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Child Care Quality Exhibited by CARES Child Care Providers: A Case for Programmatic Change

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**Child Care Quality Exhibited by CARES Child Care Providers:
A Case for Programmatic Change**

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INTRODUCTION

With ample research demonstrating the need for quality environments for children, birth to five years old, the need for educated and dedicated childcare providers has become paramount (Hamre, Grove & Louie, 2003). But while education in early childhood is an essential component of increased levels of childcare, it is no longer viewed as the sole factor in achieving age-appropriate, nurturing environments for children since it does not guarantee that quality practices will be met (Cummins, 2004). Child care providers may still find it difficult to transfer their textbook education into real-world quality improvement practices at their own child care centers and homes. A state-funded grant program called CARES, which began in 1999, financially supports and advances childcare provider education and training thereby advancing child care quality. (CARES is an acronym for Comprehensive Approaches to Raising Educational Standards for the Early Workforce¹.) Active throughout California, the "CARES model was predicated on the assumption that financial reward would promote and reward professional development among ECE² practitioners, which in turn would contribute to workforce stability, program quality improvement, and ultimately better outcomes for children" (Whitebook & Bellm, 2004, p. 18). Funded by the First 5 California Children and Families Commission (First 5 CA) and the county First 5 Commissions, CARES provides cash stipends to child care providers who obtain a certain level of early childhood education and training each year. The incentive program was developed when

¹ The acronym changed in January 2005. Formerly, CARES was an acronym for Compensation and Retention Encourage Stability.

² Early Childhood Education

First 5 CA commissioners decided to make “a commitment to improving the quality of services for young children by increasing the retention and training of ECE staff” (Bridges & Carlat, 2003, p. 1). First 5 CA provides matching funds for any county commission that wishes to collaborate by partially funding the grant program in their counties. Each county is able to fine-tune their own grant guidelines as long as minimum standards—as per First 5 CA—are maintained. Currently, there are 44 counties who have CARES programs. Specific to San Luis Obispo County, the CARES program is called REWARD (Retaining Experienced Workers and Reinforcing Development) and is now in its fifth year of operation. REWARD follows all CARES funding guidelines; however, due to limited funding, REWARD puts a limit on participant eligibility: once providers have obtained all applicable ECE units toward a Bachelor’s Degree in Early Care and Education (or its equivalent), they are no longer eligible to participate.

Do CARES program participants, who include REWARD participants, exhibit quality child care and do they increase their child care quality level the longer they are in REWARD? So far, CARES has yet to produce statistical information directly relating child care quality to its program and program participants. While the program does provide the opportunities and elements often found to increase quality, not all analysis of the program has been positive. Whitebook & Bellm (2004) write:

Despite a great deal of cost and effort, there have not been as many answers generated by this body of research as might have been expected. Several questions, primarily about individual and organizational change, are still largely unanswered—namely, to what extent practitioners’ own classroom behavior as a result of participating in CARES, and what observable impacts these initiatives

had, if any, on ECE program quality (p. 3).

In fact, they further recommend “support[ing] studies with an observational component to examine changes in program quality” (p. 3).

The REWARD program in San Luis Obispo County will provide all the data necessary for this research. Two sets of primary data will be derived from child care providers who have, or are, participating in REWARD. An assumption is made that data gathered from this program’s participants would be transferable and useful in determining the characteristics of quality in the child care community of CARES. This researcher will (1) analyze whether REWARD childcare providers—and, therefore, CARES child care providers—increase their quality of child care the longer they are in the REWARD program, (2) analyze whether continuing REWARD childcare providers—and, therefore, CARES child care providers—exhibit quality child care, and (3) propose how mentoring can play a role in child care quality.

A literature review was conducted to achieve the following: (1) to determine First 5 CA’s goals for child care quality, which clarifies the need for further research, (2) to verify the inference that REWARD child care provider participants can be viewed as similar to all other CARES participants, (3) to verify the viability of rating scales (both self-assessment and outside assessments), (4) to determine the applicability of the Environment Rating Scales as tools to rate child care quality, (5) to detail the research that defines and supports quality child care, and (4) to detail current research supporting mentoring as a means to raising the quality of child care in the CARES program.

Research methodology will be comprised of primary data gathered between 1999 and 2005. Two data sets (Data Set #1 & Data Set #2) will be examined: First, REWARD

child care providers who have completed three years in the program will be studied utilizing their self-assessment rating scores completed in the participants' second and third years (Data Set #1). The two ratings will be compared by reviewing the scores and their relation to quality and by reviewing whether these scores demonstrate an increase in quality over time. Second, past REWARD participants, who have at least two years of participation in REWARD, will be reviewed by examining their own self-assessments compared to an outside assessment conducted by a child care professional assigned by REWARD (Data Set #2). Both assessments will be compiled and compared to check for accuracy in scoring, to validate the level of child care quality exhibited by REWARD participants and to determine if quality is evident. All assessments were conducted using one of the following widely used and respected Environment Rating Scales³:

1. Early Childhood Environment Rating Scale (ECERS and its new edition, the ECERS-Revised),
2. Infant/Toddler Environment Rating Scale (ITERS),
3. Family Day Care Rating Scale (FDCRS), and
4. School-age Childcare Environment Rating Scale (SACERS).

³ The rating scales, developed by Thelma Harms, Richard M. Clifford and Debby Cryer, "rate the value of a child's classroom" (Love et al., 1997, p. 9) or family child care home experiences in categories which may include language-reasoning experiences, fine and gross motor activities, creative activities, and social development, adult needs, and basic care. All rating scales are geared specifically for either family child care, infant-toddler care or center-based child care.

LITERATURE REVIEW

A quantitative data collection method, which can document child care quality, has remained largely elusive. Child care quality is defined in many ways, and programs to assist in raising child care quality take many approaches. Some researchers may even discount quantitative methods in documenting child care quality since there may be too many conflicting variables when developing a controlled group for study. Qualitative research, on the other hand, which focuses on “phenomena that occur in natural settings” (Leedy & Ormrod, 2005), seems a more likely approach for analysis since it does not put controls on child care environments, but simply studies them as they are. And since there are so many different types of child care environments (e.g., family home-based care, private centers, state-funded centers, Head Start), qualitative research may be more readily used. That being said, a quantitative approach should not be discounted since it can formally test the effectiveness of program goals. Specifically, it can help direct county CARES administrators to review performance and fine-tune programmatic requirements to more closely meet the child care quality needs of First 5 CA. Answers to whether outcomes have been met may be more readily discovered—or at the very least proposed—than previous qualitative efforts have determined.

