haitian Creole | 8% | 2% |
| Mandarin/Cantonese | 5% | 5% |
| Other ² | 13% | 8% |

¹ Percent who are primary English speakers

² Other languages spoken by teachers included Portuguese, French, Arabic and Cape Verdean. Other languages spoken at home by children included Portuguese, French, Cape Verdean.

The Quality of Infant and Toddler Classrooms

Figure 3 provides a quick overview of the community programs; Figure 4 reports the results separately for infant and toddler classrooms on scales with important differences between infant and toddler classrooms. We discuss the findings for each of the scales in turn.



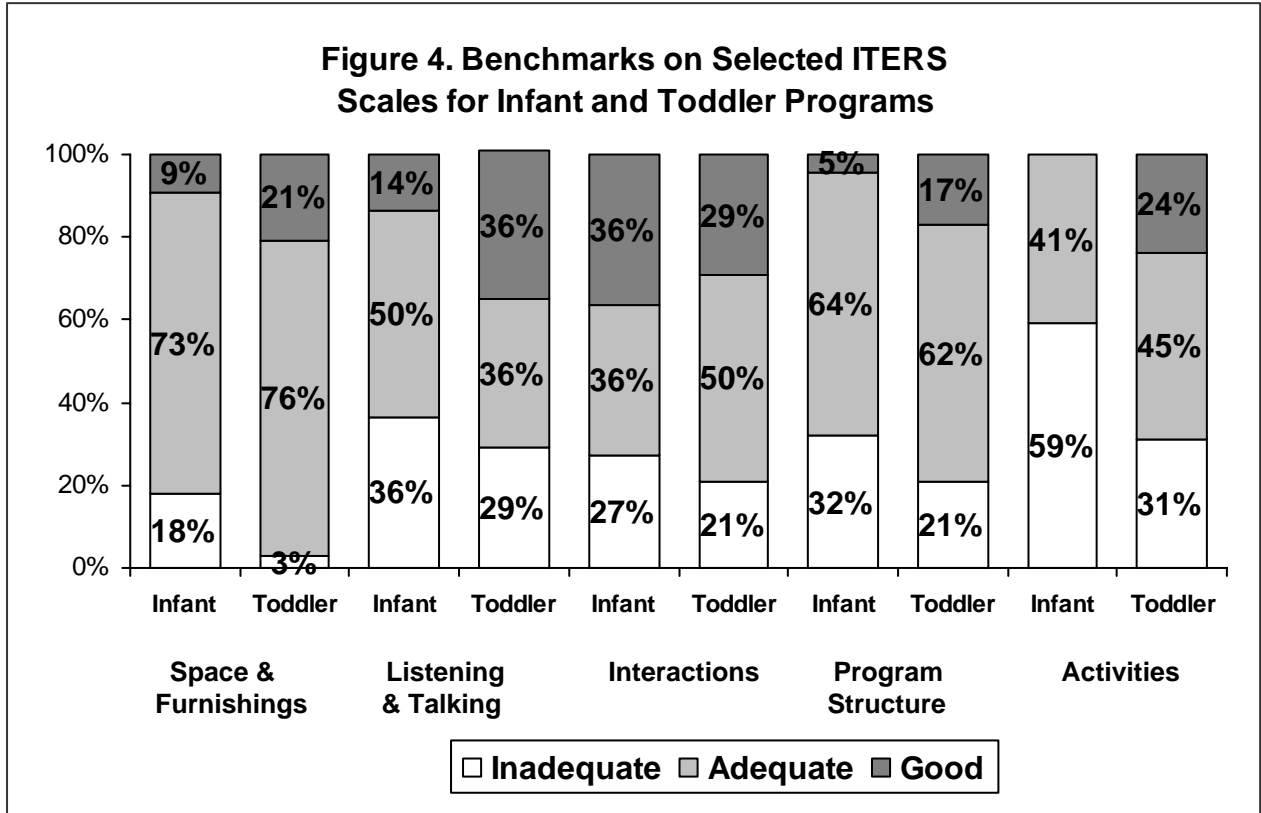
Space and Furnishings. The NAEYC Early Childhood Program Standards requires facilities, equipment, and materials to facilitate learning and development, arguing that:

Well-organized, equipped, and maintained environments support program quality by fostering the learning, comfort, health, and safety of those who use the program. Program quality is enhanced by also creating a welcoming and accessible setting for children, families, and staff.

The NAEYC Standards also require that the classroom be designed and arranged to accommodate children individually, in small groups, and in a large group. To support children's activities in small groups or alone, the classroom should provide semiprivate areas where children can play or work alone or with a friend. The classroom should be divided into interest areas or programs that are supplied with materials that support children's play and learning.

Space and Furnishings in Boston Classrooms. The majority of programs (75%) met the Adequate benchmark. These programs had adequate space for children and routine care. They also had furnishings that were safe and in good repair. Classrooms however, lacked ample space for children and storage. Classrooms also lacked special cozy areas that were accessible for most of the day and protected from active play. Classrooms also did not have routine care areas conveniently arranged for teachers and did not adequately separate quiet and active play areas. Toddler classrooms were more likely than Infant classrooms to meet the Good Benchmark, and less likely to be judged Inadequate on Space and Furnishings.

