

Steps to Quality:
A Grow NJ Kids Family Child Care Initiative



Year Three Report
Coordinated by Child Care Connection
November 2017

Front Photo: *Providers pose with their participation certificates as they celebrate their accomplishments during an annual Steps to Quality recognition event.*

Steps to Quality: A Grow NJ Kids Family Child Care Initiative is a project of Child Care Connection of Mercer County, New Jersey, a Child Care Resource and Referral (CCR&R) agency. This project is carried out in partnership with two other New Jersey-based CCR&R agencies: Community Child Care Solutions, of Middlesex and Somerset counties and Programs for Parents, Essex County. Through a contract with the New Jersey Department of Human Services, Division of Family Development, all three CCR&R agencies provide information to parents and providers about financial assistance for child care, the different types of child care available, and where to find licensed or registered child care providers. The CCR&Rs also administer the State's child care subsidy program and the Family Child Care Registration program, as well as other initiatives designed to improve the quality of child care services.

Steps to Quality is a public/private partnership initiated and supported by The Nicholson Foundation. Support is also provided by the Schumann Fund for New Jersey, and the New Jersey Department of Human Services, Division of Family Development. More information about *Steps to Quality* is available at <http://www.childcareconnection-nj.org/reports-data.cfm>.

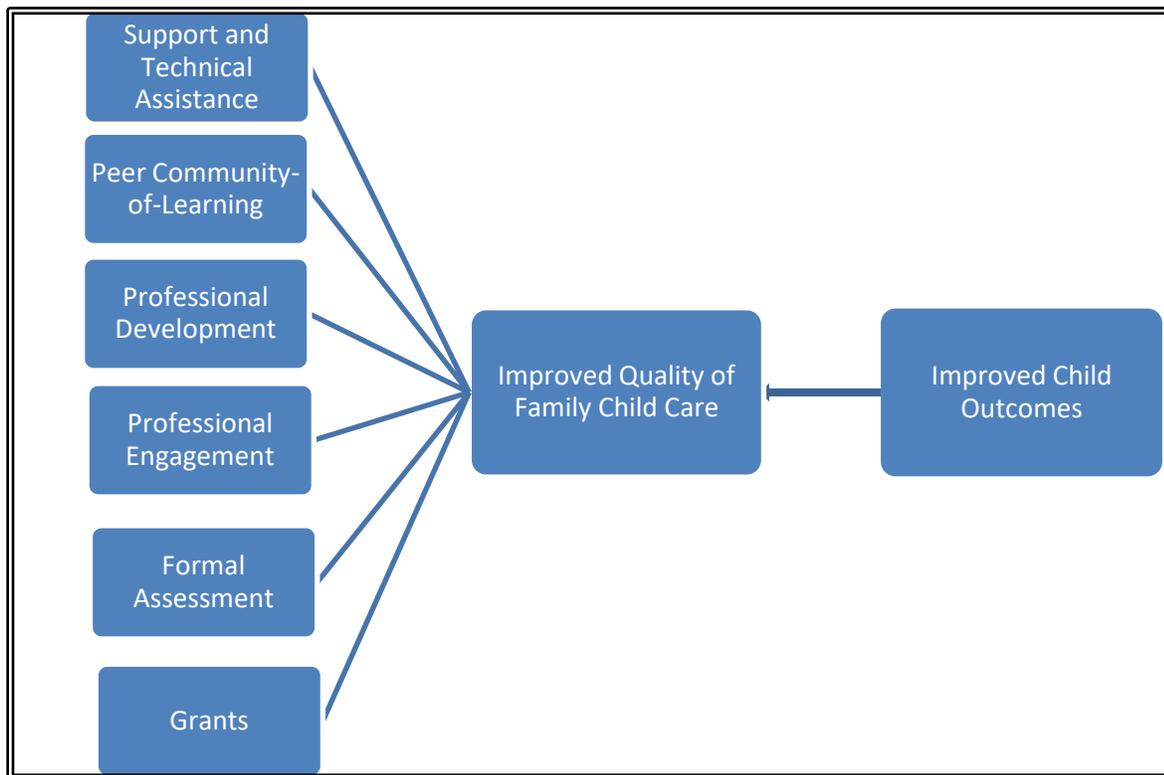
Child Care Connection gratefully acknowledges the following project collaborators:

- ❖ **The Nicholson Foundation**, for funding, support, and mentorship during development and implementation of this 3-year project.
- ❖ **Community Child Care Solutions**, for management and program operations in Middlesex and Somerset counties.
- ❖ **Programs for Parents**, for management and program operations in Essex County.
- ❖ **New Jersey Department of Human Services, Division of Family Development**, for collaboration and support, as this project served as the pilot for the implementation of *Grow NJ Kids* Quality Rating Improvement System (QRIS) for family child care.
- ❖ ***Steps to Quality* Advisory Committee**, comprised of 25 early care and education leaders, for attending quarterly meetings to provide guidance, feedback, and support.
- ❖ **The Schumann Fund for New Jersey**, for funding external assessments for participating Cohort A providers in Year One and Year Three.



Steps to Quality Staff – Fall 2016

Steps to Quality Conceptual Model



Steps to Quality consists of five major components:

- ❖ **Support and technical assistance** provided to the participating family child care providers by Early Care and Education (ECE) specialists.
 - **Technical assistance** includes coaching and mentoring providers in various aspects of caring for young children, assessing their skills and competencies using formalized tools such as the *Grow NJ Kids* QRIS/FCC tool, and helping them identify and obtain learning materials and equipment. All of these activities are designed to help the providers obtain a quality rating by the *Grow NJ Kids* QRIS.
 - **Additional group activities**, such as focus groups, sessions to compile QRIS documentation binders, and group outings to foster provider bonds and support.
- ❖ A **Peer Community-of-Learning**, which provides opportunities for the providers to meet for group training, share experiences, network, and learn from each other.
- ❖ **Professional Development** opportunities, a wide variety, are regularly shared with providers.
- ❖ **Professional Engagement** includes support for enrolling in NJ Workforce Registry membership, as well as accessing the fingerprint process, liability insurance, and peer leadership development.
- ❖ **Formal Assessment** includes using the Family Child Care Environmental Rating Scale-Revised (FFCERS-R) and the *Grow NJ Kids* Family Child Care Self-Assessment tool to evaluate the provider's program.
- ❖ **Grants for learning materials and equipment**, which allow providers to obtain materials that enhance the learning environment they provide to young children.

Year Three of the *Steps to Quality: A Grow NJ Kids Family Child Care Initiative* officially ended on July 31, 2017. As we anticipate further success with additional providers completing the *Grow NJ Kids* rating process, we will revisit and update this report in December 2017.

What is the *Steps to Quality* Project?

The *Steps to Quality Family Child Care Initiative* is a quality enhancement program for family child care providers who serve young children, including infants and toddlers. The program operates in New Jersey's Mercer, Middlesex, Somerset, and Essex counties, with an emphasis on three low-income target communities—Trenton, Perth Amboy, and Newark. Using research (Appendix A) indicating that higher quality child care leads to better child outcomes, the program endeavors to strengthen the skills of family child care providers so that they can provide better learning opportunities for the children in their care. *Steps to Quality* participant providers must serve at least one infant or toddler and at least one child on a state child care subsidy program.