This research was initiated because CARES will be up for renewal in July 2005, therefore, producing a need for evaluation beyond what has so far been conducted. While CARES funding has been in support of raising the level of child care quality (dollars spent so far total \$155.2 million⁴), has this actually occurred? Does the available research support an increase in child care quality by child care providers who are participating in

⁴ Dollar amount taken from CA First 5 Meeting on January 26-27, 2005, Agenda Item #9, Attachment 1. This amount includes both First 5 CA matching funding as well as funds spent by each county.

CARES? Is their need for programmatic change to maximize dollars spent? To determine the current climate surrounding CARES and child care quality, a literature review was conducted and includes information on the following:

- A. Review of the First 5 CA Strategic Plan, which details the commission's goals for child care quality,
- B. First 5 minimum requirement standards for CARES and how REWARD guidelines compare to other county programs,
- C. The viability of assessment ratings toward improvement in environments,
- D. Studies that have linked the use of Environment Rating Scales to documenting and increasing child care quality,
- E. Review of what child care components are necessary to achieve child care quality, and
- F. Studies that describe mentoring and its link to quality.

First 5 California Commissions' Goals for Child Care

First 5 agencies—both at the state and county levels—were created in 1998 when California voters approved Proposition 10; an additional 50-cent tax on cigarette packs was established. The tax is used to fund prekindergarten child care initiatives of the First 5 agencies choosing. Eighty percent of the revenue goes directly to the county First 5 agencies while twenty percent of the revenue goes to First 5 CA⁵. First 5 CA has a strong interest in promoting programs that they deem essential to children's well-being; therefore, they provide matching funds to county First 5 agencies that agree to participate

⁵ Additional information regarding the First 5 CA goals, strategic plan and Proposition 10 may be found at www.cfc.ca.gov.

in their programs. CARES is one such program, which is geared toward meeting First 5 CA goals, including the goal of raising child care quality.

First 5 CA's Strategic Plan (2003-2006) specifically details the organization's areas of focus, including that of "high quality child care and learning centers" (p. 5). Specifically, the first objective under their Goal 1 (there are four goals total) is to "improve the quality of care giving through training, development and retention" (p. 14). One funding area listed under this objective is the matching funds for retention programs of which REWARD is one. Commitment for the first five years of CARES ends in June 2005; however, on January 27, 2005, First 5 CA approved funding for an additional 3 ½ years. Local counties, including San Luis Obispo's REWARD, will now decide whether to accept the matching funds and continue with CARES in their communities.

Has the CARES program provided results that warrant continuation? In order to answer that question, counties will have to review available data that can prove—or disprove—an increase in child care quality specifically due to CARES. Without beneficial data documenting appropriate outcomes, continued funding might be viewed as haphazard or even wasteful. In its effort to evaluate CARES, First 5 CA contracted with Policy Analysis for California Education⁶ (PACE) to gather data and evaluate the program. In one particular evaluation, PACE assessed the effectiveness of CARES at its first two programmatic sites in San Francisco and Alameda counties. Initial data compiled demonstrated the need for closer collaboration with regards to child care quality definition and measurement. For instance, San Francisco and Alameda, while both interested in raising the quality of child care, took different approaches to meet that end:

⁶PACE, a collaborative between UC Berkeley and Stanford University, has conducted research and analysis on educational issues in California since 1983. Additional information about PACE may be found on their website at <http://pace.berkeley.edu/>.

San Francisco focused on “importance of retention, compensation and public awareness of quality child care programs” (Johnson, Pai & Bridges, 2004, p. 6) while Alameda focused on the “strengthening of a support system for ECE staff and the provision of incentives for them to continue their education and grow professionally” (p. 7). Both approaches may bring about quality child care improvements, but as of now no specific evaluation procedure has produced results that demonstrate a link between methods and quality. Additional studies (Bridges & Carlat, 2003) have shown that CARES does indeed raise the likelihood of child care providers to participate in training and development simply because it is mandatory to receive a cash stipend, but, again, the relevance and transference to quality child care is still unknown. While methods to achieve and raise quality child care remain varied depending upon county efforts, one thing remains certain: Raising child care quality is an ongoing and long-term goal of First 5 CA funding. CARES programs should require specific methods to obtain and improve child care quality, but just as important is the need for evaluation procedures that can document effectiveness.

Comparing Eligibility Requirements for CARES and REWARD

The researcher purports that by studying whether quality child care is evident in REWARD program participants, inferences may be made for programmatic change to CARES statewide, especially since all county programs, like REWARD, operate under CARES requirements. For instance, First 5 CA dictates that all first year CARES participants must have worked for at least 9 months (15 hours a week) with the same licensed child care center or family child care home with a majority of the children being between the ages of birth to 5 years old. In addition, all continuing applicants must obtain

either 18 hours of training or one ECE (early childhood education) unit per year to continue to receive a cash stipend in subsequent years. These standards were put in place because they are the most well-known and understood elements of quality child care. For example, remaining at the same child care center or family-based home for a specific amount of time (nine months) promotes longevity and retention, thereby increasing child care quality. Additionally, furthering child care providers' education in each subsequent program year promotes a more educated child care workforce, which also raises child care quality. REWARD has chosen to keep similar requirements with only minor changes. Specifically, applicants must work 20 hours per week minimum (instead of 15) and all continuing applicants are required to obtain three ECE units⁷ (instead of one).

New Eligibility Changes to CARES

In its effort to make CARES a more valuable program, First 5 CA will introduce two new programmatic requirements in its new proposal to counties: 1) CARES participants will now be required to attend an assessment tool training as well as complete a self-assessment each year and 2) Counties will have the option to add a mentoring component, which will support CARES providers and raise child care quality. Beneficial for this research, the San Luis Obispo County REWARD program already requires program participants to attend an assessment training at the beginning of their second year in REWARD and also to complete an annual self-assessment starting that year. These long-standing eligibility requirements make it an adequate test site to research and provide analysis of how well the proposed CARES changes will further promote and raise child care quality.

⁷ Family child care providers may opt to obtain 12 units of training in early childhood during their first two years in REWARD. After that, they must meet the 3 ECE unit requirement.

