

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



Year Three Report

Coordinated by Child Care Connection
August 2017

Year Three of the *Steps to Quality: A Grow NJ Kids Family Child Care Initiative* has officially ended as of 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.

Steps to Quality: A Grow NJ Kids Family Child Care Initiative is a project of Child Care Connection of Trenton, New Jersey, in partnership with Community Child Care Solutions, Perth Amboy, and Programs for Parents, Newark. Through a contract with the New Jersey Department of Human Services, Division of Family Development, all three New Jersey-based Child Care Resource and Referral (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 with support from The Nicholson Foundation, The Schumann Fund for New Jersey, and the New Jersey Department of Human Services, Division of Family Development.



Acknowledgements

Child Care Connection gratefully acknowledges the following project collaborators:

The Nicholson Foundation, for funding, support, and mentorship during development and implementation of this three-year-long project.

Community Child Care Solutions, for management and program operations in Middlesex County.

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 serves as the pilot for the *Grow NJ Kids* Quality Rating Improvement System (QRIS).

Steps to Quality Advisory Committee, comprised of 25 statewide 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

Project Overview

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, in four counties with an emphasis on low-income urban areas in New Jersey. Based on research (Appendix B) indicating that higher quality child care means better child outcomes, the program endeavors to help family child care providers enhance learning opportunities for children. *Steps to Quality* participant providers live in target communities of Mercer, Middlesex, Somerset, and Essex counties and must serve at least one infant or toddler and at least one child on a State child care subsidy program. The Nicholson Foundation funds this project. *Steps to Quality* offers a foundation for a select group of caregivers and, on a broader scale, acts as the pilot for implementation of the *Grow NJ Kids* Quality Rating and Improvement System (QRIS) for family child care. This system offers supports to families and child care providers in an effort to give young children the learning experiences they need as a foundation for later success. 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.
- To demonstrate increased levels of competency as measured by the *Grow NJ Kids* Quality Rating Improvement Scale.
- To provide information to New Jersey's early care and education leaders and stakeholders to help inform ongoing quality improvement systems-building efforts across the state.

Year Three

During Year Three, the *Steps to Quality* team completed quality enhancement activities with 39* members of the original group who agreed to continue participation using the same framework of assessment, training, and individual supports. This group, known as Cohort A, worked towards rating with the *Grow NJ Kids Quality Improvement and Rating Assessment*. At year's end, 23 members of this group submitted documents for rating. This year, 51 additional providers who serve high-risk children in the targeted areas were recruited to form a second cohort (Cohort B). Three supplementary staff members (full-time in Middlesex/Somerset and Essex and half time in Mercer County) were hired to work with this new group in a slightly different way. These providers engaged in initial quality improvement activities (enrollment in NJ Registry, procurement of liability insurance, fingerprint background check, and baseline assessments including a FCCERS-R), then transitioned to the *Grow NJ Kids* Technical Assistance Specialist to continue towards the ultimate goal of rating. By the end of the year 26 members of this cohort completed the transition process.

Both cohorts also receive incentive materials and opportunities for professional development scholarships through the *Grow NJ Kids* program. Project staff worked collaboratively with State partners to give 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," an effort to promote professional growth and develop leadership skills. Their contributions were notable as they helped with recruitment and the challenges of documentation and submission for rating. Program highlights by year can be found in Appendix A.

* Year Three began with thirty-nine providers 39 enrolled. Three Cohort A providers left the network during the year. One moved out of state during the Extension period, another left the network due to health issues in quarter two, and one unexpectedly and tragically died in January.

Provider Demographics – Year Three

Providers participating in *Steps to Quality* this year represented a wide range of demographic characteristics with implications for service delivery. As in previous years, the program served a large number of providers for whom Spanish is their primary language. This impacts staffing and resources, which are limited for family child care, including the *Grow NJ Kids* Assessment Tool, not yet available in Spanish. Provider experience and education levels varied widely, impacting service delivery strategies.

Status	Cohort A	Cohort B	Total
# Enrolled During Year 3	39	51	90
# Submitted for Rating	23	0	23
# Transitioned	3	26	29
# Disengaged	4	20	24
# Active at End of Year 3	9	5	14

Provider Demographics	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 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%



Child/Family Demographics – Year Three

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.