Steps to Quality, a Nicholson Foundation-funded project, acted as the pilot for implementation of the *Grow NJ Kids* Quality Rating and Improvement System (QRIS) for family child care (FCC). By supporting families and child care providers, this effort helps to give young children the learning experiences they need as a foundation for later success. The family care providers participating in *Steps to Quality* also serve the vital function of allowing parents to go to work with confidence, knowing their children are safe and well cared for.

The primary goals of the initiative are to:

- ❖ Promote the professional competency of participating family child care providers through assessment, training, technical assistance, and resources.
- ❖ Demonstrate increased levels of competency, as measured by the *Grow NJ Kids* Quality Rating Improvement Scale.
- ❖ Provide information to New Jersey's early care and education leaders and stakeholders to help inform ongoing efforts to build quality improvement systems across the state.

***Grow NJ Kids*, New Jersey's QRIS**

Grow NJ Kids is New Jersey's state-sponsored QRIS. *Grow NJ Kids* is designed to create universal standards of quality for all child care and early education programs throughout the state so that their quality can be assessed, improved, and communicated. *Grow NJ Kids* is a collaboration of New Jersey's Departments of Children and Families, Education, and Health and Human Services.

All types of programs can participate in *Grow NJ Kids*—child care centers, school- or center-based preschool programs, Head Start programs, and registered family child care providers.

Here's how the *Grow NJ Kids* QRIS works:

- A center or family child care provider enrolls in *Grow NJ Kids* and completes the orientation.
- Trained professionals work with the program to assess and strengthen five categories of quality. Providers have access to staff training, classroom materials, and technical support.
- Throughout assessment and quality improvement, programs develop documentation until they demonstrate "rating readiness" and request a formal rating visit from *Grow NJ Kids*.
- Programs are rated by a trained rater on a 5-star system based on documentation review, observation, and a points system.
- Center ratings are posted on the *Grow NJ Kids* website (www.GrowNJKids.com) to help parents make informed decisions about placements for their children.

A Brief Look Back at Year One and Year Two

The *Steps to Quality* project was launched in February 2014, and 36 providers (12 in each of the three participating counties) were recruited to participate during Year One. ECE specialists from the three participating CRRs provided technical assistance and support during one-on-one site visits and group training sessions, and the program also helped providers with other tasks, such as acquiring liability insurance and obtaining fingerprint background checks. At the end of Year One, participating providers had exceeded expectations, with 100 percent having improved on their individual Quality Improvement Action Plan (QIAP) by at least 10 items and 84 percent having improved on more than 15 items. QIAPs are working documents for providers and ECE specialists to document achievements and chart next steps on the quality continuum.

The program strengthened further during Year Two (February 2015 to April 2016), with an additional three providers joining in each county, for a total of 45 participating providers. A new assessment tool was put into use to monitor the developing skills of providers and a new Steps to Quality Ambassadors professional growth and leadership program was started, with two Ambassadors in each county. At the end of Year Two, providers again exceeded expectations, with 86 percent having improving on their QIAP by at least 10 items and 69 percent having improved on more than 15 items.

For more highlights from Year One and Year Two, see Appendix B.



A young girl finds a comfortable place to sit while learning about emotions.

Year Three Highlights

During the *Steps to Quality* Year Three period, the state changed how it managed the QRIS process for family child care providers. In the new process, CRRs conduct the initial *Grow NJ Kids* functions of outreach, orientation, and self-assessment, including helping providers enroll in the state's Registry of child care providers, procure liability insurance, obtain a fingerprint background check, and conduct baseline assessments. When this initial work is complete, providers are transitioned to one of three state-funded technical assistance agencies for intensive help to prepare for rating.

During Year Three (April 2016 to July 2017), the *Steps to Quality* team completed quality enhancement activities with the 39 remaining members of the original group of 45 who agreed to continue participation using the same framework of assessment, training, and individual supports. This group, known as Cohort A, worked toward obtaining a *Grow NJ Kids* rating. At year's end, 23 members of this group submitted documents for rating. The remainder will be transitioned to the *Grow NJ Kids* technical assistance agency ECE Specialist, so they can complete work toward rating.

During Year Three, 51 additional providers who serve high-risk children in the targeted areas were recruited to form a second cohort (Cohort B). Staff worked with this new group to complete the initial quality improvement activities and then the group was transitioned from *Steps to Quality* to the *Grow NJ Kids* technical assistance agency ECE Specialist to continue work toward the ultimate goal of rating. By the end of the year, 26 members of this cohort completed the transition process.

Both cohorts also received incentive materials and opportunities for professional development scholarships through the *Grow NJ Kids* program. Project staff also worked collaboratively with state partners to provide feedback on the use of the *Grow NJ Kids FCC Self-Assessment Tool* during this first year of its rollout on a broader scale. This year, six providers (two from each county) actively supported the project through their work as peer Ambassadors. Their contributions were notable, as they helped with recruitment and the challenges of documentation and submission for rating.

In an unexpected development during the year, the New Jersey Child Care Development Block Grant (CCDBG) program issued a new regulation requiring providers and their substitutes, assistants, and alternates to complete 10 hours of specific CCDBG training to remain in compliance and receive a subsidy. This new CCDBG requirement arose at the same time providers were giving increased effort to ensuring their readiness for *Grow NJ Kids* rating. It is a testament to the quality of developed relationships among ECE specialists and providers that these amplified targets did not lead providers to become overwhelmed and disengage from the *Steps to Quality/Grow NJ Kids* process.

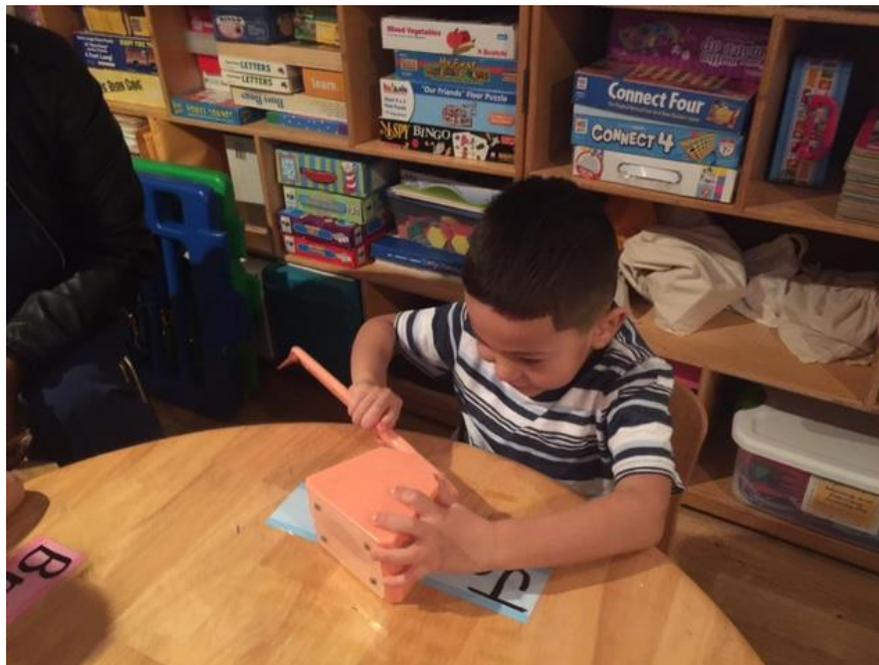
Additional highlights from the year included:

- ❖ Three supplementary staff members (full-time in Middlesex/Somerset and Essex and half-time in Mercer County) were hired to work with new Cohort B providers.