Assessment Viability

Determining the viability of an assessment tool for detecting and monitoring child care quality is essential if current programmatic requirements for CARES are to be deemed adequate. Unfortunately, current research demonstrates that assessment tools, such as the Environment Rating Scales utilized in REWARD, have some inherent issues. Cheung (1999) reports that *Conceptual disagreement* “exists when raters use different items to represent the same performance dimension or assign different weights to items” (¶ 4) and *psychometric disagreement* “exists when different groups of raters agree conceptually on a rating scale but respond to the scale in different ways” (¶ 11). Assessment tool scores, therefore, seem most reliable when there has been significant research on validity conducted by the authors of the tool before it has become available for public use. Additionally, agencies are advised to include a rigorous training component on how to use the assessment tool as well as hands-on practice using the tool in order to maximize the potential for accurate scoring.

Randall, Ferguson & Patterson (2000) purport that employers can cautiously utilize self-assessment as long as they understand that the knowledge level of the assessor determines the accuracy of the self-assessment. Their study examined “191 [college] graduates who attended a one-day assessment center between 1993 and 1995” (p. 5). The graduates were competing for an employment opportunity with a large organization. The participants were asked to complete a self-assessment and those scores were then compared against whom was actually hired by the organization. Results of the study showed the following:

Those who were accurate in their self-assessments... were almost two and a half times more likely to be accepted by the [organization and] accurate self-raters who scored above the median score were more likely than accurate self-raters who scored below the median to be accepted by the assessment center (p. 8).

Cheung (1999) studied the relationship between self-assessment ratings and assessor ratings when he reviewed the ratings of 332 mid-level executives and their supervisors who were working in a public agency. The mid-level executives were asked to rate themselves on their managerial effectiveness by assigning a score from one to seven on each category. Their supervisors then rated the mid-level executives using the same scoring system. Cheung found many types of self-other rating disagreements (S-ORD), which suggested that self-assessment—or assessment used alone—might not provide the data necessary to further develop and enhance employee performance. For instance, Cheung reports “self-ratings had significantly smaller variance than supervisor ratings” (§13), which means most of the mid-level executives were “...unwilling to justify either high or low self-ratings to their supervisors” (§33). Self-assessments, therefore, may not necessarily be all that accurate. On the other hand, Cheung reports evidence that self-ratings may contain greater accuracies than supervisor ratings. This dual finding reinforces the need for an assessment program that includes both a self-assessment and an assessment conducted by a colleague or outside professional who is trained on the scale. The two assessments together form a basis for discussion and aid in determining plans of action that can raise quality.

It seems the viability of rating scales—whether by self-assessment or outside assessment—has been validated by the research even though it may include pitfalls. Most previous research agrees that self-assessment requires enhancement through additional assessment performed by a peer or outside professional, especially since there “are few data regarding the effectiveness of individual self-assessment [alone] in altering behavior, particularly behavior that is deviant or lacking in integrity...” (Institute of Medicine Staff, 2002). Employee assessment techniques, such as 360-degree appraisals, where an employee is rated by multiple raters (including oneself), are often used in both the private and public sector. Accuracy, therefore, remains an important component of both self-assessments and outside assessments; it remains vitally important to maximize the knowledge of the raters on the assessment scale used (Randall et al., 2000 and Love, Meckstroth & Sprachman, 1997).

Child Care Rating Scales-Their History and Usage

All four rating scales used in this research (ECERS, ITERS, FDCRS and SACERS) have been used to rate child care programs in both the private and public sectors for quite some time (Love et al., 1997). The ECERS, for example, has been used to rate early child care environments since 1980. Sheridan & Schuster (2001, ¶6) describe ECERS as “a common and widely used instrument reflecting a broad understanding of quality in early childhood education.” Lowe Vandell & Wolfe (2000) detail that measures of the rating scale “have important strength, including having good psychometric properties and being relatively easy to use reliably” (p. 3). Love et al. (1997) purport the use of ECERS for rating classroom quality, which includes “developmentally appropriate activity and appropriate caregiving” (p. 50). Further, they

recommend ECERS over other assessment tools, such as the Assessment Profile (only allows yes or no answers) because “ECERS measures richer gradations in classroom quality” (p. 10).

The Environment Rating Scales used for this research are similar in format and content, with individual sections relating to specific aspects of the child care environment. The ECERS, for instance, consists of seven sections with 37 items total. The sections are personal care routines, furnishings, language reasoning, motor activities, creative activities, social development and staff needs. The 37 items to score “define different levels of quality in typical situations of early childhood education” (Sheridan & Schuster, 2001, ¶8). Each item is rated individually on a seven-point scale, with a score of 7 being excellent. A middle range score of 4 denotes a fair rating (Vandell & Wolfe, 2000) and a score of 1 denotes an inadequate rating. Similar to the ECERS, the ITERS rates child care environments that cater to children less than 2 ½ years old, the FDCRS specifically rates family child care environments and the SACERS rates programs providing care to elementary school children. The scales’ viability is apparent when considering the number of studies that have included them. For example, Love et al. (1997) detail the use of ECERS in the following studies:

1. Observation Study of Early Childhood Programs (OSECP): Conducted in the spring of 1991, this research studied early childhood programs in California, Florida, Michigan, New Jersey and Texas. The research goal was “to define and measure the quality of early childhood programs; to show how classrooms and staff characteristics influence quality; [and] to identify the ways in which overall quality relates to classroom dynamics” (p. 32).

2. National Child Care Staffing Study (NCCS): Conducted in Fall of 1990 and Spring 1991, this research focused on state-funded preschool classrooms in California and was compiled to “determine the effect on program quality of an increase in child-staff ratio from 8:1 to either 9:1 or 10:1” (p. 32).
3. Head Start Family and Classroom Correlates (HSFCC): Conducted twice, once in Fall 1990 to Spring 1991 and again in Fall 1991 to Spring 1992, this research rated 32 Head Start classrooms “to examine how classroom quality affects child development, controlling for the child’s home environment [and] to determine how teacher education, experience and attitudes affect classroom quality” (p. 33).
4. Cost, Quality and Child Outcomes in Child Care Centers (CQCO): Conducted in the spring and summer of 1993, this research compiled data on the ratings of 100 non-profit and for-profit child care centers in California, Colorado, Connecticut and North Carolina. Its purpose was “to examine the relationships between child care cost, program administration, quality of care, and child cognitive and social-emotional development” (p. 32).

Sheridan & Schuster (2001) used the ECERS when evaluating the quality of child care in Germany versus Sweden. The researchers decided to use the ECERS because “it assumes a child’s perspective and the criteria are used in such a way that ratings of quality in different early childhood education settings are comparable in a national as well as cross-national perspective” (§10). Twenty child care sites were rated—ten in each country—by “two teams of trained observers, one from Germany and one from Sweden” (§12). The raters were trained on ECERS beforehand and were determined to be reliable and valid in their measurement. Each child care site was visited twice with no rater

visiting the same site twice. ECERS scores were determined to be reliable based upon this programmatic set-up.