Figure 4. Benchmarks on Selected ITERS Scales for Infant and Toddler Programs



Personal Care. The NAEYC Early Childhood Program Standards require programs to follow specific procedures during personal care routines to protect the health of young children, such as sanitary diaper changing and toileting routines, naptime and mealtime routines, and hand washing to reduce the spread of germs:

Children and adults wash their hands

- on arrival for the day;
- after diapering or using the toilet (use of wet wipes is acceptable for infants);
- after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or touching any mucus, blood, or vomit);
- before meals and snacks, before preparing or serving food, or after handling any raw food that requires cooking (e.g., meat, eggs, poultry);
- after playing in water that is shared by two or more people;
- after handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and
- when moving from one group to another (e.g., visiting) that involves contact with infants and toddlers/twos.

Adults also wash their hands before and after feeding a child; before and after administering medication; after assisting a child with toileting; and after handling garbage or cleaning.

The Standards also note that, except when handling blood or body fluids that may contain blood, wearing gloves is not a substitute for hand washing.

Personal Care in Boston Classrooms. Over half of the programs (51%) did not meet the Adequate benchmark for personal care routines. This finding is consistent with other studies of infant and toddler care, including the Massachusetts Cost and Quality Studies.²⁹ Most centers met the good benchmark for greeting and departure. However, teachers did not follow practices that would cut down on the spread of germs. Hand washing after diaper changing was done either inconsistently or at inappropriate times to reduce the spread of contamination. Hand washing at meal time was also inconsistent, with many teachers failing to wash their hands while preparing meals and bottles and teachers inconsistently washing children's hands before and after meals (when finger feeding). Sanitary and health practices appear to be an area of needed focus for training. As noted above, 53% of centers did not have routine care areas that were conveniently arranged. This may be a contributing factor to the lack of sanitary practices observed in classrooms.

Infants and toddlers require intensive personal care routine management. The vast majority of classrooms had children in diapers and children requiring assistance during meal times. These labor-intensive tasks can be difficult for teachers to manage in group care settings. Clearly, training is needed regarding acceptable hygiene practices as well as training on personal routine management to help facilitate diaper changing and meal practices in a manner that reduces the spread of germs.

Interactions. The NAEYC Standards for relationships require that:

The program promotes positive relationships among all children and adults to encourage each child's sense of individual worth and belonging as part of a community and to foster each child's ability to contribute as a responsible community member.

Rationale: Positive relationships are essential for the development of personal responsibility, capacity for self-regulation, for constructive interactions with others, and for fostering academic functioning and mastery. Warm, sensitive, and responsive interactions help children develop a secure, positive sense of self and encourage them to respect and cooperate with others. Positive relationships also help children gain the benefits of instructional experiences and resources. Children who see themselves as highly valued are more likely to feel secure, thrive physically, get along with others, learn well, and feel part of a community.

Interactions in Boston Classrooms. Interactions also appear to be an area of strength for infant and toddler programs. Almost one-third of programs (32%) met the good benchmark for interactions. In these programs, teachers interacted frequently with children and gave them help and encouragement. Peer interactions were encouraged and facilitated. Interactions among staff and children were largely positive in nature and positive discipline methods were used effectively. Among programs meeting the Adequate benchmark, the staff responded sympathetically when children were hurt and used some warm and responsive physical affection during the observation. Behavioral expectations were appropriate for the age of the children and peer interactions were possible for much of the day. Children were consistently within teachers' sight, hearing and reach and teachers spent their time focused on caregiving responsibilities.

Over one-third of infant programs met the Good benchmark for interactions and another one-third met the Adequate benchmark. In these programs, teachers interacted with children and

focused their attention on caregiving. Peer interaction was also possible for much of the day (e.g., non-mobile infants were placed where they could watch and react to one another). Teachers also showed warmth through physical contact, smiling and talking with children.

More toddler programs than infant programs fell in the Adequate range and fewer toddler programs met the Good benchmark for interactions. Teachers tended not to react quickly to solve problems among the toddlers and did not regularly facilitate positive peer interactions among children. Toddlers often present behaviors that are more challenging to teachers and have more peer conflict than do infants. As a result, toddler teachers need a broader repertoire of responses to toddlers' behavior; this appears to be a challenge for teachers.

Activities. The NAEYC Standards require that programs provide a variety of age-appropriate materials and equipment throughout the day, including materials that support curriculum goals in literacy, math, science, technology, social studies, creative expression and the arts. In addition, the NAEYC Standards require that teachers select materials in all content areas to stimulate exploration, experimentation, discovery and conceptual learning.

Young children learn about the natural, material and social world through direct exploration. To support this learning, the NAEYC Standards require the availability of materials such as sand, water, art materials, play dough and blocks which allow children to experiment with quantity, size and shape, measurement, comparing, the use of simple tools, and other key concepts in the natural and material world. Dramatic play materials and activities allow children to explore their social world, acting out family and community roles.

Gross-motor activities are important to young children's development of specific gross-motor skills, as well as sensory-motor integration and controlled movement (balance, strength, coordination). To support this, the NAEYC Standards require that children have varied opportunities for gross-motor activities and access to gross-motor equipment for activities such as "pulling up, walking, climbing in, on, and over, moving through, around, and under, pushing, pulling and riding."

Activities in Boston Classrooms. Over 40% of centers scored in the inadequate range for activities. These programs offered children little diversity in materials and had a limited amount of activities available. In particular, infants and toddlers lacked access to outdoor physical space, art materials (for children 12 months and older), musical materials, blocks (for children 12 months and older), nature and science materials and materials that exhibited racial and cultural diversity.

