Introduction

In February of 2015, Early Learning Ventures (ELV), a Denver-based not-for-profit organization, was awarded a federal Early Head Start–Child Care (EHS–CC) Partnership grant. With the funding, ELV is providing Early Head Start (EHS) services to 240 children younger than three by partnering with 32 child care providers in four Colorado counties. ELV is using its shared services model, which combines business consulting, innovative uses of technology, coaching, professional development and other supports to help child care providers meet Head Start Program Performance Standards (HSPPS). During the first year of implementation, the model was evaluated with several program, classroom, and family measures using a pre/post research design. The average time between baseline and follow-up measurement was 10 months. Data indicated significant improvements in the quality and capacity of the child care partners as a result of the model.
Results

Compliance with Head Start Standards

Each child care partner was interviewed at baseline and follow-up using a modified version of the 2015 Head Start Key Indicator-Compliant (HSKI-C) Monitoring Protocol. The protocol measured compliance to key Head Start standards using 22 items. At baseline, the interviews revealed numerous gaps in compliance. These gaps were significantly narrowed by the follow-up interview (See Figure 1). At baseline, child care partners were compliant with eight items on average (range of two to 17 items) increasing to 17 items at follow-up (range of 11 to 21 items). This change represents a very large effect size ($d = 2.53$). Substantively, the results indicate a significant improvement in foundational business practices such as recordkeeping, developing a business strategic plan, participating in leadership and management training, and increasing teacher salaries. In addition, the provision and tracking of comprehensive services significantly increased, supported by the development of collaborative relationships with local social services agencies. Areas in which there was not a significant change included providers’ use of annual reports, employee handbooks, governing boards, parent committees, and employee background checks (although this final area had a very high percentage at baseline).

Figure 1 Total HSPPS Compliance Scores at Baseline and Follow-up

† $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$
Business and Professional Practices

Certified assessors measured the providers’ business and professional practices using the Program Administration Scale\(^2\) (PAS; for 17 center-based providers) and the Business Administration Scale\(^1\) (BAS; for 15 family child care providers). Center-based providers made significant improvement in their overall PAS scores from baseline (\(M = 2.46\)) to follow-up (\(M = 3.85\)), with a very large effect size (\(d = 2.07\)). Providers also closed gaps in areas in which they started out below PAS norm sample averages (See Figure 2). The largest gains were seen on items within the areas of human resources, center operations, family partnerships, marketing and public relations, and technology. The few exceptions to these global improvements were in the areas of staff benefits and qualifications. Change in these areas may require more time beyond the first year of implementation.

On average, family child care providers made significant progress in their overall BAS ratings from baseline (\(M = 2.41\)) to follow-up (\(M = 3.47\)), with a large effect size (\(d = .86\)). The areas in which the largest impacts were seen were fiscal management and community resources, where there were large and very large effect sizes respectively with follow-up scores surpassing those of the BAS norming sample. The weakest area seemed to be provider-parent communication, where no significant gains were made and follow-up levels remained well below norming sample averages. Overall, the results for family child care providers were not as robust as those observed for center-based providers.

Figure 2 Overall PAS and BAS Scores at Baseline and Follow-Up

\[† \text{p < .10; } * \text{p < .05; } ** \text{p < .01; } *** \text{p < .001}\]
Classroom Quality

Certified assessors rated classroom quality using the Classroom Assessment Scoring System (CLASS). CLASS is an observation-based instrument that assesses how teachers engage and relate to young children and provide learning opportunities (See Figures 3 and 4). At baseline, the Infant CLASS® and Toddler CLASS® were administered as appropriate in 61 classrooms (24 infant and 37 toddler). The follow-up assessment included 56 classrooms (16 infant and 40 toddler). Across the model, there were moderate to very large effects for gains in classroom quality in areas that emphasized the ways in which teachers support children’s learning and exploration (i.e., the Facilitated Exploration and Early Language Support dimensions on the Infant CLASS and the Engaged Support for Learning domain of the Toddler CLASS). Research indicates that teachers typically tend to score lower in these areas than in areas of emotional and behavioral support (i.e., the Relational Climate and Teacher Sensitivity dimensions of the Infant CLASS and the Emotional and Behavioral Support domain of the Toddler CLASS)⁸,⁹, so it is notable that teachers in this study made strong gains in these areas. Although no significant gains were observed within the emotional and behavioral support areas, it should be noted that scores exceeded other study averages in this area at baseline.