Ceglowski & Bacigalupa (2002) detail the used of FDCRS as one component in each of the following research studies:

1. Fischer & Eheart (1991) studied the overall quality of child care in 177 family day care providers' homes.
2. Kontos (1994) utilized FDCRS—among other scales—to determine that children in high rating child care homes were more likely to be sociable and scored higher in receptive vocabulary.
3. Kontos, Howe, Shinn & Galinsky (1995) utilized the FDCRS to aid in their research of the differences in sensitivity between family child care providers of moderate-income children versus low-income children.
4. Kontos, Hsu & Dunn (1994) determined a child care providers' level of training and education does impact how they interact with children and therefore the level of the children's cognitive abilities and social competencies.

Interrater Reliability

It is important to note that almost all the studies noted here detailed a component of interrater reliability, which means procedures were in place to validate the accuracy of those using the scales. Researchers first train raters on the specific Environment Rating Scale to be used. Raters then visit the same child care site to conduct assessments; raters' scores are then checked for similarity. For instance, in research geared toward determining if child care centers participating in the North Carolina Quality Enhancement Initiative (NCQEI) actually improved the quality of their child care, Henderson, Hall &

Cassidy (2002) verified reliability of the SACERS by testing the raters against each other during the study. SACERS became the tool by which 21 programs showed improvement. Further, in a study conducted on the social development of children in center-based care by Howes, Phillips, and Whitebook (1992), interrater reliability was determined through training and testing of raters against each other before the study was conducted as well as often during the research. Love et al. (1997) also concluded that interrater reliability was essential in validating Head Start programs. Additionally, when conducting research on child care in poor communities in three counties in California, Loeb, Fuller, Kagan & Carol (2004) also documented that raters had to reach a 90% level of agreement on both the ECERS and FDCRS before they felt comfortable with the data validity.

Does this mean all studies must include a component of interrater reliability? Is rater training and practice on the scales enough to support the validity of scores in the REWARD program? While a thorough interrater reliability was not conducted during this research due to time constraints, it was determined that the data gathered herein can still offer valuable insight and evaluation enough to propose future programmatic change and evaluation techniques. One reason for this is the extensive research efforts conducted by the Environment Rating Scale authors themselves on the reliability of each scale. Harms, Clifford and Cryer have determined, for example, that the Early Childhood Environment Rating Scale-Revised (1998) is adequately consistent in ratings with those who are trained on its use. They purport, "Overall, the ECERS-R is reliable at the indicator and item level, and at the level of the total score" (p. 2).

Components of Child Care Quality

What defines quality child care and how does one raise the level of quality in child care environments as well as document it? Buell and Cassidy (2001) purport that center-based child care quality is linked to "...better staff to teacher ratios, better staff education, low teacher turnover, high levels of administrative experience, and effectiveness in curriculum planning" (§5). Lowe Vandell and Wolfe (2000) determine—among many factors—that quality child care derives from the level of a "...caregivers' formal education and specialized training" (p. 6). Peth-Pierce (1997) defines quality as "...positive care giving and language stimulation given in the child care environment" (§7). Sheridan and Schuster (2001) determine quality childcare as "...tak[ing] the perspective of the child and focus[ing] on what is best for a child's learning and development" (§5). Bridges & Carlat (2003) opine, "Staff retention is crucial, as frequent turnover impedes the formation of...positive, nurturing relationships and benefits to children..." (p. 1). These varied definitions demonstrate the quandary when trying to establish a program that can—and does—raise child care quality. We know through these examples that quality does not stem from one factor alone, but instead is realized through a myriad of supports that together increase child care quality. Furthermore, initiatives or interventions that focus on one single element of quality may not be successful. (Buell & Cassidy, 2001).

What has become apparent is the need for quality environments for children. Peth-Pierce (1997) purports that "...the quality of child care for very young children does matter for their cognitive development and their use of language" (§1). La Paro, Pianta & Stuhlman (2004) opine, "Children's early education experiences have lasting effects on

their academic achievement, social development, and behavioral competencies” (¶2). Howes et al. (1992) detail that “children who experience high-quality child care score higher than children who experience low-quality child care on a variety of child development measures” (p. 449) and that unstructured child care environments mean “later adjustment problems” (Howes et al., 1992, p. 450) for children. Further, when children benefit through high levels of child care quality, so too does society. Lowe Vandell & Wolfe (2000) conclude that those who benefit include “...taxpayers, who are likely to save in costs of future schooling by reduction in special education and grade retention; employers, who benefit from more productive employees; and citizens, who gain in terms of future reductions in crime and use of transfer programs” (p. 38).

Cost of Quality

Past research noted above certainly defines child care quality; unfortunately, such a compilation of factors may seem overwhelming to both government funders and the child care community. Additionally, one factor continually working against quality—low wages—cannot be changed without financial support or legislative change beyond grants like CARES. Raising child care quality will surely involve financial efforts beyond what is currently available. Consider, for instance, the licensed, family-based child care provider who attends classes in early childhood education, purchases the appropriate educational supplies for the children in her care and then must try to pay bills on minimal profit. Raising the cost of the care seems logical; however, parents, while appreciative of the efforts of their children’s caregiver, will find it difficult—if not impossible—to pay for increased child care costs. The child care provider is, therefore, not able to award herself a higher salary. Center-based childcare providers, whether private or government-

funded, face the same challenge. In fact, “increasing center quality by 25 percent (from mediocre to good) is associated with increases in total variable costs of approximately 10 percent, or \$346 per child per year” (Lowe Vandell & Wolfe, 2000, p. 36). Lowe Vandell & Wolfe (2000) believe maximizing the dollars spent to raise child care quality must be of paramount concern to funders. So, while the efforts made with CARES are certainly admirable and well in line with appropriate methods for raising child care quality, valid evaluation techniques that allow honest and thorough analysis and that focus on results, is essential.