Technical Assistance Content: ECE specialists tracked primary activities during technical assistance visits and recorded the primary content discussed during sessions. The following table illustrates the percentage of time spent on various aspects of technical assistance support. For example, Cohort A specialists “share 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 (six + two in the project extension) per provider due to needs related to documentation and submission of rating-readiness. As we neared the end of this project year, a great deal of small-group and individual support was dedicated to final organization of the STQ/GNJK Standards Binders and scanning necessary rating documents. Cohort B providers received an average of five visits per provider, as anticipated.

TECHNICAL ASSISTANCE CONTENT				
Primary Activity	Category	Definition	Cohort A Percent of visits*	Cohort B Percent of visits*
Sharing Information	Coaching	Sharing specific information related to a particular 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 what is now met and documented	36%	0
QIAP Goal-Setting	Coaching	Planning next steps and setting goals	27%	7%
Modeling	Coaching	Showing providers quality practice – i.e., DAP activities, interactions, communication strategies, etc.	24%	6%
Constructive Feedback	Coaching	Providing constructive feedback related to provider practice or specific behavior	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 in completing 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	Only 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 equipments	1%	4%
Fingerprinting	Project Logistics	Assisting/supporting a provider in completing the fingerprinting and submitting the report	.8%	18%
Professional Resources	Resources and Learning Materials	Identifying and collecting or purchasing provider professional resources	.5	4%
Create QIAP	Assessment	Discussing collaboratively/deciding about how to place the FCCERS items (below 3) and <i>Grow NJ Kids</i> unmet items onto a step-by-step QIAP	.3%	21%
Parent Engagement Materials	Project Logistics	Distributing parent engagement materials	.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 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 towards a cumulative goal of 20 hours a year per provider. This year *Steps to Quality* providers cumulatively attended 1,102 hours of training, averaging twenty-eight (28) hours per provider. The table below details the offerings for Year 3:

#	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 though Literacy and Language (11/5/16)	Supporting Curriculum Through Let’s Move Child Care (8/18/16)
5	Supporting Curriculum Though 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 via Family Conferencing (2/25/17)		

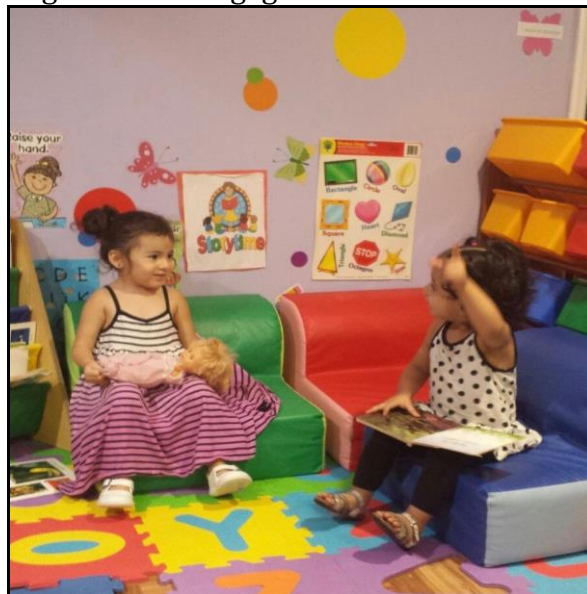


Additional Group Activities: All three counties held other group activities in addition to the peer community-of-learning training sessions. *Steps to Quality Cohort A* providers gathered throughout the year to participate in documentation/binder support sessions and focus groups. Many additional small group and individual binder support sessions were held in Quarter 4 and during the extension period. Providers organized gatherings themselves, outside of staff-planned activities, an indication of the supportive culture and strong bonds between providers. A culminating celebration of achievement was held in each county at year's end.



Learning Materials and Equipment Grants:

This year, *Steps to Quality Cohort A* providers were eligible to receive additional equipment through State-funded grants. ECE specialists worked with participants to identify needs, geared towards the goal of 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.