- ❖ An average of 10 on-site visits with Cohort A and five visits with Cohort B providers were completed, providing technical assistance, guidance toward rating submission, and transition to *Grow NJ Kids*.
- ❖ ECE specialists helped 26 Cohort B providers transition to *Grow NJ Kids* Technical Assistance Centers
- ❖ *Steps to Quality* program staff received a 1-day training on Coaching and Mentoring.
- ❖ Staff presented six peer community-of-learning training programs. These programs contributed to the 20-hour total training requirement for each provider.
- ❖ Staff and providers participated in the 2016 *Supporting Continuous Quality Improvement in Family Child Care Initiative*, sponsored by the National Center on Early Childhood Quality Assurance.

As a result of these activities, for the third year in a row, providers exceeded expectations, with 92 percent having improved on their QIAP by at least 10 items and 58 percent having improved on more than 15 items.

Appendix C provides details on the numbers of providers who began and completed Year Three activities.



A young boy learns the basics of an essential daily health habit.

Year Three Providers: A Diverse Group

Many of the providers who participate in the *Steps to Quality* initiative are from the low-income communities they serve. This influences their daily child care practices, making the support and technical assistance they receive all the more critical to their success. Providers often struggle with:

- ❖ Overwhelming personal issues, such as lack of health insurance, low wages, the need to live and raise families in communities affected by urban violence, low-rated school systems, and the struggles of operating a sole proprietary business.
- ❖ Living on the brink of poverty, with limited access to materials and toys that would enhance the quality of care provided.
- ❖ Lack of higher education and specialized education, knowledge of child development curricula, and limited understanding of business practices.

Year Three providers represented a range of demographic characteristics (Table 1). As in previous years, the program served a large number of providers for whom Spanish is their primary language. Providers' experience and education levels also varied widely. This diversity of characteristics has an important impact on staffing and resources, which are limited for family child care, and on service delivery strategies. For example, the *Grow NJ Kids* Assessment Tool is not yet available in Spanish, which poses a challenge for the assessment of Spanish-speaking providers.



Providers share feedback during an annual Steps to Quality focus group. One of the local Steps to Quality Ambassadors takes notes, to be translated to English.

Table 1. Demographics of Year Three Providers

	Cohort A	Cohort B	Total
Average Age	47 years	55 years	49 years
Age Range	28-66 years	41-70 years	28-70 years
Years in family child care (FCC) (avg.)	10 years	10 years	10 years
Years in FCC Range	<1-35 years	1-22 years	<1-35 years
Primary Language			
Spanish	59%	22%	37%
English	41%	78%	63%
Education Level:			
Some High School	4%	-	2%
High School Diploma/GED	50%	35%	44%
Some College	17%	35%	24%
Associates Degree	-	24%	11%
College Degree	17%	6%	12%
Other	12%	-	7%



Providers explore their “Sueños/Dreams” at the Spanish ECE Conference sponsored by Child & Family Resources – September 2016 (STQ funds covered the cost of registration).

Year Three Participating Children and Families

As Table 2 shows, the children and families served by participating family child care providers also are a diverse group. Many of them struggle with poverty and social disadvantage, similar to the providers serving them.

Table 2. Demographics of Year Three Children and Families

Children Served	Cohort A	Cohort B	Total
Year Three Totals	174	153	327
Child/Family	Cohort A	Cohort B	Total
Percent Special Needs	3%	10%	6%
Age:			
Birth – 18 Months	7%	14%	10%
19 Months – 3 Years	37%	44%	40%
3-5 Years	37%	24%	31%
5-8 Years	13%	11%	12%
8 and Older	6%	7%	7%
Race/Ethnicity			
Hispanic/Latino	74%	28%	52%
White	4%	14%	9%
African American	18%	45%	31%
Asian	0	3%	1%
Pacific Islander	0	2%	1%
Mixed Race	4%	8%	6%
Income by Payment Meth.			
Private Pay	33%	46%	40%
Work First NJ	15%	6%	11%
NJ Cares for Kids	48%	37%	43%
Child Protective Services	3%	2%	3%
Other	1%	9%	3%

Note: Low- and moderate-income working parents can receive state subsidies for child care. Children whose families receive cash assistance under the state’s Temporary Assistance to Needy Families (TANF) program are entitled to free care. Former *Work First NJ* participants receive subsidized child care for up to two years after moving from welfare to work. Those clients make a small co-payment, which varies based on family size and income. Families who were never on TANF also can receive child care subsidies under the *New Jersey Care for Kids* program. Families earning up to 200 percent of the federal poverty level qualify for subsidies.

Year Three Project Components by the Numbers

Support and Technical Assistance

Participant providers reported that *Steps to Quality* ECE specialist support and technical assistance were a valuable part of the quality improvement process. The face-to-face technical assistance visits were ranked highest and cited as “the most helpful aspect of the project” by 30 percent of providers in a provider satisfaction survey. Similarly, providers who participated in a year-end focus group described the visits as valuable because the support is individualized, on-site, and builds on information shared in group training programs. ECE specialists mirrored this feedback in a focus group conducted with staff members. Cohort A providers received an average of ten visits this year and Cohort B providers received an average of five visits.

ECE specialists also provided technical assistance through other means, including telephone, email, and mail. Table 3 describes these Year Three contacts by type.

Table 3. Year Three Technical Assistance and Support Contacts, by Type

Type	Mercer	Middlesex	Essex	Total
<i>Cohort A</i>				
Face-to-Face	139	135	107	381
Phone	403	73	147	623
E-mail	289	36	105	430
Mail	60	90	20	170
<i>Cohort B</i>				
Face-to-Face	50	82	101	233
Phone	95	24	227	346
E-mail	8	11	175	194
Mail	1	12	11	24

Additional Group Activities

All three *Steps to Quality* agencies held group activities in addition to the peer community-of-learning training sessions. *Steps to Quality* Cohort A providers gathered throughout the year to work collaboratively on organizing their QRIS documentation into binders and to participate in focus groups.

Many additional small-group and individual binder-support sessions were held during the final five months of the project. Providers organized gatherings themselves, outside of staff-planned activities, an indication of the supportive culture and strong bonds they developed. A culminating celebration of achievement was held in each county at the end of Year Three.



An ECE specialist shares labels to help organize providers' Steps to Quality/Grow NJ Kids standards binders.

Technical Assistance Content

ECE specialists tracked primary activities during technical assistance visits and recorded the primary content discussed during sessions. Table 4 illustrates the percentage of time spent on various aspects of technical assistance support. For example, Cohort A specialists “shared information” during 53 percent of the visits. Cohort A providers received an average of ten visits this year. This was higher than the projected eight visits per provider due to needs related to documentation and submission of rating-readiness. As Year Three came to an end, a substantial amount of small-group and individual support was dedicated to helping providers organize and scan their *Steps to Quality/Grow NJ Kids* standards binders, which contained all the documents needed for rating.