Mentoring

Background and Study

Mentoring—or coaching, as it is also known—can provide the impetus for greater quality child care and teaching environments (Laurence, Hass, Burr, Fuller, Gardner, Hayward, Kuboyama, 2002; Buell & Cassidy, 2001; Pavia, Nissen, Hawkins, Monroe, Filimon-Demyen, 2003; Ingersoll & Smith, 2004; Moore, 2001; Ganser, 1999 and McCormick, 2001). There have been numerous studies conducted and articles written on mentoring. Coming to the forefront in the early 1970s within the elementary school arena (Ganser, 1999), mentoring took hold in the pre-kindergarten child care environments by the early 1980s (Feiman, Nemser 1996, Cummins 2004). In fact, formal mentoring programs in elementary schools alone “have tripled in number since the 1970s” (Ganser, 1999, ¶3). Feiman & Nemser (1996) write, “Mentoring burst onto the educational scene as part of a broad movement aimed at improving education...” (¶2). Since “teacher [child care provider] expertise is a significant factor in the prediction of achievement gains for children” (McCormick, 2001, ¶1), mentoring is now oftentimes considered a key

component in any approach to quality environments for children of all ages. Additionally, it plays a dual role in supporting both the child care provider (oftentimes called a protégé or mentee) and the mentor. McCormick (2001) purports, "Mentoring improves the protégé's discipline-specific skills and competencies, increases knowledge of content and application, provides a safe arena for risk-taking, strengthens communication skills and promotes leadership" (¶7). Pavia et al. (2003) report, "Mentors also viewed the contacts with other professionals as providing a forum for an exchange of ideas" (¶16).

Ingersoll and Smith (2004) studied the retention rates of 3,235 elementary school teachers nationwide. They discovered that retention rates increased when mentoring sessions increased: After 3 mentoring meetings, 28% of teachers left the field; after 6 meetings, 24% left the field; and after 8 meetings, 18% left the field. Additionally, mentoring in elementary schools has been a key component of the Recruiting New Teachers and the National Commission on Teaching and America's Future (NCTAF). Elements of the program include peer support, extra pay and assessment training (Laurence et al., 2002, p. 15). Three particular programs that the NCTAF touts are the "Career in Teaching Program in Rochester, New York, the Resident Teacher Program and Teacher Induction Program in Albuquerque, New Mexico, and the New Teacher Project of the New Teacher Center at the University of California, Santa Cruz" (Laurence, et al., p.16).

With all this data supporting mentoring's use, it is not a stretch to believe that child care provider retention rates would also benefit from such programs and, in turn, would raise child care quality. So far only a few mentor programs exist in the early

childhood field. The California Mentor Program⁸ is without a doubt the largest and most funded mentoring program for early childhood providers and students. Since 1988 and with California Department of Education funding, this program has provided specialized training for seasoned early childhood professionals who wish to become mentors to child care providers with less experience and education. Mentors train providers in the mentors' own classrooms, demonstrating appropriate behaviors and exemplifying quality standards. While obviously beneficial, research by Whitebook & Satai (cited in Buell & Cassidy, 2001) reinforced that providing mentoring in quality child care classrooms may not last beyond the walls of the mentoring classroom. In fact, child care providers who initially scored "quite proficient in their interactions with children and were sensitive to children's needs, as measured by the Caregiver Interaction Scale (CIS)" (p. 210), were found to have lower scores once they "returned to child care centers that were of lower quality than those sites in which their mentors supervised them" (p. 210).

First 5 CA dollars have also financially supported mentoring. Between 2001 and 2003, PACE (Policy Analysis in Childhood Education) administered the funding to provide an Enhanced Mentor Program in Fresno, Humboldt, Mendocino, Los Angeles and Yuba. The overall goal was to "improve the quality of early care and education by providing training and support for ECE professionals so that they, in turn, will be able to continue providing high-quality services" (Burr & Jee, 2003, p. 4). Recognizing the important of training in a child care providers' own classroom, this program provided an additional component to the CA Mentor Program, and provided practicum experience for early childhood education students at a community-based, quality child care site. The Enhanced Mentor Program provided an extra 25 hours of practicum training and awarded

⁸ More information about the CA Mentor Program may be found at www.ecementor.org.

both the mentor and protégé a cash stipend after successful program completion.

(Cummins (2004) purports that the most successful mentoring programs include some sort of cash stipend or reward to its participants:)

Benefits of Mentoring

Mentoring may be one of the best possible approaches to increasing and maximizing child care quality at child care centers and family child care homes; it has the potential to act as a binding component tying together all the varied reasons why quality happens. Mentoring, in this sense, focuses on the vital issue of quality (Cummins, 2004) and, so far, most mentoring programs demonstrate a commitment to “improving the overall quality of early care and education programs in the community” (Whitebook, Who’s Missing At The Table). In a critical review of mentoring, Feiman & Nemser (1996) purport that mentoring can assist teachers in continually improving themselves and their environments. Additionally, mentoring can be used to help weed out those in the profession who are “ill-suited for the job” (Ingersoll & Smith, 2004, p. 29) as well as provide the benefits of “personal and professional development of its participants” (Pavia et al., 2003, p. 250). Further, Moore’s (2001) review of current child care research suggests “that even teachers who learn the most current methods revert to what they experienced from their own teachers...[and]...mentoring can counteract these old memories and help teachers teach in more...developmentally appropriate ways” (p. 15).

METHODOLOGY

Two data samples were gathered and analyzed to determine (1) if current program parameters of REWARD—and, therefore, CARES—are able to determine, document, and increase levels of child care quality and (2) if additional emphasis on a mentoring component would maximize the efforts toward increasing child care quality.

Data Set #1

Basics

Primary data were gathered by random selection⁹ of child care providers who had participated in REWARD for 3 years. Out of a possible 85 child care providers' possible, 57 were selected, of which one had changed child care sites and was, therefore, ineligible for research purposes. The 56 remaining REWARD participants included 40 center-based providers who assessed themselves with the ECERS and 16 family child care providers who assessed themselves with the FDCRS. Additionally, since providers completed self-assessments before this research was conducted, no influence of the research study itself could have influenced scores. Since REWARD requires all child care providers to complete an Environment Rating Scale Training as part of their second year requirements and to also complete an Environment Rating Scale self-assessment every year from their second year on, a total of 112 self-assessments (two assessments for each child care provider) were available for collection. The Appendix shows the two self-assessment scores for each child care provider in REWARD. Self-assessments were completed at least one year apart and between the years 2000 and 2005. On a scale of 1 to 7 (1 being

⁹ Each child care provider had "an equal chance of being selected" by lottery method (Leedy & Ormrod, 199). Care was taken to include child care providers from throughout the county in order to produce a more accurate picture of the community.

inadequate and 7 being excellent), scores ranged from 3.2 to 7. Those scores shown in brackets indicate second self-assessment scores that were lower than first self-assessments.