Activities were especially lacking for infant programs. Almost 60% of infant classrooms scored in the inadequate range, compared to 31% of toddler classrooms. In general, infants tended to have access to fine motor materials. However, they lacked access to outdoor physical space, musical toys, dramatic play materials (e.g., dolls, toy phone, pots and pan), nature science materials (books, pictures and toys relating to nature and animals) and ethnically and culturally diverse materials (e.g., dolls, pictures, books). Toddler programs offered children more diversity of materials and activities. In particular, more toddler programs scored in the Adequate or Good range for active physical play, dramatic play, nature and science and cultural and ethnic diversity of materials. However, it should be noted that the number of programs scoring in the Inadequate range for toddlers is still quite high and that toddlers lacked access to blocks, musical materials and art materials.

Listening and Talking. The NAEYC Standards require that programs implement a curriculum

that promotes learning and development in a variety of areas, including language development. Listening and talking are essential components of language and literacy development. Classrooms support the language development of infants and toddlers when teachers: frequently respond verbally to children's gestures, sounds and cries; maintain eye contact when talking to children; frequently label objects and actions; take part in verbal play (e.g., singing, verbal turn-taking); talk to each infant and toddler during play and routines; enhance children's understanding of language (e.g., providing clear and appropriate directions, repeating words); and maintain a good balance between listening and talking.

The NAEYC Standards also require that programs implement a curriculum that promotes learning and development in early literacy among infants and toddlers. Programs must ensure that:

Infants have varied opportunities to experience songs, rhymes, routine games and books through

- individualized play that includes simple rhymes, songs, and interactive games (e.g., peek-a-boo).
- daily opportunities for each child to hear and respond to various types of books including picture books, wordless books, and books with rhymes.
- access to durable books that enable children's independent exploration.

Toddlers/twos have varied opportunities to experience books, songs, rhymes, and routine games through

- individualized play that includes simple rhymes, songs, and sequences of gestures (e.g., finger plays, peek-a-boo, patty-cake, This Little Piggy).
- daily opportunities to hear and respond to various types of books including picture books, wordless books, and books with rhymes.
- access to durable books that enable independent exploration.
- experiences that help them understand that pictures represent real things in their environment.

[Toddlers also] have opportunities to become familiar with print. They are actively involved in making sense of print, and they have opportunities to become familiar with, recognize, and use print that is accessible throughout the classroom:

- Items belonging to a child are labeled with his or her name.
- Materials are labeled.
- Print is used to describe some rules and routines.
- Teaching staff help children recognize print and connect it to spoken words.

Listening and Talking in Boston Classrooms. Over two-thirds of the sample met the Adequate benchmark for listening and talking and one-quarter met the Good benchmark. In these classrooms, teachers engaged in a moderate amount of conversational exchanges with children that were neutral or pleasant in tone. The content was generally encouraging and positive. Teachers also attempted to interpret children's communicative cues throughout the observation. In addition, classrooms had at least six books accessible to children (for the Adequate benchmark) and engaged in book reading with children.

Infant classrooms were less likely than toddler classrooms to meet the Good benchmark, and were more likely to be rated Inadequate. Infancy is a time of emerging communicative competencies and early language interactions are imperative to the development of these early communicative abilities. One-third of infant classrooms and more than one-quarter of toddler classrooms were rated Inadequate on *Listening and Talking*. In these classrooms, children were not talked to frequently about the children's experiences, during routines and play, with language that supports children's early language development. These classrooms also did not provide the rich literacy environment important to young children, with a variety of infant/toddler books available and staff involved in using the books with individual children or small groups daily.

Program Structure. The NAEYC Standards require that the program's curriculum:

helps ensure that the teacher is intentional in planning a daily schedule that (a) maximizes children's learning through effective use of time, materials used for play, self-initiated learning, and creative expression as well as (b) offers opportunities for children to learn individually and in groups according to their developmental needs and interests.

Program Structure in Boston Classrooms. Most programs did not meet the Good benchmark on Program Structure. These programs had schedules that did not meet the routine needs of children (e.g., delays in diapering, inappropriate nap schedules). One-third of infant programs were rated Inadequate, lacking schedules that were flexible and individualized. Toddler programs were less likely than infant programs to be judged Inadequate (21% vs. 32%) and more likely to meet the Good benchmark (17% vs. 5%). The majority of toddler programs, however, only met the Adequate benchmark for program structure. Both infant and toddler classrooms needed to offer children more flexibility in basic care routines, greater opportunities for both active and quiet play and more flexibility regarding required participation in group activities. Infant and toddler classrooms often did not provide children with a balance of indoor and outdoor activities. Given the urban nature of the programs in the study, outdoor space that is appropriate for infants and toddlers may be a significant obstacle for programs.

Parents and Staff. The NAEYC Standards require that:

The program establishes and maintains collaborative relationships with each child's family to foster children's development in all settings. These relationships are sensitive to family composition, language, and culture.

The program effectively implements policies, procedures, and systems that support stable staff and strong personnel, fiscal, and program management so all children, families, and staff have high-quality experiences.