Table 4. Year Three Technical Assistance Activities

Primary Activity	Category	Definition	Cohort A Percent of visits*	Cohort B Percent of visits*
Sharing Information	Coaching	Sharing information related to a topic or subject area by explaining or providing examples that support quality improvement	53%	5%
<i>Grow NJ Kids</i> QRIS/FCC tool	Assessment	Reviewing the current status of QIAP, recording and dating requirements that have been met and documented	36%	0%
QIAP Goal-Setting	Coaching	Planning next steps and setting goals	27%	7%
Modeling	Coaching	Showing providers quality practice, e.g., DAP activities, interactions, communication strategies	24%	6%
Constructive Feedback	Coaching	Providing constructive feedback related to provider practices or specific behaviors	18%	0%
Training Information	Project Logistics	Distributing calendar and/or registration forms for upcoming training	11%	0%
Liability Insurance	Project Logistics	Assisting/supporting a provider to complete the insurance application and paying for the coverage	10%	16%
FCCERS-R	Assessment	Guidance in understanding the tool; supporting its use in self-assessment, reviewing scores	8%	21%
Training	Training	Using a planned agenda to present a specific set of objectives and key concepts	8%	0%
Other	Other	Activity not found elsewhere or when only dropping off incentive materials	2%	6%
Learning Materials and Equipment	Resources and Learning Materials	Identifying and purchasing early learning materials or equipment	1%	4%
Fingerprinting	Project Logistics	Assisting/supporting a provider to complete fingerprinting/submitting report	0.8%	18%
Professional Resources	Resources and Learning Materials	Identifying and collecting or purchasing provider professional resources	0.5%	4%
Create QIAP	Assessment	Discussing collaboratively/deciding about how to place the FCCERS items (less than 3) and <i>Grow NJ Kids</i> unmet items onto a step-by-step QIAP	0.3%	21%
Parent Engagement Materials	Project Logistics	Distributing parent engagement materials	0.3%	6%
Orientation	Orientation	Reviewing project goals and responsibilities and completing forms	0%	20%

Peer Community-of-Learning

ECE Specialists and providers continued to comment positively about group training programs offered through *Steps to Quality*. The sessions are an efficient way to deliver information and they allow providers to network and learn from each other. In addition to project network trainings, providers are required to attend outside training programs and conferences toward a cumulative goal of 20 hours a year per provider. During Year Three, *Steps to Quality* providers cumulatively attended 1,102 hours of training, averaging 28 hours per provider. Table 5 details the group trainings offered during Year Three.

Table 5. Year Three Group Trainings

#	Essex County	Mercer County	Middlesex County
1	Curriculum and <i>Grow NJ Kids</i> (6/18/16)	Supporting Curriculum through Active Play (6/25/16)	Curriculum and <i>Grow NJ Kids</i> (4/14/16)
2	FCCERS-R (individual sessions/dates vary)	FCCERS – R (8/13/16)	Supporting Curriculum Through Health and Safety (7/21/16)
3	Supporting Curriculum Through Safe and Healthy Practices (9/27/16)	Supporting Curriculum Through Planning Your Days (9/24/16)	FCCERS-R (individual sessions/dates vary)
4	Supporting Curriculum Through Individual and Group Planning (10/29/16)	Supporting Curriculum Through Literacy and Language (11/5/16)	Supporting Curriculum Through Let's Move Child Care (8/18/16)
5	Supporting Curriculum Through Gross Motor Activities and Let's Move (11/19/16)	Curriculum Planning for Positive Behavior (1/7/17)	Supporting Curriculum Through Nutrition (10/27/16)
6	Supporting Curriculum Through Talking with Children (1/21/17)	Supporting Curriculum through Early Math Skills (2/25/17)	Supporting Curriculum Through Developmentally Appropriate Practice and FCCERS (11/10/16)
7* extra session	Supporting Curriculum Through Family Conferencing (2/25/17)		

Professional Development

Providers took advantage of a wide variety of regional and local professional development opportunities with conference registration paid for by *Steps to Quality*. Through communication and encouragement, providers attended an assortment of face-to-face and online training events.



Participants proudly display their “goodie bags” at the Spanish ECE Conference, sponsored by Child & Family Resources in September 2016.

Learning Materials and Equipment Grants

During Year Three, *Steps to Quality* Cohort A providers were eligible to receive additional equipment through state-funded grants. ECE specialists worked with participants to identify needs that were geared toward meeting standards on the *Grow NJ Kids* assessment tool. Cohort B providers will have the same opportunity after transitioning to the GNJK Technical Assistance Center.

As a part of this grant, learning materials were distributed during on-site visits in an effort to improve environments and provide opportunities for modeling and child engagement.

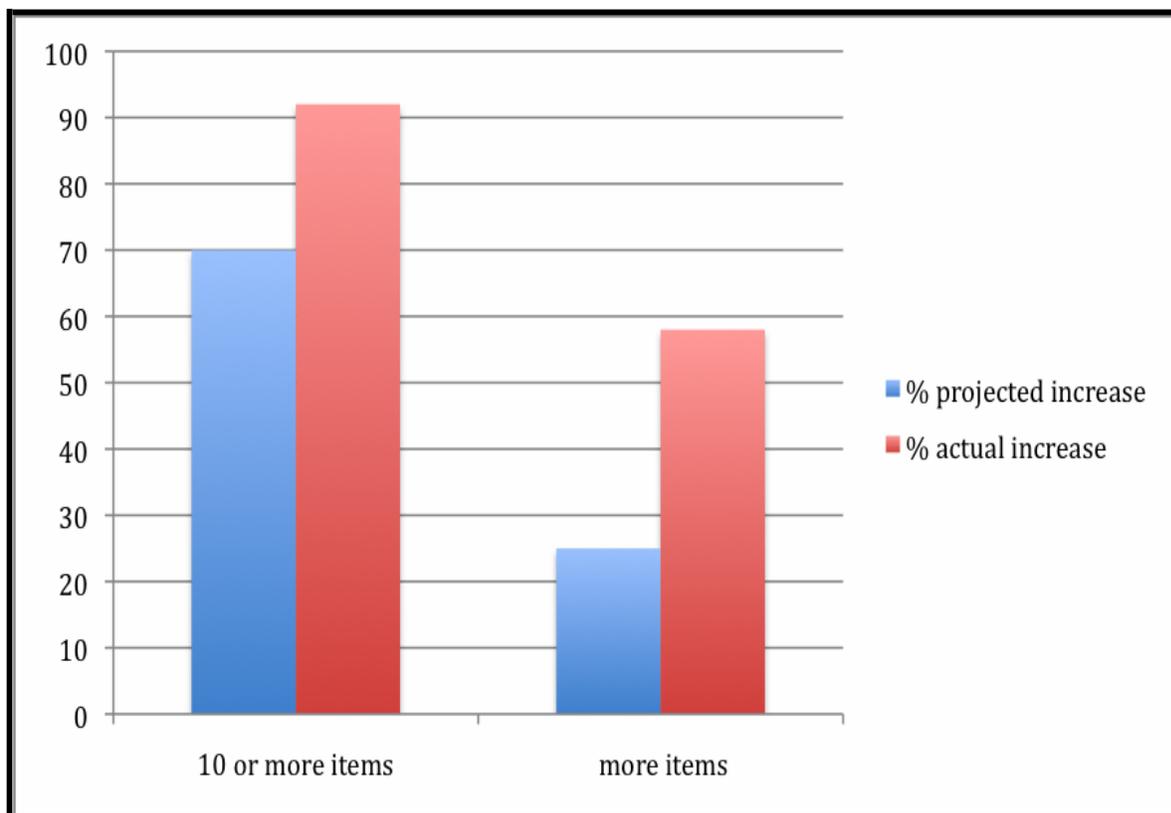
Steps to Quality Year Three Results

This section presents results from Year Three of the *Steps to Quality* project. Results are determined based on progress on five Key Indicators.