Limitations

Care was taken to avoid any sampling bias, but with all quantitative research, adequate representation is dictated by appropriate sample size. In order to get a completely accurate picture of the self-assessment scores, the entire 85 providers should be reviewed. Nevertheless, initial data gathered from the sample size of 56 can ascertain some trends in self-assessments and their relation to quality. The assessors themselves may also limit the research findings since being unable to accurately judge their own performance may taint results. Randall, et al. (2000) describe self-worth issues and overconfidence as primary reasons for unrealistic scoring. They opine, "...poor performers tend to overestimate their ability and are the most inaccurate in their self assessment..." (p. 444). Additionally, some providers who rated themselves higher in the first assessment may not have fully understood appropriate assessment techniques: By the second assessment, a better understanding of how to accurately complete the scale may have elicited a lower score than previously determined.

Data Set #2

Basics

In the fall of 2004, 59 child care providers were informed of the possibility of receiving a cash stipend for acting as a mentor¹⁰ to current REWARD providers. These were past REWARD participants who no longer qualified for REWARD because they had met the maximum educational requirements to remain eligible. The number of years these participants were active in REWARD varied from one to three years. 12 of the 59 child care providers returned the application. As part of the application process, all 12 applicants were required to be scored by a rater (assessor) using one of the Environment Rating Scales. This process would determine the child care providers' own level of child care quality before being approved as mentors. Raters were selected by REWARD staff from child care professionals within the community who had (1) completed a two-day Environment Rating Scales Training by Debby Cryer¹¹, (2) completed at least 3 additional hours of training on the scales, which included practice on accurate and reliable rating, and (3) completed hands-on practice using the scales in child care environments throughout the county. In order to remove biases from the scoring procedure, raters were not informed of the premise behind the research—only that data was being collected for research purposes. This allowed raters to concentrate on honest evaluation instead of focusing on any intended outcomes, which may have skewed scores. Out of the twelve mentor applicants, eight were rated using the ECERS, one using

¹⁰ In order to apply for mentorship, child care providers had to have completed a minimum of 24 early childhood education units, 16 general education units, 6 ECE administration units, and 2 ECE units of adult supervision.)

¹¹ Debby Cryer is a contributing author to the ECERS and the ITERS. The two-day training took place in 2001 in San Luis Obispo.

the SACERS, one using the FDCRS, and two using the ITERS. The determination for which scale used was determined by the applicants' current employment environment. All ratings were conducted between October 2004 and December 2004. In addition to the collection of these data, self-assessment scores from the applicants' themselves were compiled (completed in Spring 2003). When gathering the data, it was found that two of the 12 applicants had not completed self-assessments since they had not completed more than one year in REWARD; therefore, 10 child care providers' data were compiled for research purposes. Table 1 details the scores of all ten applicants. The variation between the two scores (self-assessment vs. rater assessment) and a percent variation have been included. The number of years the potential mentors were participants in REWARD is also shown. Those child care providers who self-assessed themselves at a lower score than the rater are shown in brackets. Scores, which could have ranged anywhere between 1 and 7 (1 being inadequate and 7 being excellent), ranged between 3.46 and 6.87.

	CCP1	CCP2	CCP3	CCP4	CCP5	CCP6	CCP7	CCP8	CCP9	CCP10
Self-Assessment	5.31	6.87	5.99	6.53	5.14	6.04	5.96	4.71	5.52	6.53
Rater Assessment	4.37	6.83	6.9	6.35	3.46	6.54	3.62	5.19	5.28	5.59
Variation	0.94	0.04	(0.91)	0.18	1.68	(0.50)	2.34	(0.48)	0.24	0.94
% Variation	17.70%	0.58%	(15.19%)	2.76%	32.68%	(8.28%)	39.26%	(10.19%)	4.35%	14.40%
Years in REWARD	2	2	2	2	3	3	2	2	3	3

Table 1. Self Assessment Rating Compared with Assessor Rating For 10 Past REWARD Participants

Limitations

Because of time constraints, the sample was predetermined based on how many applied to be mentors. Further analysis, which would include a random sample of all REWARD participants, might further validate results. Additionally, when analyzing the data set, the researcher makes an initial assumption that both the self assessor (mentor applicant) and the rater (assessor) are able to accurately score child care environments; therefore, using additional raters to verify reliability of scoring may further validate results (Leedy & Ormrod, 2005). For rater reliability, for example, many researchers utilize a 10% or less variation between scores to determine valid measurement (Loeb et al., 2004; Love, Meckstroth, & Sprachman, 74).

FINDINGS

Do REWARD child care providers exhibit good or above levels of child care quality and do they exhibit an increase in their child care quality over time? By using the Environment Rating Scale as a tool for measuring quality, this research proposes to quantitatively answer such a question. For research purposes, a score of 5 was determined to be the cut-off point to quality. Anything lower was designated as not meeting child care quality standards. Also, it is important to note that a score of 7, which signifies excellent, may sometimes be difficult to achieve; reaching that level can be hindered because of lack of funding to support improvements or simply because the child care provider does not have much control over the child care centers' physical environment.

Data Set #1

Did REWARD participants assess themselves higher on their second assessment than they did in their first assessment, therefore, implying raised levels of child care quality? Did REWARD participants achieve scores of 5 or higher? In order to answer these questions, the researcher first reviewed whether there was any difference in scoring patterns between center-based child care providers and family child care providers. This was important in order to review all assessments together and not necessarily separate out center-based child care provider ratings from family child care provider ratings.

	Center-based CCP (40)	Family CCP (16)	Difference between scores	% Difference
Average 1st Year Self Assessment	6.24	6.13	.11	2%
Average 2nd Year Self Assessment	6.29	6.45	.16	2%

**Table 2. The Average of all Self-Assessment Scores
of Center-Based and Family Child Care Providers**

Table 2 details the average self-assessment scores for the 40 center-based child care providers and the 16 family child care providers included in the study. On the first assessment, family child care providers' average score was 2% lower than center-based child care providers' average score. On the second self-assessment, family child care providers' average score was 2% higher than center-based child care providers' average score. These percentages demonstrate minimal difference between the scores of center-based child care providers and family child care providers and, therefore, suggest that all child care providers can be reviewed as one group.