Parents and Staff in Boston Classrooms. *Parents and Staff* was the strongest subscale for programs, with 88% meeting the Good benchmark. These programs provided parents written policies and afforded them the opportunity to visit the program before enrolling. Parents were also welcomed to participate in classroom activities, if so desired. Programs kept appropriate emergency contacts and medical records for children. Space was also available for staff-parent meetings. Staff members were given breaks during the day and had access to a teacher's lounge and facilities for lunch. These centers also offered teachers professional development opportunities and held regular staff and team meetings to facilitate communication among staff

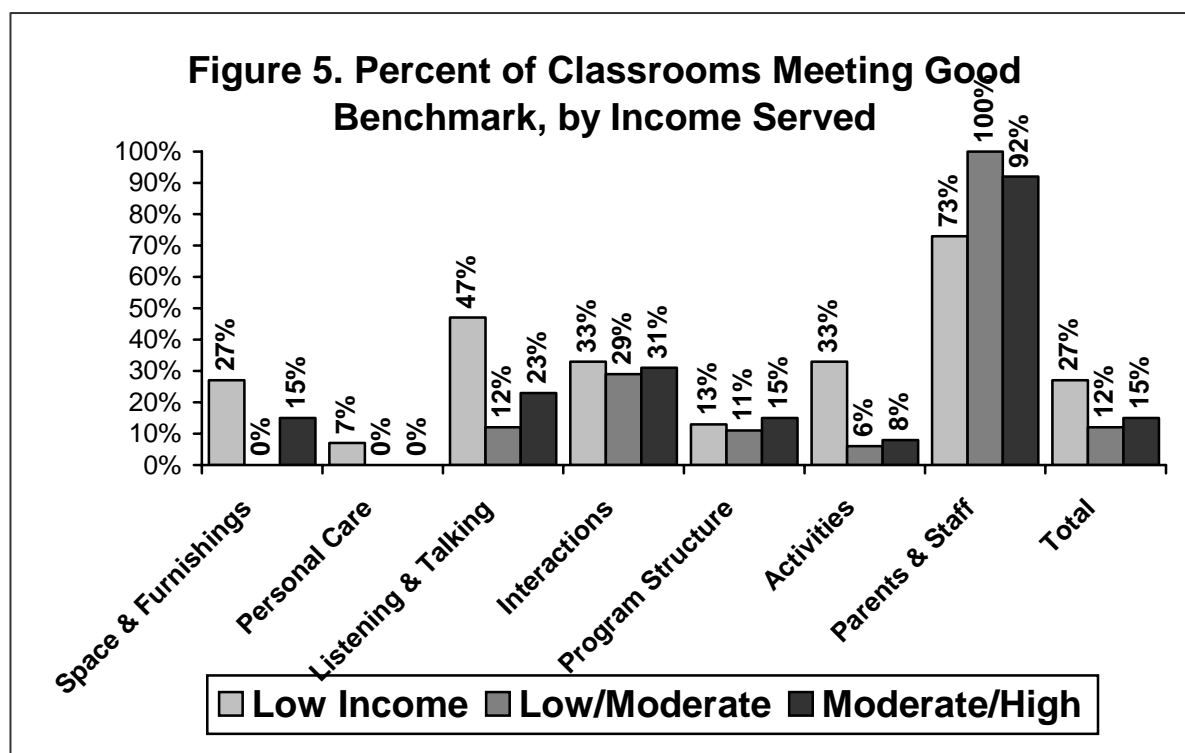
members. Teachers received regular supervision and were given a written evaluation of their performance yearly.

Access to Quality Programs

While the quality of non-parental care for infants and toddlers is important to young children's development, studies have raised serious concerns about the availability of affordable, high-quality EEC, particularly for lower income children. The Cost, Quality and Child Outcomes Study provided dramatic evidence of the lack of quality early care and education in the four communities studied, with 90% of the observed infant and toddler classrooms in centers not meeting the Good benchmark on the Infant Toddler Environment Rating Scale (ITERS).³⁰

Similar patterns are found in Massachusetts. The Massachusetts Cost and Quality Study found that only one-quarter of infant classrooms and less than one-third of toddler classrooms provided early care and education that met professional standards for developmentally-appropriate infant/toddler programs.³¹

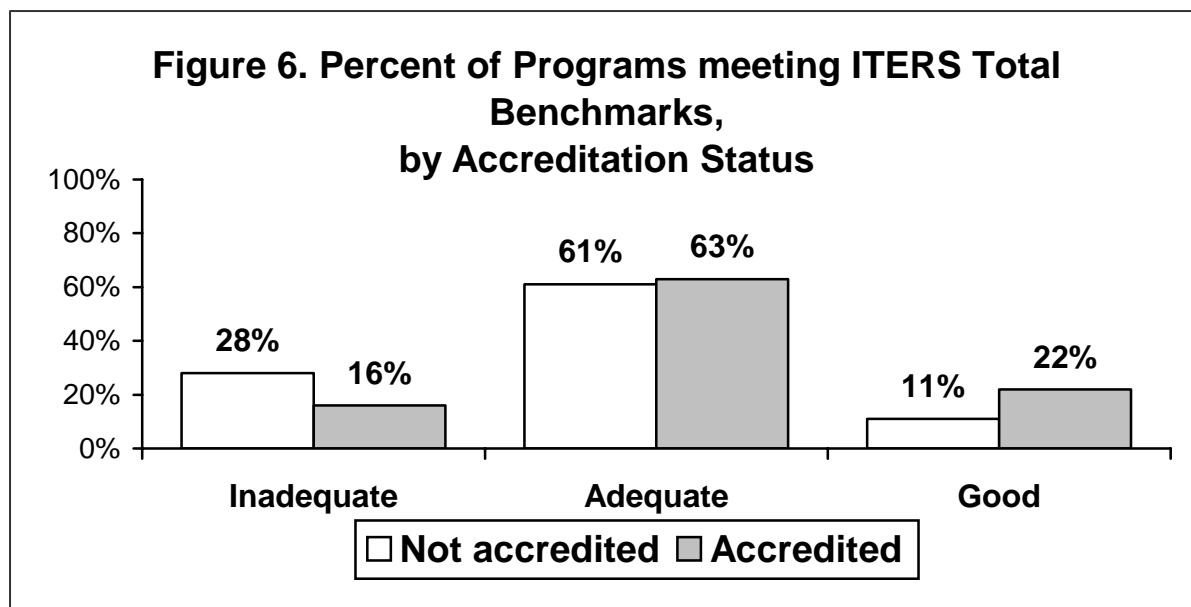
In addition, given the higher cost of quality programs, low- and moderate-income families are less likely to have access to quality early care and education. The Massachusetts Cost and Quality Study found infant and toddler programs (not including Early Head Start programs⁵) that served predominantly low-income or low-moderate income families were less likely to meet the Good benchmark of quality.³²