Key Indicator 1: Progress on Quality Improvement Action Plans

In an effort to reflect continuous quality improvement, *Steps to Quality* staff tracked progress along individualized QIAPs. These plans, reviewed quarterly, served as working documents for providers and ECE specialists to document achievements and chart next steps on the quality continuum. This year, expectations were once again exceeded, as 86 percent of participants improved quality by at least 10 standards on their individual plans. This was higher than the 70 percent of providers anticipated. Additionally, 69 percent of the providers improved by 15 standards on their QIAP, exceeding the expected 25 percent.

Figure 1. Provider Improvement on Quality Improvement Action Plan Measures



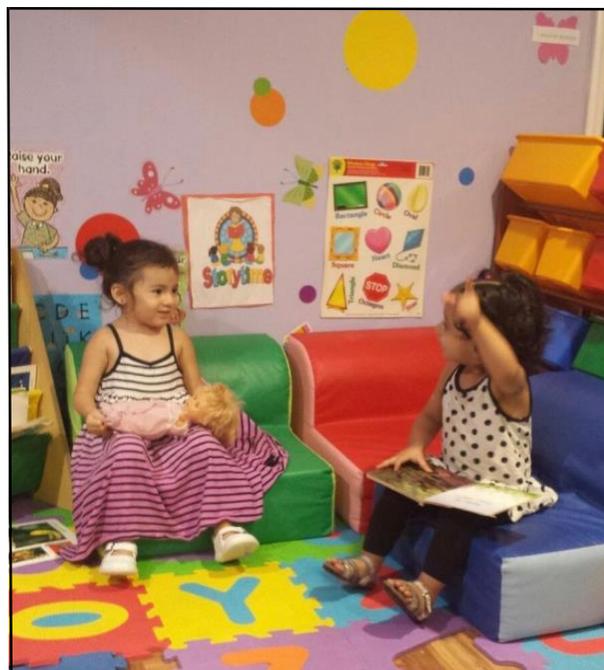
Key Indicator 2: Use of the *Grow NJ Kids Assessment Tool*

Cohort A providers continued to use (and pilot) the *Grow NJ Kids Self-Assessment Tool*. This instrument is divided into five categories and allows providers to assess program quality using clearly defined criteria. Providers, with guidance from ECE specialists, used this information to inform the development of individualized QIAPs. The goal was to improve quality and prepare providers for the rating process. During the course of Year Three, Cohort A providers made QIAPs and took additional steps to fully meet an average of 18 *Grow NJ Kids* standards, as outlined on the tool.

For more information on *Grow NJ Kids Assessment Tool*, visit the website at www.grownjkids.com.

Key Indicator 3: Results on the Family Child Care Environment Rating Scale-Revised (FCCERS-R)

Cohort A providers participated in a baseline *Family Child Care Environment Rating Scale-Revised* assessment during Year One, conducted by a neutral outside rater. This year, a subset of this group received a follow-up FCCERS-R assessment, funded by The Schumann Fund for New Jersey. Due to difficulties locating a bilingual and reliable rater for these assessments, the follow-up assessments were limited to English-speaking providers from Cohort A who also participated in the original assessments, so that progress could be measured and compared. To date, nine Cohort A providers have received follow-up assessments, and it is anticipated that two more providers will be assessed. Current results are displayed in Table 6.



Two children engage in social interaction, a pathway to successful reading.

Table 6. FCCERS-R Assessment Results

FCCERS-R Subscale Scores	Year 1 Average	Year 3 Average	Increase (Decrease)
<p>Space and Furnishings</p> <p>This subscale addresses the indoor areas used for child care, including furniture for routine care, play, and learning, provisions for relaxation and comfort, space arrangement, display and space for privacy.</p>	3.44*	4.61	1.18
<p>Personal Care Routines</p> <p>This subscale addresses practices around daily routines, such as greeting and departure, meals, naptime, toileting, and health and safety practices.</p>	3.33	4.07	0.74
<p>Listening and Talking</p> <p>This subscale addresses the program’s formal and informal communication as well as use of books.</p>	3.72	5.79	2.08
<p>Activities</p> <p>This subscale addresses learning opportunities in daily activities, including fine motor, art, music/movement, blocks, dramatic play, nature/science, sand/water, use of television/video/computer, active physical play, and promoting acceptance of diversity.</p>	3.11	4.36	1.25
<p>Interactions</p> <p>This area addresses supervision of play and learning, provider- child interactions, discipline, and interactions among children.</p>	4.56	5.72	1.16
<p>Program Structure</p> <p>This area addresses schedule, free play, group time, and provisions for children with disabilities.</p>	3.67	5.08	1.41
<p>Parents and Provider</p> <p>This area addresses provisions for parents, balancing personal and caregiving responsibilities, opportunities for professional growth, and provisions for professional needs.</p>	4.40	5.69	1.29
Total Overall Average Score	3.62	4.82	1.20

* Scale: 1-Inadequate 3-Minimal 5-Good 7-Excellent

Key Indicator 4: The Provider Perspective

Throughout the *Steps to Quality* project, the perspectives of providers have been solicited through written surveys and focus group sessions at the end of each project Year. Overall, *Steps to Quality* providers indicate that their program quality has improved as a direct result of participation. Figures 2 and 3 represent provider feedback on key issues about the program.

Figure 2. Most Helpful *Steps to Quality* Component Identified by Providers (% responding)