Taking into consideration that a score of 5 is considered good quality, Chart 1 details that out of 112 self-assessments, only five self-assessments were below a score of 5. In fact, 96% (107 out of 112) of all self-assessment scores had a rating of 5 or higher. Additionally, a perfect score of 7 (excellent) was achieved on 10% (11 out of 112 child care providers) of all self-assessments. (Only three providers rated themselves a score of 7 on both assessments.) Finally, 66% of self-assessments (37 child care providers) were between a score of 6 to 6.9, which equates to a better than good score.

Making the initial assumption that self-assessment scores are accurate and an honest look at child care quality, one may determine that those providers in REWARD overwhelmingly exhibit above average levels of quality. It is possible, however, that the lack of variance between scores may mean self-assessments have been unable to capture a true picture of the quality of childcare. There is a strong probability that REWARD participants felt the need to rate themselves above average simply because the

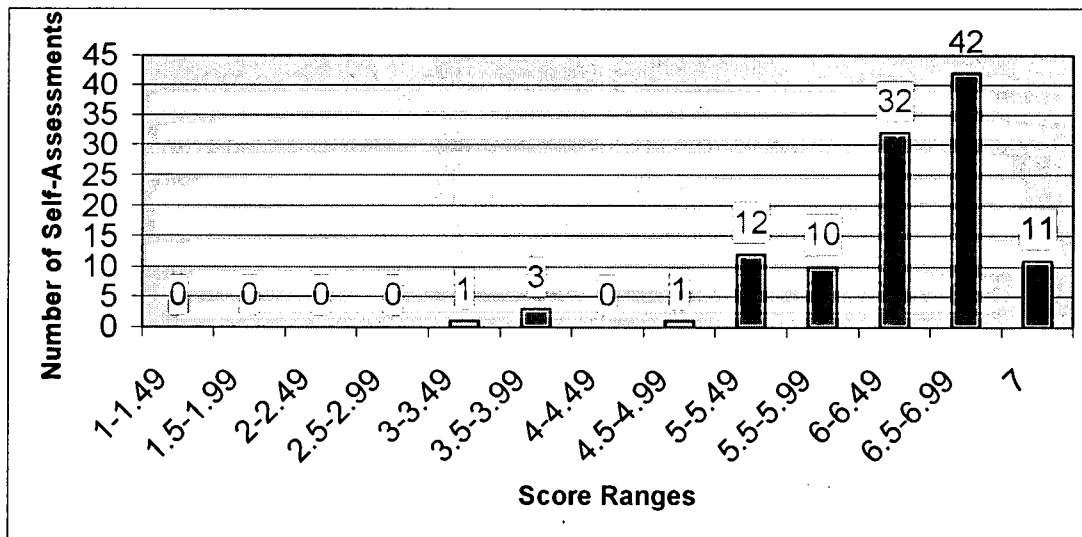


Chart 1. Number of Self-Assessment Scores (both first and second) at each Score Range

assessments were a requirement of REWARD. Assessments by others, however, help validate scores. Additionally, a mentoring component can raise scores even further by providing a means to review scoring and offer solutions to improve child care quality.

Do child care providers participating in REWARD raise their child care quality the longer they are in the program? Table 3 details that 66% of all child care providers participating in the research raised their score from the first self-assessment to the second self-assessment, a possible sign that child care providers are using the Environment Rating Scales correctly to assist in raising the quality of child care in their own classrooms or family child care homes. This data initially supports the hypothesis that REWARD participants (more than half) raise child care quality the longer they are in REWARD.

Number of Child Care Providers in the Study	Number of Providers Who Raised or Kept Same Score	% of Child Care Providers Who Raised Or Kept Same Score
56	37	66.00%

Table 3. Child Care Providers Who Raised or Kept Score the Same (First Self-Assessment vs. Second Self-Assessment)

Conversely, while higher scores signify greater child care quality, of more interest is the realization that 34% (19 child care providers) actually lowered their self-assessment scores. (Scores still remained at good or above levels). If the scores are taken at face value, this outcome is counterintuitive to the hypothesis that quality would improve over time with participant longevity in REWARD. Of course, other factors may contribute to this result. For example, one might assume that child care providers rated themselves unrealistically in their first year in REWARD and through their own added experience

and education realized by the second year that their actual level of child care quality warranted a lower score. In this case, reviewing ongoing self-assessment scores over consecutive years would be beneficial. Nevertheless, it seems self-assessment alone will not provide enough measurable data to evaluate the quality level of REWARD participants. Since assessments used for evaluation purposes are to “improve performance through the identification, feedback and reduction of differences between self perception and evaluation by others” (Randall et al., 2000), a more well-rounded approach that would include outside assessment and mentoring would not only provide data for evaluation purposes, but also assist in fostering better quality child care.

Data Set #2

Data Set #2 allowed the researcher to review child care provider self-assessment scores versus outside assessment scores conducted by an assigned REWARD child care professional. Do REWARD child care providers exhibit quality child care based on the data comparing self-assessment and assessment scores? Chart 2 shows the ten child care providers’ assessment scores including self-assessments (shown as unfilled bars) and assessments conducted by others (shown as filled bars).