Access to Quality Infant/Toddler Programs in Boston. We see a slightly different picture in this study of 50 Boston programs. Programs that serve predominantly low-income families, which

⁵ The sample consisted of community-based centers, but did not include Early Head Start programs.

includes the four Early Head Start programs, were as likely, or more likely, than programs serving moderate- to high-income families to meet the Good benchmark (see Figure 5). However, consistent with the Massachusetts Cost and Quality Study, programs serving low- and moderate-income families were less likely than programs serving higher income families to meet the Good benchmark (with the exception of the Parents & Staff scale).



Providing Quality Infant and Toddler Programs

Approximately 55% of programs were NAEYC-accredited. Programs that were NAEYC accredited were more likely to meet the Good benchmark, and less likely to be rated Inadequate, on the ITERS Total score. However, not all infant and toddler classrooms within accredited programs meet the Good benchmark.

How, then, do we ensure that young children receive quality early care and education? The overwhelming research evidence supports the additional importance of teacher and provider qualifications, and the conditions under which they work – group size, adult-child ratios, and compensation.³³ In the Massachusetts Cost and Quality Study, infant/toddler classrooms were more likely to provide higher quality care when teachers had more education and worked in classrooms with smaller ratios and fewer children.³⁴

The Families

The family survey offered families an opportunity to rate and comment on their child's current experiences and their reasons for choosing their child's program, as well as provide information about children's experiences at home. One hundred fifty four (154) families returned surveys, from 31 programs; 56 families had a child in an infant classroom, 147 families had a child in a toddler classroom, and seven families had a child in an infant/toddler (mixed age) classroom. We report the results of the family survey in the following sections; unless noted, there were no significant differences between the answers of families of infants and the answers of families of

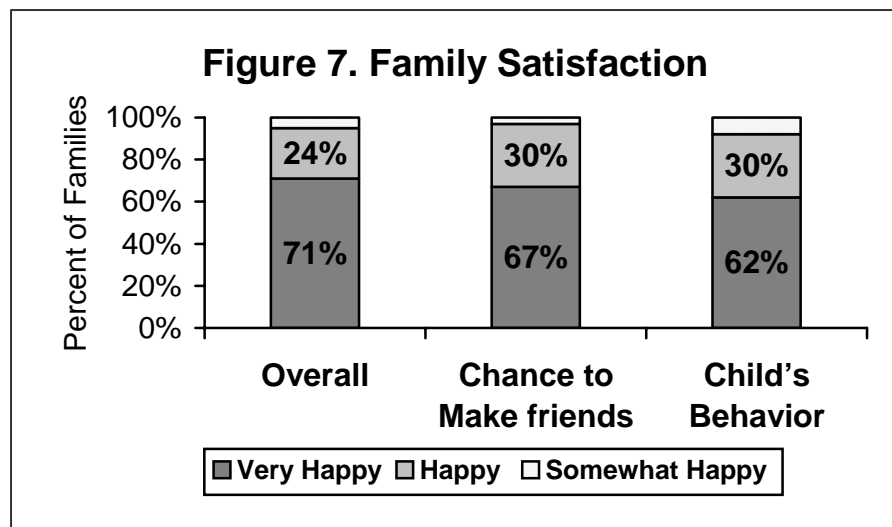
toddlers, so their answers are combined.

Family Characteristics. Two-earner families and single parent families are more likely to use center-based care for their infants and toddlers. Not surprisingly, the majority of families in this study were from two-earner families or single-parent families. Of the individuals who responded to the survey, 60% were employed full-time, and 60% had a spouse, partner or other adult in the household who was employed full-time. In addition, 13% of the individuals who responded worked a part-time job (for some, this was a second job), and 5% had a spouse, partner or other adult in the household who was employed part-time. Thirteen percent (13%) of individuals responding were attending school or a training program, and 7% had a spouse, partner or other adult in the household who was in school or a training program.

English is the most common language spoken at home (82% of families), but 18% of families reported speaking another primary language at home: 9% speak Spanish at home, 2% speak Mandarin or Cantonese. Other families who completed the survey speak Arabic, French, Khmer, among other languages. We also asked families how often they read to their child. More than one-half (53%) read daily, and another quarter (28%) read almost every day. One in eight (12%) read once or twice a week, and 7% read less than once a week or not at all.

Satisfaction with the Program. When asked how happy they were with their child's experience in the program this year, more than two-thirds of parents (71%) reported that they were very happy and another quarter (24%) said they were happy with their child's experience. Only 3% of families were only somewhat happy. Families were equally satisfied with their child's opportunities to make friends and with their child's behavior at the program (see Figure 7).