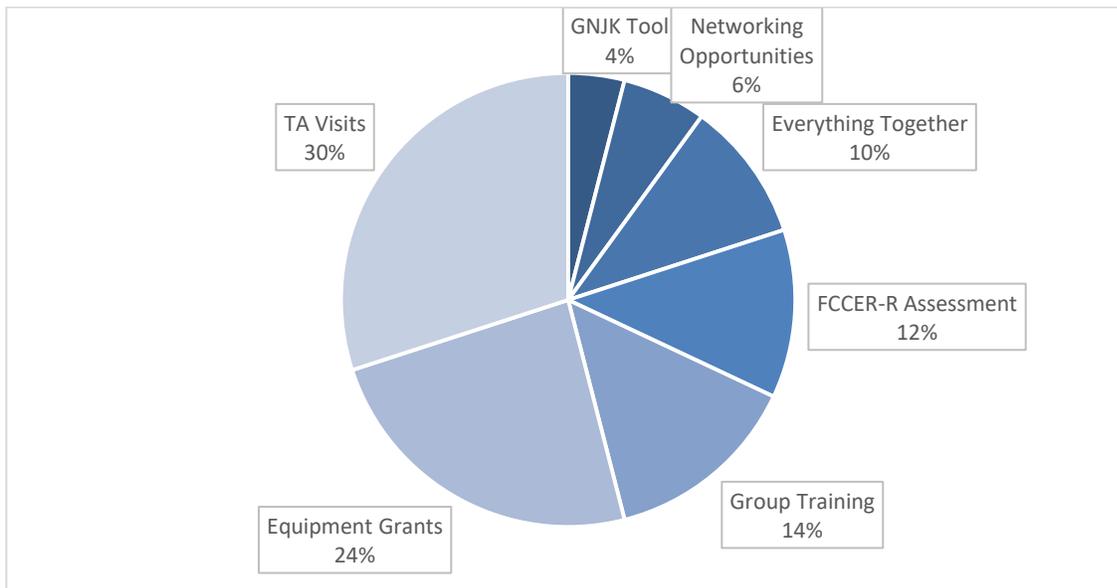
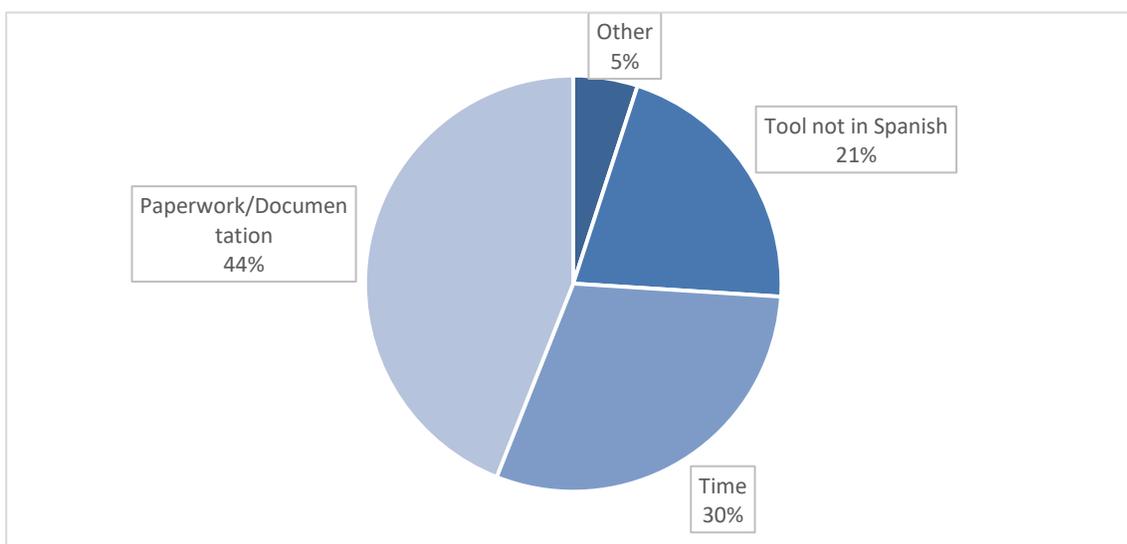


Figure 3. Barriers to Obtaining a *Grow NJ Kids* Rating Identified by Providers (% responding)



Key Indicator 5: Rating Results

In addition to making programmatic changes and improving the quality of care, providers must compile and submit documents to the New Jersey Center for Quality Ratings (NJCQR) in order to obtain a rating certifying that their child care services meet a specific level of quality.

Ratings are based on three different thresholds: documentation that providers have participated in quality improvement efforts, evidence of Developmentally Appropriate Practice training/implementation, and FCCERS-R scores obtained from the Onsite Rating Visit. The documentation component is complicated because providers must gather and organize a substantial amount of paperwork and confirm that all required documentation are included. They must clearly demonstrate how their documents align with the *Grow NJ Kids* quality standards and must upload all information onto a flash drive for submission. Cohort A providers were anxious to present their programs in the best light possible and worked hard throughout Year Three to submit their documents to NJCQR by the end of the project year. ECE specialists worked many hours alongside the providers, often after business hours, to support the compilation process.

By the end of the project year, 23 of the 39 providers who were still active at the beginning of the project year had completed the steps necessary to submit their rating-readiness documents. Since then, an additional two have submitted their rating-readiness, bringing the total number of submitted providers to 25. This stage of the *Grow NJ Kids* QRIS process includes receiving notification of an Onsite Rating Visit, completion of the Onsite Rating Visit, and receipt of the rating decision from NJCQR. As of 11/17/17, 23 providers have received a rating and two providers have had their Onsite Rating Visit but are awaiting their rating decision. Table 7 provides details of the providers, their submissions, and their ratings status. The remaining 14 providers have transitioned to the new technical assistance system to complete their submission or have disengaged from the process. Appendix C provides documentation on the status of providers at the conclusion of the project year.

Table 7. Steps to Quality Providers Who Submitted for the Rating Process

Provider	Rating Readiness Submission	Rating Requested	Rating Received	Rating Results Sent
1	4/28/2017	3 Stars	3 Stars	8/8/2017
2	5/8/2017	3 Stars	extension	8/9/2017
3	5/8/2017	3 Stars	3 Stars	8/8/2017
4	5/11/2017	3 Stars	3 Stars	8/9/2017
5	5/16/2017	4 Stars	4 Stars	8/9/2017
6	5/31/2017	3 Stars	4 Stars	8/9/2017
7	6/19/2017	3 Stars	4 Stars	8/9/2017
8	6/28/2017	4 Stars	4 Stars	8/9/2017
9	6/28/2017	4 Stars	extension	8/9/2017
10	6/28/2017	3 Stars	extension	8/9/2017
11	6/29/2017	3 Stars	3 Stars	8/8/2017
12	5/8/2017	4 Stars	5 Stars	8/15/2017
13	6/20/2017	3 Stars	3 Stars	10/24/17
14	6/15/2017	4 Stars	3 Stars	9/22/17
15	6/25/2017	4 Stars	3 Stars	11/6/17
16	6/20/2017	3 Stars	extension	10/24/17
17	5/3/2017	4 Stars	3 Stars	9/22/17
18	6/30/2017	4 Stars	extension	10/25/17
19	6/30/2017	4 Stars	4 Stars	10/25/17
20	6/30/2017	4 Stars	extension	10/25/17
21	7/7/2017	4 Stars	3 Stars	10/25/17
22	7/27/2017	4 Stars	extension	11/6/17
23	7/28/2017	3 Stars	extension	12/1/2017
24	7/31/2017	3 Stars	extension	11/6/17
25	7/31/2017	3 Stars	extension	12/20/2017
26	8/28/2017	3 Stars	3 Stars	12/1/2017

	Rated	TOTAL RATED
Extension	10	26
3 stars	10	
4 stars	5	
5 stars	1	

The providers who received “Extension” met the 3-, 4-, or 5-Star requirements for documentation and evidence of DAP training/implementation but did not meet one or both of the required indicators for their FCCERS-R scores. *Grow New Jersey Kids* has

encouraged them to continue working toward a rating and will assign them to their regional *Grow NJ Kids* technical assistance experts to continue their progress.

Lessons Learned and Recommendations

Throughout Year Three, *Steps to Quality* project staff maintained regular communication with key stakeholders, including staff from the New Jersey Division of Family Development and the *Steps to Quality* Advisory Committee with statewide representation. Ongoing reflection and mechanisms for feedback from program participants, staff, and families were built into the project to provide a varied account of lessons learned. These communication mechanisms have informed, and will continue to inform, future efforts, especially those related to including family child care providers in *Grow NJ Kids* QRIS as part of the state's Race to the Top Early Learning Challenge Grant.

The successes and challenges experienced to date in the *Steps to Quality* project have led to the following recommended actions that will help sustain and strengthen this initiative:

Recommendation One: Plan for the language needs of the participating family child care providers.

Bilingual staff and materials in Spanish, including the tool itself, are critical components of a successful effort.

- ❖ Assess the population of family child care providers to be served.
- ❖ Hire bilingual staff to meet the needs of providers served.
- ❖ Allow time to translate documents and data.
- ❖ Make training materials available in the providers' primary language.
- ❖ Ensure that bilingual raters are available.