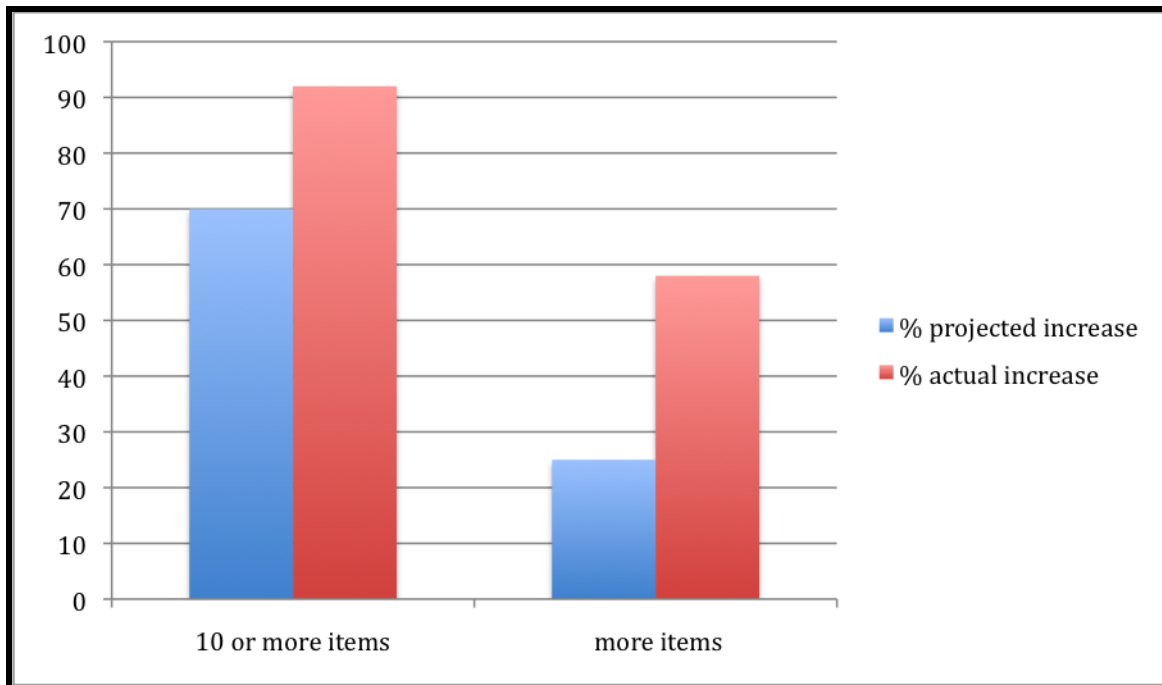
Steps to Quality Year Three Results

Key Indicator 1

Progress on Quality Improvement Action Plans

In an effort to reflect continuous quality improvement, we tracked progress along individualized quality improvement action plans (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 ten standards on their individual plans, which 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.

The following chart illustrates provider growth based on the providers Quality Improvement Action Plans:



Key Indicator 2

Grow NJ Kids Assessment Tool

Cohort A providers continued to use (and pilot) the *Grow NJ Kids Self-Assessment Tool* this year. This instrument is divided into five categories and allows providers to assess program quality using clearly defined criteria. Providers, with guidance from STQ ECE specialists, used this information to inform the development of individualized plans for improvement. The goal was to improve quality and prepare providers for the rating

process. During the course of this year, Cohort A providers made plans 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*, visit the website at www.grownjkids.com.

Key Indicator 3

Family Child Care Environment Rating Scale – Revised (FCCERS-R) Results

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 select subset of this group received a follow-up FCCERS-R assessment, funded by The Schumann Fund for New Jersey. Due to difficulties locating an available, 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 received follow-up assessments; it is anticipated that two more providers will be assessed. Current results are displayed in the following chart:

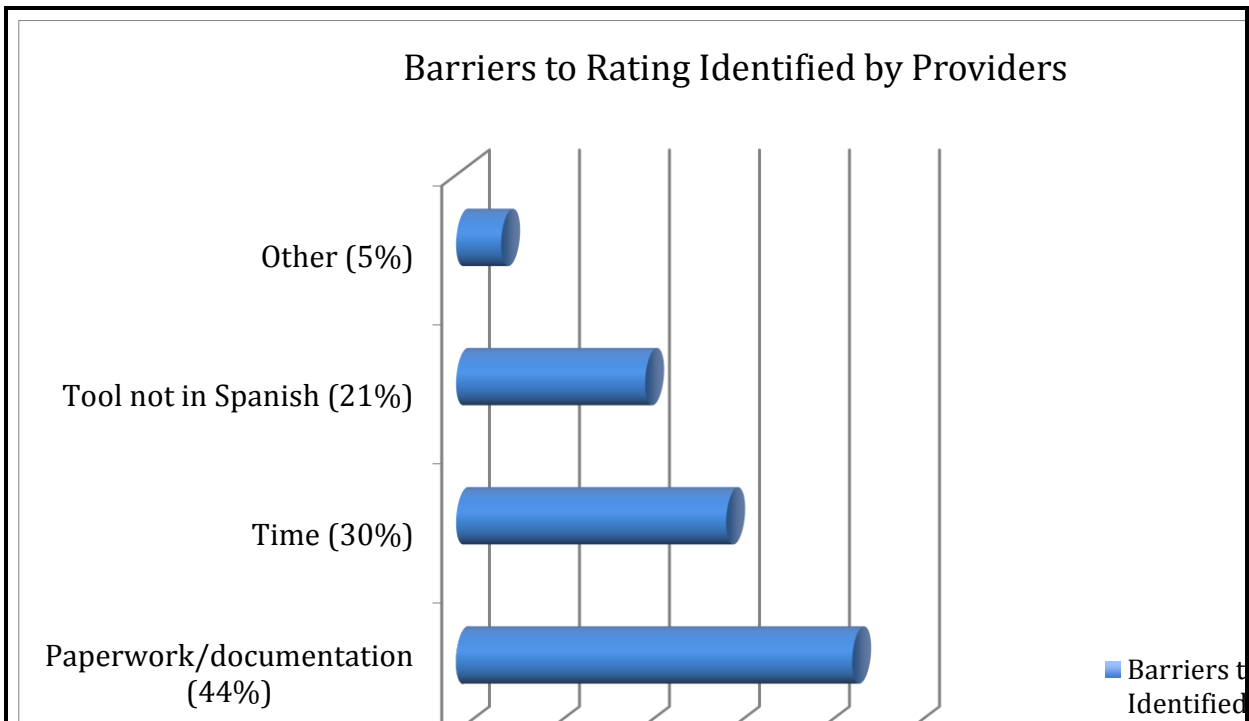
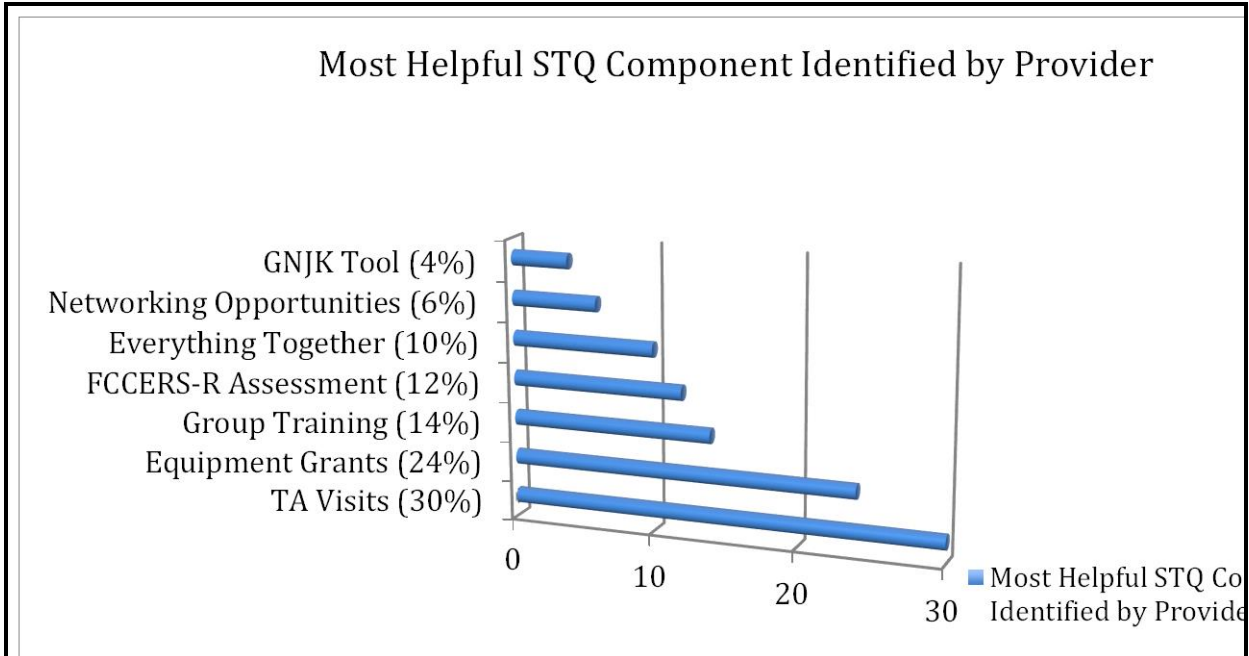
FCCERS-R ASSESSMENT RESULTS
1-Inadequate 3-Minimal 5-Good 7-Excellent