When asked how much they thought their child is learning in the program, about three-quarters (71%) of the families felt their children were learning a lot; another 25% felt their child was learning some. Only 3% felt their child was only learning a little or not at all. When asked what they would change about their child's experience, some wanted to see



improvements in the program content – more field trips, more academic learning, more social skills development (5%) or smaller ratios, more experienced staff, more frequent communication (4%). Other families wanted changes related to the child's health and individualized personal care: more naptime, more frequent diaper changes (2%). Other desired changes included changes in hours, age limits, age-range in the classroom, more diversity (6%). However, four out of five families, when asked what they would change about their child's experience, said "nothing." The overall picture is one of high levels of family satisfaction with their child's current program.

We also asked families how they felt about their own experiences with the program. About two-

thirds (63%) were very happy, 29% were happy, and 7% were somewhat happy with their own experiences.

Teacher/Child Relationship. When asked about the relationship between their child and his/her teacher, three-quarters of families (75%) reported that it is very close and loving; another 21% reported that the relationship was positive, though not really close. One family reported the relationship was “business-like.” Five families, or 3%, reported they did not know.

When we asked families whether their child’s teacher seemed happy to have their child in the class, 87% said the teacher seemed very happy, 12% said the teacher seemed positive but not overly happy, and two families (1%) said the teacher did not seem happy to have their child in the class. Overall, children’s relationships with their teachers seem very positive.

Choosing a Program. The majority of families (63%) heard about their child’s preschool program from a friend, neighbor or other parent. Families also learned about programs from their child’s previous child care program (6%) or family child care provider (3%), by referral from the Department of Transitional Assistance (5%) or from a child care resource and referral agency (4%). Others found it because it was located in their neighborhood (5%) or near their work or school (5%). A few families found it by reading about it in the newspaper (3%), and some were already using the program for a sibling (3%) or were working at the program themselves (3%).

Table 4. Sources of Information about Programs

| Source | Families of Infants | Families of Toddlers | All Families |
|---------------------------------------|---------------------|----------------------|--------------|
| Friend, neighbor or other parent | 52% | 68% | 63% |
| Found it through own search | 11% | 7% | 8% |
| Child’s other child care program | 4% | 6% | 6% |
| Department of Transitional Assistance | 9% | 2% | 5% |
| Located in neighborhood | 2% | 7% | 5% |
| Located near work/school | 8% | 3% | 5% |
| Resource & Referral agency | 6% | 3% | 4% |
| Family child care provider | 2% | 4% | 3% |
| Read about it in the newspaper | 3% | 2% | 3% |
| Employed at program | 8% | 0 | 3% |
| Sibling already enrolled | 6% | 1% | 3% |
| Employer | 0 | 2% | 1% |

When asked why they wanted their child to attend an early childhood program, the majority (65%) of families surveyed reported that it was to help prepare them for school, to give their child other children to play with (62%), and because they needed care while the adults were at work or school (62%). A few families reported they wanted their child to attend this program to give the adult time away from the child (11%).⁶

When asked why they chose *this particular program* instead of another, almost half of families (46%-55%) said it was because the program had the best quality, was safe, and they trusted the

⁶ Families could check more than one reason for this question.

program more than other programs (see Table 5). Almost half (40%) of families chose their child's program because it involved families, and 15% chose it because other programs cost too much and they were offered help paying tuition. One in ten families chose the program because there were no spaces in other programs.

| Table 5. Reasons for Choosing this Program¹ | Percent of families |
|---------------------------------------------------------------|----------------------------|
| This program has the best quality | 55% |
| You trust this program more than other programs | 47% |
| The program is safe | 46% |
| The program involves families | 40% |
| Other | 26% |
| Sibling already at program | 19% |
| Financial aid, lower tuition, help paying | 15% |
| Other programs cost too much | 15% |
| No spaces in other programs | 11% |
| The program provides other services to families | 7% |
| Other programs don't provide transportation | 4% |
| The program provides special needs services | 1% |

¹ Families could check more than one reason

Family Involvement and Communication. Parent involvement and communication with educational providers has been found to be a critical component to children's school success.³⁵ Approximately 32% of programs said they had someone working part-time on family engagement activities. About 16% of programs said that they had a designated individual to coordinate family engagement full-time. Almost half of the programs (52%) reported that they relied on classroom staff to facilitate family engagement activities.

Table 6 presents the strategies that programs and observed classrooms are using to encourage family engagement, communication or involvement. As table 6 indicates, programs and teachers are using multiple methods of communication. Less than a quarter of teachers report sending emails to parents, using parent-teacher notebooks, provide parents with daily reports or have regular parent volunteers in their classrooms.⁷ The vast majority of programs offer teacher-parent conferences (92%). For over half of the programs (61%) conferences take place twice a year. Approximately 14% of programs hold teacher parent conference three times a year and 6% have teacher parent conferences more than 3 times per year.

Table 6. Percent of programs and classrooms using strategies to encourage family engagement and communication

| Method | Offered by Program | Used in Observed Classroom |
|------------------------------------------------|--------------------|----------------------------|
| Program Supports for Family Involvement | | |
| Family Handbook with information about program | 100% | |
| Family visits to program prior to enrolling | 96% | |

⁷ Discrepancies do exist in the director and teacher reports of the use of parent-teacher notebooks, parent volunteers and parents on field trips. Directors were asked to answer questions based on the program in general, whereas teachers were asked to answer questions regarding their interactions with parents of the observed classroom.