Recommendation Two: Provide family child care providers with ongoing, individualized support.

A wide variety of quality improvement supports and interventions are necessary to move a highly varied population of providers along the continuum of quality improvement.

- ❖ Personalize supports for family child care providers to meet their individual needs.
- ❖ Allow time to establish relationships based on consistency, trust, and encouragement.
- ❖ Ensure a maximum ratio of no more than 20 family child care providers to 1 full-time quality improvement specialist.
- ❖ Require that quality improvement specialists have at least a bachelor's degree in early childhood education or closely related field, experience working as an early childhood educator, and previous involvement in enhanced care initiatives.
- ❖ Select staff who understand provider capabilities, strengths, unique settings, and registration requirements.

Recommendation Three: Use a multifaceted approach to attract providers and increase the likelihood of quality improvement.

Provider feedback and staff observation have demonstrated that pursuing a combination of strategies yields the best results with recruitment and programmatic change.

- ❖ Include one-on-one technical assistance in the program, group learning with hands-on experiences, and opportunities to learn using multimedia resources, such as textbooks and videos.
- ❖ Use materials and equipment grant funds in conjunction with on-site technical assistance to recommend simple changes that have an immediate impact on the quality of the daily program and learning environment.

Recommendation Four: Motivate providers to stay with the program by providing assistance and responsive guidance.

Once providers buy into the program goals, bond together as a group, and develop relationships with the ECE specialists, they are likely to continue participating in the network. More than 80 percent of the *Steps to Quality* providers in Cohort A stayed with the program for the entire three years, demonstrating that once engaged, providers are willing to commit to building program excellence. Turnover is a reality, however, due primarily to life circumstances, such as health issues and relocation. As such, recruitment projections should allow for some expected turnover.

- ❖ Provide consistency in staffing to allow establishment of strong, consistent, trusting professional-provider relationships.
- ❖ Provide continuing professional development for program staff on assessment tools, early childhood best practice, and training techniques.

Recommendation Five: Recognize that individualized technical assistance—the cornerstone of the change process—takes time.

Technical assistance specialists must be flexible to meet individual provider needs and must allocate ample time to help providers through the myriad elements necessary to meet quality goals.

- ❖ Recognize that the change process for family child care providers is slow and incremental.
- ❖ Allow time and opportunities for information and recommendations to be repeated and reinforced.
- ❖ Build in enough one-on-one visits at provider homes to allow for observation, coaching, and modeling. Six to twelve visits per year are optimal; some providers need more, others can move forward with less.

Recommendation Six: Incorporate intensive training, follow-up support, and guidance for issues related to documentation of business practices, lesson planning, and curriculum implementation.

The unique nature of family child care, with one primary operator conducting all aspects of the business (without the benefits of supervision), mean that documentation of business practices, lesson planning, and curriculum implementation are the biggest challenges for providers. Extra support is needed to ensure that providers have sufficient knowledge and skills in these areas.

- ❖ Acknowledge and plan for the time necessary to move providers into the mindset of intentional practice, where they actively integrate, plan for, and promote learning in all domains—academic, social and emotional, physical, and creative.
- ❖ Provide individual and group learning opportunities on lesson planning, with ample amounts of feedback.
- ❖ Provide separate learning programs (group and individual) in the areas of business planning and documentation.
- ❖ Identify regularly available training to help family child care providers develop appropriate curricula for the children in their care.

Recommendation Seven: Adjust timelines and expectations, as needed, for family child care providers, along with levels of support.

As sole proprietors, family child care providers need additional time and support to meet the numerous requirements that precede rating. In addition, some providers begin with a minimal foundation of education and experience and therefore need extra time to increase to a ratable level of quality. Provider feedback points to the value of relationship-based assistance from staff members who are familiar with state standards as well as family child care settings. Guidance from trusted professional partners increases the chances of success.

- ❖ Undertake project planning with the individual needs of family child care providers in mind. Be flexible to account for issues arising due to single proprietorship.
- ❖ Establish guidelines early on that acknowledge preferred methods of communication with clear guidance regarding expectations.
- ❖ Adjust the number and timing of on-site visits to meet individual provider needs.
- ❖ Take into account the impact of expected and unexpected changes to regulations, in light of the time providers are able to devote to individual quality improvement.

Recommendation Eight: Make leadership development a priority, as experienced providers can be a resource for others moving through the process.

Training and professional supervision are key components of helping establish a cadre of peer support. Peer leaders can offer fellow providers support and modeling, both of which are invaluable to the process. Likewise, relationship-based interactions and word-of-mouth methods of recruitment have proven to be the best tool for engaging family child care providers in quality improvement efforts.

- ❖ Observe, identify, and encourage provider leaders within the group.
- ❖ Provide opportunities for peer mentoring and leadership—especially in the areas of recruitment, documentation, and business practices.
- ❖ Include time for networking and sharing during group training to ameliorate the effects of isolation and build a professional support group.

Recommendation Nine: Provide enhanced and ongoing supports to family child care providers to sustain their momentum and commitment to change.

The *Steps to Quality* experience and national research validate the strength of enhanced supports. *Steps to Quality* providers have consistently responded positively to guidance and support and regularly ask for a continued system of support as each project year comes to a close.

- ❖ Plan ahead for program sustainability through ongoing opportunities for providers to work together to maintain and improve program quality.
- ❖ Maintain ongoing and open communication between all collaborating partners, including the state.
- ❖ Maintain an active role in statewide and national family child care quality initiatives
- ❖ Involve key state stakeholders in regular communication, articulating and sharing information and recommendations for state implementation

Appendices

Appendix A: Related Research

The family child care landscape in New Jersey continues to evolve, affected by economic challenges and changes in the needs of families and their use of family child care services. The number of registered family child care providers in the state has declined, but findings from a 2011 survey conducted by the New Jersey Association of Child Care Resource and Referral Agencies (NJACCRRRA) demonstrate that “the family child care provider network continues to be a valuable system providing care in New Jersey” (NJACCRRRA, *New Jersey’s Family Child Care Providers: A Summary of 2011 Survey Results*).

In addition to the traditional full-time care option, 61 percent of providers included in the 2011 survey provided part-time care, 57 percent provided before- or after-school care, 27 percent provided drop-in care, 22 percent provided evening care, 12 percent provided over-night care, and 18 percent provided weekend care. In addition, 20 percent of family child care homes also offered services on holidays. This flexibility is critical in a state where, in 63.3 percent of all households with children younger than age 6 years, all the parents in the family are working (US Census, 2010).

The respondents in the 2011 survey were also asked to indicate the highest level of education they had completed. Nearly half (49 percent) of family child care providers in the state had earned a high school diploma or GED. An additional 18 percent of providers obtained an associate’s degree, 14 percent obtained a bachelor’s degree, and 2 percent completed a master’s program (NJACCRRRA, *New Jersey’s Family Child Care Providers: A Summary of 2011 Survey Results*).

Although many types of family child care networks exist, a “network” is generally defined as a program or system that provides targeted support services aimed at strengthening and improving child care quality. The *Steps to Quality* network includes many of the same strategies and interventions that have shown to be the most promising in affecting changes in quality.