FCCERS-R Subscale Scores	Year 1 Average	Year 3 Average	Increase (decrease)
Space and Furnishings 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.	3.44	4.61	1.18
Personal Care Routines This subscale addresses practices around daily routines like greeting and departure, meals, naptime, and toileting, as well as health & safety practices.	3.33	4.07	0.74
Listening and Talking This subscale addresses the program’s formal and informal communication as well as using books.	3.72	5.79	2.08
Activities 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.	3.11	4.36	1.25
Interactions This area addresses supervision of play and learning, provider-child interactions, discipline, and interactions among children.	4.56	5.72	1.16
Program Structure This area addresses schedule, free play, group time, and provisions for children with disabilities.	3.67	5.08	1.41
Parents and Provider This area addresses provisions for parents, balancing personal and caregiving responsibilities, opportunities for professional growth, and provisions for professional needs.	4.40	5.69	1.29
Total Overall Average Score	3.62	4.82	1.20

Key Indicator 4

The Provider Perspective

Throughout the project, provider input was solicited through written surveys and year-end focus-group sessions. Overall, STQ providers indicate that their program quality has improved as a direct result of participation. The charts below represent provider feedback on key issues regarding the program.



Key Indicator 5 Rating Results

Cohort A providers worked throughout the year with the goal of submitting for rating by the end of the project year. By year's end, 23 of 36 active providers completed the steps necessary to submit rating-readiness documents. In addition to making programmatic changes and quality improvements, providers must follow a process for compiling and submitting documents for rating. This involves a great deal of paperwork, organizing and checking to make certain everything is included, aligning documents with standards, and uploading all information onto a flash drive for submission. The process is demanding, and providers were anxious to present their programs in the best light possible. Specialists worked many hours alongside providers, often after business hours to support the compilation process. Ratings are coordinated by New Jersey Center for Quality Ratings (NJCQR). Currently, 24 providers are at various stages of the rating portion of the GNJK QRIS process. This stage of the process includes receiving a ten-day window for the Onsite Rating Visit, completion of the Onsite Rating Visit, and receiving their rating decision from NJCQR. Six or more providers have received their Onsite Rating Visit.

Providers Submitted	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		
14	6/15/2017	4 stars		
15	6/25/2017	4 stars		
16	6/20/2017	3 Stars		
17	5/3/2017	4 stars		
18	6/30/2017	4 stars		
19	6/30/2017	4 stars		
20	6/30/2017	4 stars		
21	7/7/2017	4 stars		
22	7/27/2017	4 stars		
23	7/28/2017	3 Stars		
24	7/31/2017	3 Stars		
25	7/31/2017	3 Stars		

Rated		
extension	3	TOTAL RATED 12
3 stars	4	
4 stars	4	
5 stars	1	

Ratings are based on three different thresholds: documentation, evidence of DAP training/implementation, and the rating visit FCCERS-R scores (consider both average and subscale scores). The above providers who received "Extension" as their rating met

the *4 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. GNJK has encouraged them to continue to work and will assign them to their regional *Grow NJ Kids* Technical Assistance Center to continue toward achieving this portion of rating readiness.

Lessons Learned and Recommendations

Throughout the process, *Steps to Quality* project staff maintained regular communication with key stakeholders, including staff from the NJ Division of Family Development (DFD) and an Advisory Committee with statewide representation. Ongoing reflection and mechanisms for feedback from program participants, staff, and families served were built into the model to provide a varied account of lessons learned, which has and will continue to inform future efforts, especially those related to the inclusion of family child care providers in *Grow NJ Kids* QRIS as part of the State's *Race to the Top* Early Learning Challenge Grant. Over time, the successes and challenges experienced led to the recommendations, which include the following:

Recommendation One

Planning for language needs must be considered.

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

- Assess population to be served.
- Hire bilingual staff to meet the needs of population served.
- Allow time for translation of documents and data.
- Make training materials available in providers' primary language.
- Ensure that bilingual raters remain available.

Recommendation Two

Family child care providers need 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 one 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 that understands provider capabilities, strengths, unique settings, and registration requirements.

Recommendation Three

A multi-faceted approach attracts providers and increases the likelihood of quality improvement.