Table 6. Percent of programs and classrooms using strategies to encourage family engagement and communication

| Method | Offered by Program | Used in Observed Classroom |
|---------------------------------------------------------------------|--------------------|----------------------------|
| Professional development for staff related to working with families | 94% | |
| Family message boards | 92% | |
| Teacher-suggested home activities | 87% | 75% |
| Lending library or materials for families to use at home | 83% | |
| Family workshops on parenting, child issues | 73% | |
| Families sit on program governing or advisory board | 49% | |
| Other (specify) | 16% | 13% |
| Program Supports for Family Communication | | |
| Informal conversations at drop off or pick up times | | 96% |
| Informal notes home | | 96% |
| Phone calls to home or work | | 86% |
| Teacher-parent conferences | 96% | 88% |
| Program open house or parent night | 92% | 88% |
| Parents invited to classroom activities | 92% | 80% |
| Parents invited to field trips | 90% | 67% |
| Parent Newsletters | 85% | 82% |
| Parents regularly volunteer in child's classroom | 53% | 22% |
| Parent-teacher Notebooks | 51% | 24% |
| Daily reports for parents | | 24% |
| E-mail | | 22% |

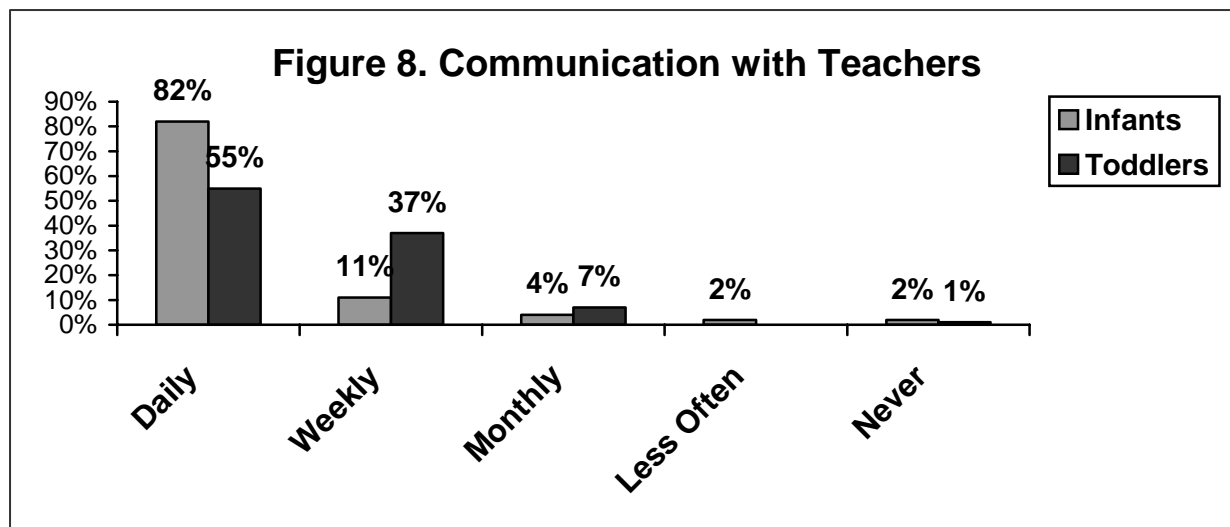
Directors noted that they faced some challenges in facilitating family involvement (see Table 7). One of the strengths of community-based preschool programs is the diversity of the staff and teachers, which often reflect the neighborhood where the program is located and the children who attend the program. As can be seen in Table 7, few directors identified language barriers as a challenge to family involvement. Rather, the challenges reflected the busy lives of families.

Table 7. Considerable or Extreme Challenges to Encouraging Family Involvement
(% of Directors reporting)

| Challenges | Percent |
|------------------------------------------------------------------------------------|---------|
| Difficulty getting families to program meetings or events | 25% |
| Families are too busy with work and family responsibilities | 23% |
| Program lacks financial resources for family programs | 19% |
| Families not having phone numbers where they can be reached during the day | 17% |
| Families having difficulty reading | 15% |
| Families can only be reached after program hours | 8% |
| Language barriers between families and staff | 6% |
| Families not dropping off or picking up children limiting contact | 6% |
| Program staff have limited time to talk with families at drop off and pick up | 6% |
| Families having limited time to talk with teachers during drop off or pick up time | 4% |
| Program staff lack time to work with families | 2% |
| Cultural differences between families and program serves as barriers | 0% |

One-quarter of directors identified families having difficulty getting to program meetings and events and families being too busy with work and family responsibilities as considerable or extreme challenge to encouraging parent involvement. Most of the children in the study came from families in which parents are working at least part time. This can limit the ability of families to be involved in program activities. In addition, 19% of directors indicated that a lack of financial resources for family programming was a considerable or extreme challenge to encouraging family involvement.

Family Communication with Child’s Teacher. Direct communication between families and teachers supports both the child’s experience in the classroom, and the families’ knowledge of and trust in the program. Effective communication allows families and teachers to each provide



the child with an environment that supports learning and growth. We asked families how often they talked to their child’s teacher. Two-thirds of families (67%) reported that they talked to their child’s teacher almost every day, and another 26% talk to the teacher at least once a week. Only 7% talked to their child’s teacher less than one a week. Families of infants were significantly more likely to talk to their child’s teacher almost every day (82% compared to 55% of families of toddlers); conversely, families of toddlers were more likely to talk to their child’s teacher once or twice a week (37% compared to 11% of families with infants).