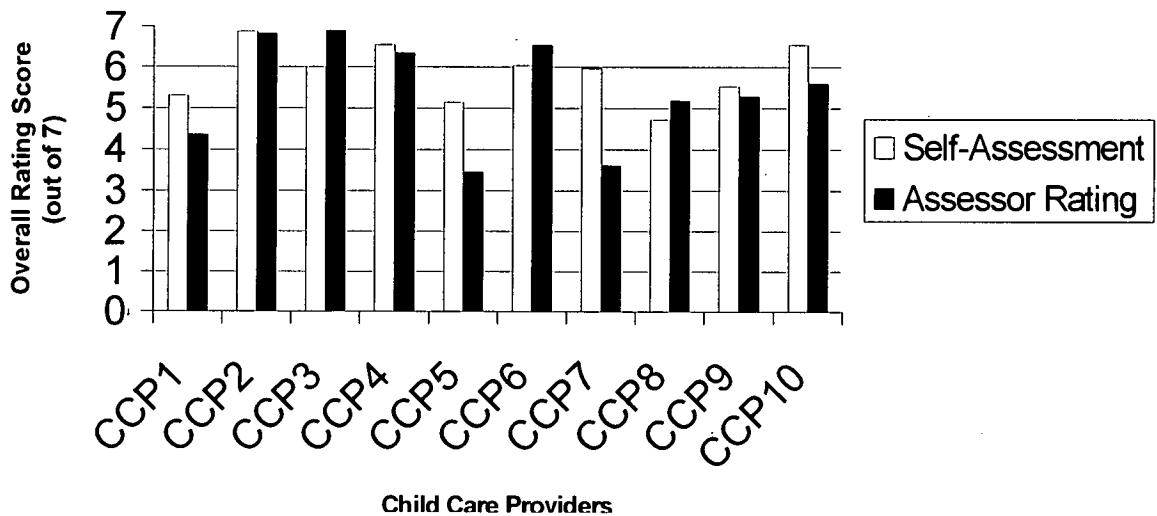


Chart 2. Self-Assessment versus Outside Assessment

Variances between self-assessment scores and outside assessment scores ranged between .58% and 39.26%. Four child care providers (CCP2, CCP4, CCP6 and CCP9) all show variances between the self-assessment and outside assessment at 10% or less. These five providers were rated—by both assessments—at good or better quality levels, thereby attesting to quality. Using a 10% variance as a negligible discrepancy on the Environment Rating Scales, this research demonstrates that 4 out of 10 (40%) of the providers' scores are accurate and, therefore, 40% of the ten child care providers are determined to exhibit quality child care.

There are four child care providers, CCP1, CCP3, CCP8 and CCP10, showing middle-range discrepancies between self-assessments and assessments. They are 17.70%, 15.19%, 10.19% and 14.40% respectively. While more than a 10% variance, it is important to note that even with these discrepancies, three child care providers received outside assessment scores above good (CCP3 received a 6.9, CCP8 a 5.19 and CCP10 a 5.59) and one child care provider received a score just below good with a score of 4.37 (CCP1). Finally, there are two child care providers, CCP5 and CCP7, which show large discrepancies between self assessment and outside assessment scores at 32.68% and 39.26% respectively. While these child care providers rated themselves better than good, the outside assessment scores were well below that; the score for CCP5 was 3.46 and the score for CCP7 was 3.62. Since these scores represent differences that are way beyond normal variance levels, the research dictates that quality is not exhibited at these participants' child care sites.

Although reviewing the data of only 10 past REWARD child care providers may be considered too small of a sample, some inferences can be made. For instance, if a

score of 5 score is deemed good and we take the scores at face value, then 9 out of 10 (90%) child care providers are providing good or better quality child care according to self-assessments. If reviewing the data using only outside assessments, then 7 out of 10 (70%) child care providers are providing good or better quality. However, dual assessments (one by self-assessment and one by outside assessment) provide the most valid data since it validates the scoring. With that in mind and using a 10% maximum variance between scores, only 40% of the child care providers can be determined to exhibit quality. This percentage is quite low when considering that the child care providers taking place in this study have high levels of education and at least two years in the REWARD program. While dual assessments have been able to further validate scores and, therefore, quality, further support through mentoring can provide not only a method to raise quality, but also a better evaluation technique.

CONCLUSION AND POLICY RECOMMENDATIONS

There is an overwhelming need for raising child care quality—not only to benefit children’s development, but also to improve society as a whole. Greater attention to program outcomes that will maximize dollars spent will be necessary to meet the quality goals of child care programs, including CARES. Currently, however, funding for attracting and maintaining quality teachers in K-12, which includes funding for mentoring new teachers, is disproportionately larger than funding for child care classrooms and family child care homes serving birth to 5 years old. In 2002, California spent 660 million to “encourage qualified candidates to complete teacher preparation programs, teach in low-performing schools, and stem the tide of attrition [while in early childhood only] 21 million annually [was spent] on efforts to reduce staff turnover and

advance training incentives among early education teachers” (Laurence et al., 2002, p. 4). Unfortunately, the lack of funding does not lessen the need for quality improvement components in all early care and education programs.

CARES is currently updating their programmatic requirements before issuing their *Request For Funds* application to counties in April. Counties will decide by June of 2005 whether to reapply and continue funding CARES in their communities for an additional 3½ years. This research demonstrates that current CARES program requirements can benefit from some fine-tuning in order to meet First 5 CA’s goals for child care quality; there is no valid evaluation technique and the approach to raising quality is lacking in its approach. A recommendation is made that CARES should include a mandatory mentoring component, which has been proven to assist in raising quality in teaching environments. As demonstrated, Environment Rating Scale scores by self-assessment alone can allude to quality, but do not provide enough evidence that can demonstrate an increase in quality over time. Additionally, comparing self-assessment scores with outside assessment scores does offer some benefit because it helps to validate scores; however, once scores are reviewed, future procedures to raise child care quality are currently not in place. It is only through a mentoring component that child care providers can honestly look at their current abilities as well as further develop their skills in child care. Mentoring, that includes Environment Rating Scale assessments, will be the method by which CARES—or any grant program focusing on early child care—can evaluate its program for success and make decisions about future programming that would best enhance the quality of child care in all communities.

APPENDIX

	1	2	3	4	5	6	7	8	9	10	11	12	13	14		
Center-based Child Care Providers																
First Self-Assessment	6.80	6.22	6.87	5.20	3.79	6.87	6.56	7.00	6.76	7.00	5.30	7.00	6.18	6.88		
Second Self-Assessment	(6.78)	6.43	(6.60)	5.62	(3.20)	(6.60)	6.97	(6.97)	(6.26)	(6.97)	5.36	(6.98)	6.53	(6.71)		
	15	16	17	18	19	20	21	22	23	24	25	26	27	28		
First Self-Assessment	6.13	6.62	6.80	5.07	7.00	5.78	6.18	6.14	6.26	6.32	6.64	5.04	5.96	6.33		
Second Self-Assessment	6.24	6.87	(6.48)	5.43	(6.40)	(3.95)	6.53	6.91	(6.23)	6.65	6.64	5.74	(6.69)	6.57		
	29	30	31	32	33	34	35	36	37	38	39	40				
First Self-Assessment	6.39	5.46	5.44	6.42	5.06	6.22	6.85	7.00	7.00	6.11	6.02	7.00				
Second Self-Assessment	6.37	(5.00)	5.94	6.57	5.71	6.68	(6.66)	(6.96)	7.00	6.11	6.34	7.00				
Family Child Care Providers	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
First Self-Assessment	5.78	6.76	5.82	6.70	6.77	6.42	5.26	6.84	6.18	6.15	6.66	3.95	5.97	5.39	6.39	7.00
Second Self-Assessment	6.83	(6.72)	6.13	6.79	6.87	6.83	6.46	(6.79)	6.42	6.42	6.78	4.54	6.40	5.78	6.39	7.00

Appendix. Self-Assessment Scores Over Two Years

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