- ❖ Children in family child care with more educated and trained providers score higher on measures of language and cognitive development. Clarke-Stewart, K., (2002). *Do Regulable Features of Child Care Homes Affect Children’s Development?* (Early Childhood Research Quarterly, 17(1), 52-86. Retrieved 12/4/12. <http://www.researchconnections.org/childcare/resources>)
- ❖ Providers in networks that offer any of the following services—use of a formal quality assessment tool, frequent visits to FCC homes... or on-going training for providers at the network site—have higher quality scores than providers in networks that do not offer any of these services. (Bromer, J. [2009] *The Family Child Care Network Impact Study: Promising Strategies for Improving Family Child Care Quality*, Policy Brief No.1, Herr Research Center for Children and Social Policy at Erikson Institute. Retrieved 12/12/12) <http://www.erikson.edu/research/family-child-care-network-impact-study/>

- ❖ Family child care providers who participate in a support network that provides a combination of educational and home-consulting visits, workshops, and peer support significantly outperform providers without these support opportunities on measures of quality. (Porter, T. & Reiman, K. [2015]. *Examining Quality in a Family Child Care Network: An Evaluation of All Our Kin*. Larchmont, NY: Early Care and Education Consulting.
<http://allourkin.org/sites/default/files/Examining%20Quality%20in%20AOK%202.25.16.pdf>

- ❖ The support and sense of connection they receive from participating in a family child care network/system is one of the benefits reported most often by network/system providers. Providers also view the monitoring of safety and quality by the network/system as beneficial both to themselves and to parents. (Hershfield, B. [2005]. *Family Child Care Networks/Systems: A Model for Expanding Community Resources*. Washington, DC: Child Welfare League of America. Retrieved 1/7/13 <http://www.cwla.org/programs/daycare/policyfamilycarereport.pdf>)

Appendix B: Project Highlights

Year One (February 2014 to February 2015) Historical Perspective:

- ❖ Developed program materials/hired staff/*Creative Curriculum* training for staff.
- ❖ Enrolled providers in New Jersey Registry: Professional Impact New Jersey (PINJ) and acquired liability insurance for participant providers.
- ❖ Performed external assessment using *Family Child Care Environment Rating Scale-Revised*.
- ❖ Developed *Steps to Quality* Checklist (pending availability of *Grow NJ Kids* tool).
- ❖ Developed individual Quality Improvement Action Plans (QIAP) with participants.
- ❖ Completed a minimum of six on-site technical assistance visits from project staff per participant provider.
- ❖ Completed five cluster-group training programs (toward a 20-hour total training requirement for each provider over the course of the year).
- ❖ Distributed learning materials and equipment grants, up to \$1,000 per provider.

Year Two (February 2015 to April 2016) Historical Perspective:

- ❖ Enrolled new providers in PINJ Registry and liability insurance and completed fingerprinting.
- ❖ Performed assessment using *Family Child Care Environment Rating Scale* (FCCERS-R) as a self-assessment (with support/guidance from ECE specialists) as per the *Grow NJ Kids* model prescription.
- ❖ Began using the *Grow NJ Kids Family Child Care Self-Assessment Tool*, available in draft form at the beginning of Year Two.
- ❖ Developed Quality Improvement Action Plans (QIAP) for new providers and monitored and revised plans for existing providers, as needed.
- ❖ Performed minimum of five on-site technical assistance visits with Year One cohort and minimum of six visits for new providers by ECE specialists.
- ❖ Performed six cluster-group trainings programs (toward a 20-hour total requirement).
- ❖ Distributed learning materials and equipment grants of up to \$750 for Year One cohort providers and \$1,000 for new providers plus state-funded grants.

Appendix C: Participating Providers During Year Three (April 2016 to July 2017)

Status	Cohort A	Cohort B	Total
# Enrolled During Year 3	39	51	90
# Submitted for Rating	25	0	25
# Transitioned	6	26	29
# Disengaged	8	20	24

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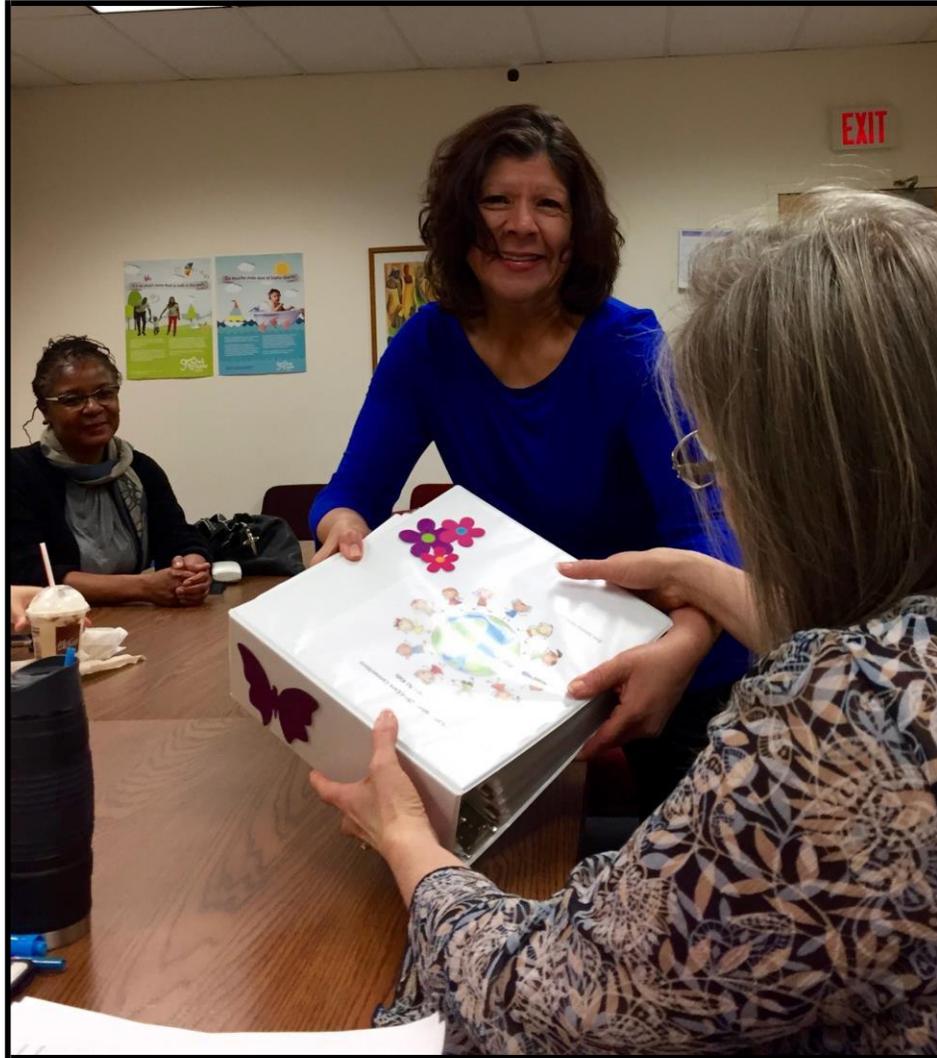
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Cecilia Zalkind	Advocates for Children of New Jersey
Rebekka Zydel	Child and Family Resources

In Memoriam: The *Steps to Quality* staff would like to dedicate this report to the memory of provider and *Steps to Quality* ambassador Nicchole Tate, in appreciation of her contribution to our efforts.



ECE specialist Marilyn Quintana shows off Cohort A's first completed binder, ready to submit as documentation of rating-readiness, at a Steps to Quality staff meeting.