Teachers reported that they talked to the families of children enrolled in their class more often than families reported communication, but the patterns are similar. Approximately 86% of teachers report talking to families of children in their class every day and 12% report talking to families almost every day. Only one teacher reported talking to families only a few times a year.

Transportation to the Program. Over half (61%) of the children are driven to the program; 20% walk to the program and 10% travel by T. Only 9% of children travel by program bus. Almost two-thirds (65%) of the children spend 15 minutes or less traveling to their program. Given this short commute, its not surprising that 59% of families were very happy with how long it took their child to get to the program, and another 25% rated themselves as “happy.”

Comprehensive Services. Community programs often offer additional services for families. As noted above, one in ten families said that these services were a factor in their choice of program. Directors were asked about the services their programs offered children and families. Table 8 indicates the services offered by program and who provided the service.

About half of the programs offered social-emotional assessments (52%) and cognitive and developmental assessments (45%) for children. Programs however, frequently do not offer services themselves and instead refer families and children to service providers outside of the program staff. Although programs are conducting developmental assessment for children, only about 10% are conducting physical health screening for children. Just under half the programs offer families education and workshops (42%) but tend to refer parents to parental support groups, mental health services and assistance with social services.

Table 8. Proportion of Programs Offering Specific Services

| Service | Offered by Program Staff | Offered by Consultation | Offered by Referral | Not available at program |
|----------------------------------------------|--------------------------|-------------------------|---------------------|--------------------------|
| Social-emotional assessment | 52% | 19% | 52% | 4% |
| Cognitive & development assessment | 45% | 21% | 60% | 4% |
| Family education (e.g., training, workshops) | 42% | 17% | 35% | 21% |
| Family support groups | 19% | 13% | 48% | 27% |
| Mental health services & counseling | 15% | 13% | 79% | 10% |
| Social services (e.g., WIC) | 10% | -- | 60% | 29% |
| Physical health screening | 9% | 23% | 64% | 13% |
| Transportation to & from program | 9% | 9% | 11% | 71% |
| Language & speech therapy | 4% | 17% | 88% | 2% |
| Physical & occupational therapy | 4% | 11% | 87% | 4% |
| Early intervention services | 2% | 17% | 79% | 8% |

When asked specifically about the types of child assessment programs are using, directors reported using both informal and formal methods of assessment. The vast majority of programs were using teacher observations (96%) and classroom observation by staff other than the teacher (69%). In addition, most programs (90%) conducted individual assessments of children by teachers of program staff and 48% of programs used outside professionals to conduct child assessments. In addition, 83% of programs reported using conferences with families as an additional means of assessment.

When asked what additional services programs would like to offer families, most programs indicated that they are content with the level of service currently being offered. Eight percent of programs however, did indicate that they would like to offer more parent education and workshops to families.

Appendix: The Infant/Toddler Environment Rating Scale (ITERS)

The ITERS has been widely used for a number of years, and has become one of the standards in the field, offering useful benchmarks for practitioners, researchers and policymakers. The ITERS has good predictive validity, and has been shown to be predictive of children's development.

The ITERS is a 35-item scale designed to be used to assess center-based infant and toddler care. The ITERS is organized into seven scales: Space and Furnishings, Personal Care Routines, Listening and Talking, Activities, Interactions, Program Structure, and Parents and Staff. Each scale consists of multiple items that must be passed to receive a given score. Each scale is scored on a seven-point scale, with benchmarks established for 1 = "Inadequate", 3 = "Minimal", 5 = "Good", and 7 = "Excellent". Programs that pass some of the items that are part of the benchmark for a "3", but not all of them, are scored a "2" on that scale. Similarly, programs that fall between "Minimal" and "Good" are scored a "4", and programs that fall between "Good" and "Excellent" are scored a "6".

For the purposes of this report, we have categorized programs as Inadequate if their ITERS scores were below a "3," Adequate if their ITERS scores were less than "4.5" and greater than or equal to "3," and as "Good" if their ITERS scores were greater than or equal to "4.5." We chose the 4.5 threshold for the Good category to include programs that scored 5s on most items in a scale, but received 4s on one or more items, dropping their scale score just below a 5. This is the same cut-off we used in the Boston Quality Inventory of preschool classrooms, and in the Boston Public Schools K1 and K2 Needs Assessment.³⁶

Space and Furnishings. The Space and Furnishings scale assesses the availability of well-designed indoor space, room arrangement, appropriate furnishings and displays, such as colorful pictures and mobiles.

Personal Care Routines. The Personal Care Routines scale assesses the quality of health and safety routines and policies, feeding, diaper-changing and toileting, napping and greeting and departure routines.

Listening and Talking. The Listening and Talking scale assesses the informal use of language, support of children's use of language, and the presence and use of infant/toddler books.

Activities. The Activities scale assesses the availability of a variety of age-appropriate activities and materials.

Interactions. The Interactions scale assesses the quality of supervision of play and learning, peer interaction, staff-child interaction and discipline.

Program Structure. The Program Structure scale assesses the appropriateness of the schedule, the availability of free play, the balance of group and individual activities, and of indoor and outdoor activities, and the provisions for children with disabilities.

Parents and Staff. The Parents and Staff scale assesses how well the program meets the needs of staff (breaks, professional development, staff meetings) as well as the needs of parents (communication between parents and staff, parent involvement in the program).

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