Provider feedback and staff observation have reinforced that maintaining 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 multi-media 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

Providers are motivated to improve quality with assistance and responsive guidance.

Once providers buy into the program goals and bond together as a group, they are likely to continue participation in the network. Over 80 percent of Cohort A *Steps to Quality* providers stayed with the program for the entire three years, offering evidence 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 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.
- Build in ample time to reflect on progress and provide support with providers.
- Provide continuing professional development for program staff regarding assessment tools, early childhood best practice, and training techniques.

Recommendation Five

Individualized technical assistance takes time and remains as the cornerstone of the change process.

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

- Recognize that the change process for family child care providers is slow and incremental.
- Allow time and opportunities to repeat information and recommendations.
- 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

Documentation of business practices, lesson planning, and curriculum implementation are the biggest challenges for family child care providers and require intensive training, follow-up support, and guidance.

The unique nature of family child care, with one primary operator conducting all aspects of the business (without the benefits of supervision), makes time and knowledge

regarding documentation and paperwork demanding and difficult. Extra support is needed in this area.

- Acknowledge and plan for time necessary to move some providers into the mindset of intentional practice.
- 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 for family child care appropriate curriculum

Recommendation Seven

Timelines and expectations should be adjusted 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 that are familiar with both state standards and 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; include flexibility that accounts 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 with regard to the time providers can devote to individual quality improvement.

Recommendation Eight

Leadership development is critical, 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 support and modeling to fellow providers, 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

Enhanced supports offered to family child care providers are valuable in sustaining momentum and a 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 via 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

Appendix A: Project Highlights

Year One Historical Perspective:

- Launched in February 2014
- Developed program materials/hired staff/*Creative Curriculum* training for staff
- Recruited 36 providers (12 per county)
- Enrolled providers in New Jersey Registry: Professional Impact New Jersey (PINJ) and acquired liability insurance for participant providers
- Performed fingerprint background checks 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 (towards 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
- Results: Providers exceeded expectations, with 100 percent having improved on their QIAP by at least 10 items and 84 percent having improved on more than 15 items.

Year Two Historical Perspective:

- Added providers to network (3 per county) for a total of forty five (45)
- 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/ 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 (towards 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
- Developed “STQ Ambassadors” leadership program and identified two ambassadors per county
- Results: Providers exceeded expectations, with 86 percent having improved on their QIAP by at least 10 items and 69 percent having improved on more than 15 items

Year Three Highlights

- Continued work with original cohort, 23 of 36 active providers submitted for rating by years end, others who do not submit soon will be transitioned to GNJK to complete work towards rating
- Hired additional staff to work with new Cohort B providers
- Recruited 51 new providers on a rolling basis to form a second Cohort B, receiving initial services to meet program requirements (fingerprint background checks, liability insurance, initial FCCERS-R assessment), begin QIAP then transition to GNJK Technical Assistance Centers
- Completed an average of ten visits with Cohort A and five visits with Cohort B providers on-site, providing technical assistance and guidance towards rating submission and transition to GNJK.
- Guided providers through an unexpected CCDBG regulation requiring providers and their substitutes, assistance, and alternates to complete 10 hours of specific CCDBG training to remain in compliance for receiving subsidy.
- This new CCDBG requirement arose at the same time providers were giving increased attention to rating readiness. 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 STQ/GNJK process.
- Transitioned 26 Cohort B providers to GNJK Technical Assistance Centers
- Engaged six STQ ambassadors to assist with recruitment and documentation processes
- Day-long training on Coaching and Mentoring for STQ program staff

- Completed six peer community-of-learning training programs with a focus on curriculum (towards a 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
- Results: 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

Many of the providers targeted for this initiative are from low-income communities, which impact their daily practice as they struggle with:

- Overwhelming personal issues such as lack of health insurance, low wages, one's own children in communities impacted by urban violence, low-rated school systems, and 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, child development, curriculum, and business practices.

Appendix B: Related Research

The family child care landscape in New Jersey continues to evolve, affected by economic challenges and changes in the utilization and needs of families. While numbers of registered family child care providers in New Jersey have declined, findings from a 2011 survey conducted by the New Jersey Association of Child Care Resource and Referral Agencies (NJACCRRA) demonstrate that “the family child care provider network continues to be a valuable system providing care in New Jersey.” While there are many types of family child care networks, a “network” is generally defined as a program or system that provides targeted support services in order to strengthen and improve child care quality. The network proposed here includes many of the same strategies and interventions that have shown to be the most promising in affecting quality changes.