Figure 3 Infant CLASS Scores at Baseline and Follow-Up

† p < .10; * p < .05; ** p < .01; *** p < .001
Organizational Climate
Numerous aspects of the child care partners’ organizational climate including collegiality, innovativeness, and opportunities for professional growth were assessed through the Early Childhood Work Environment Survey (ECWES) and the Early Childhood Job Satisfaction Survey (ECJSS). At baseline, 77 staff members at center-based programs completed surveys and 85 staff members completed surveys at follow-up. Figures 5 and 6 report the findings from the two surveys. Across these measures, the only significant changes from baseline to follow-up occurred in the areas of professional growth (ECWES) and pay and promotion (ECJSS) for which there were small positive effect sizes ($d = .32$ and .31, respectively). The lack of significant findings in other areas may indicate that other elements of workplace climate may take more time to show demonstrable gains, or that these areas may require a more targeted intervention that is more closely tied to these goals.

† p < .10; * p < .05; ** p < .01; *** p < .001
†† The version of the CLASS Toddler used in this study did not include Quality of Feedback.
Figure 5 Early Childhood Work Environment Survey Subscale Scores

![Bar chart for Early Childhood Work Environment Survey Subscale Scores]

† p < .10; * p < .05; ** p < .01; *** p < .001

Figure 6 Early Childhood Job Satisfaction Survey Subscale Scores

![Bar chart for Early Childhood Job Satisfaction Survey Subscale Scores]

† p < .10; * p < .05; ** p < .01; *** p < .001
**Meeting Family Needs**

A total of 188 families completed a family outcomes survey which measured satisfaction with different services offered by the providers. Most parents rated the program as “very helpful” for their child (81.8 percent), their family (74.1 percent), and themselves (72.3 percent). Figure 7 presents the findings across the subscales of the survey. Most parents described their program as “very helpful” or “somewhat helpful” across all of the subscales, with the highest rates of satisfaction in the *Families as Lifelong Educators* scale (activities that support parents in supporting their child’s learning) and the lowest rates for the *Families as Advocates and Leaders* scale (activities that help to develop parental leadership and advocacy skills).

**Figure 7** Parent Program Satisfaction at Follow-Up

![Figure 7](image)

**Conclusion**

In just one year of implementation, ELV helped the child care providers in the EHS-CC Partnerships model develop stronger business practices and form a network of connections to other community agencies. These building blocks supported providers in strengthening their capacity to deliver comprehensive services to children, offer meaningful family engagement opportunities, and increase the staff capacity through high-quality professional development. In turn, these changes were likely the drivers behind the improvements in classroom quality and high ratings of parent satisfaction. It is also worth noting that the impact of the model reached beyond the 240 children who were directly funded through EHS dollars. All families enrolled at the child care sites benefited from program-wide continuous improvement planning, more qualified teachers, stronger curriculum implementation, an enhanced learning environment, and parent engagement and education opportunities.

Although this study had limitations, including the lack of a control group, this effort is an important first step in documenting the tremendous potential of EHS–CC Partnership models, particularly when coupled with a robust shared services model. As demonstrated by the baseline data, many child care programs across Colorado struggle to meet high standards of quality. However, within a year of receiving supports and services through the ELV EHS–CC Partnership grant, programs made demonstrable gains in multiple areas, better equipping them to promote positive outcomes for children and families in poverty.
References

1 The FY 2015 Office of Head Start Head Start Key Indicator-Compliant (HSKI-C) Monitoring Protocol is a tool used to determine whether Head Start grantees qualify for additional monitoring based on their degree of compliance to the HSPPS. The tool was adapted by the ELV EHS–CC Partnership study evaluation team to only include items that addressed compliance at a high level rather than the more granular level of detail included in the HSKI-C tool. It should be noted that since the conclusion of this study, a new (FY 2016) version of the HSKI-C Monitoring Protocol was released to reflect the revised HSPPS.


5 Ibid.