- In addition to the traditional full-time care option, 61 percent of providers surveyed provide part-time care, 57 percent provide before- or after-school care, 27 percent provide drop-in care, 22 percent provide evening care, 12 percent provide over-night care, and 18 percent provide weekend care. In addition, 20 percent of family child care homes also offer services on holidays. This flexibility is critical in a state where 63.3 percent of all households with children under the age of six have all parents in the family 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.
(NJACCRRA, *New Jersey's Family Child Care Providers: A Summary of 2011 Survey Results*)
- 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>
- One of the benefits reported most often by network/system providers was the support and sense of connection they receive from participating in family child care network/system. Also, providers viewed 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>)

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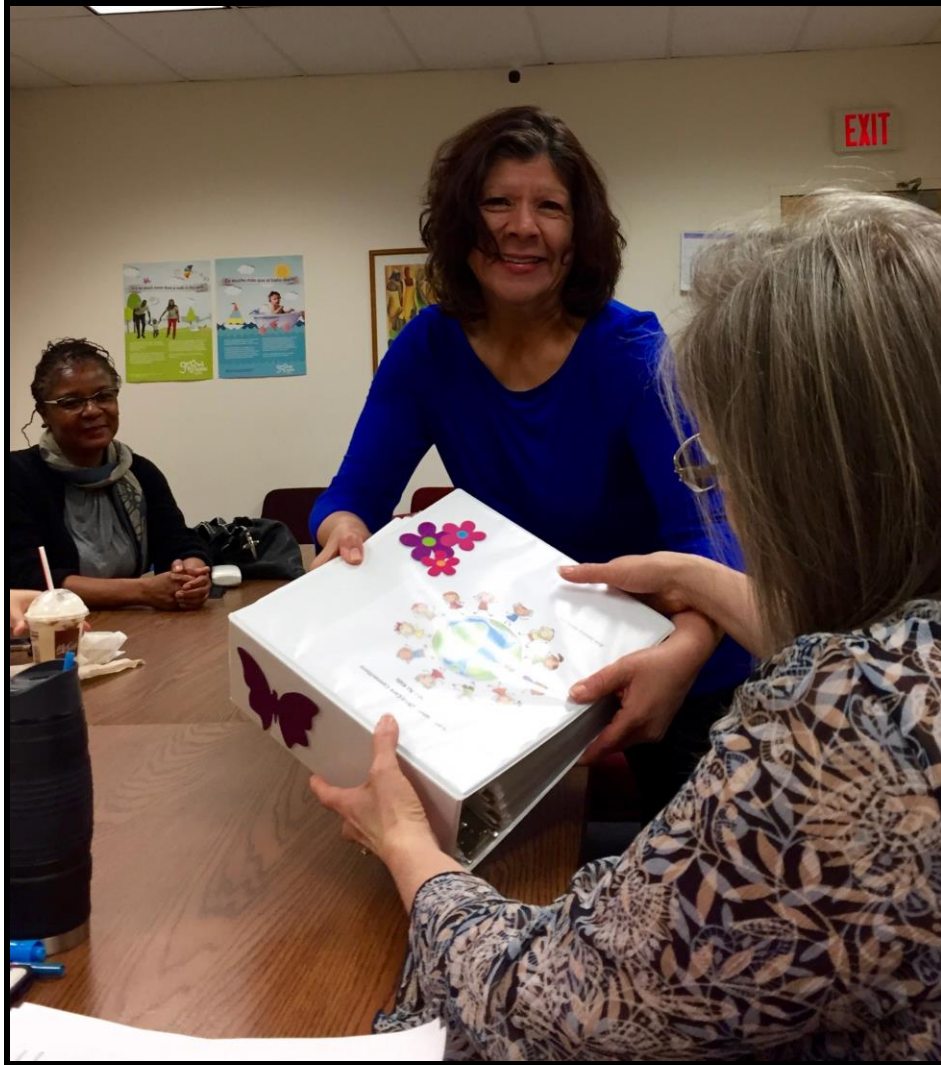
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In Memoriam: The *Steps to Quality* staff would like to dedicate this report to the memory of provider and STQ ambassador Nicchole Tate, in appreciation of her contribution to our efforts.

Note: Key documents related to *Steps to Quality* can be found on Child Care Connection’s website, (<http://www.childcareconnection-nj.org/reports-data.cfm>).



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