



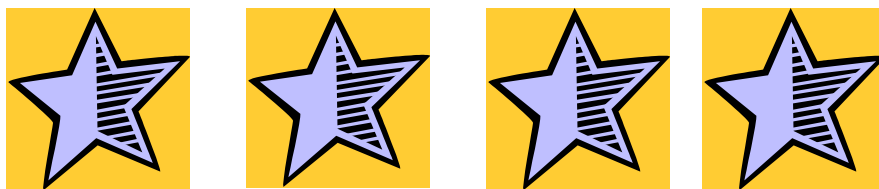
# KIDS NOW Evaluation Project

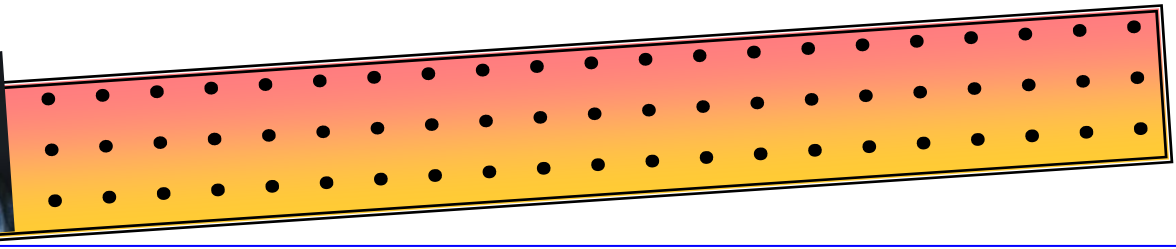
## Executive Summary

2004

## Evaluation Team Recommendations

1. **Technical assistance efforts should be targeted in preschool programs serving large numbers of children on subsidy and those who are minorities.**
2. **Continue efforts to increase the numbers of licensing professionals to ensure a 1:50 ratio.**
3. **Improve communication between state and local levels to increase morale and improve the dissemination of information regarding Initiative components and outcomes.**
4. **Examine the existing incentives for participation in early care and education components of KIDS NOW.**
5. **Specifically target increased participation in STARS for KIDS NOW and the scholarship program, as these programs have the greatest impact on program quality.**
6. **Consider more public awareness campaigns to produce more support from the community.**





## Executive Summary

The KIDS NOW Initiative was designed to establish and to coordinate supports and services needed to ensure that “all young children in Kentucky are healthy and safe, possess the foundation that will enable school and personal success, and live in strong families that are supported and strengthened within their community” (Governor’s Early Childhood Task Force, 1999, p.2).

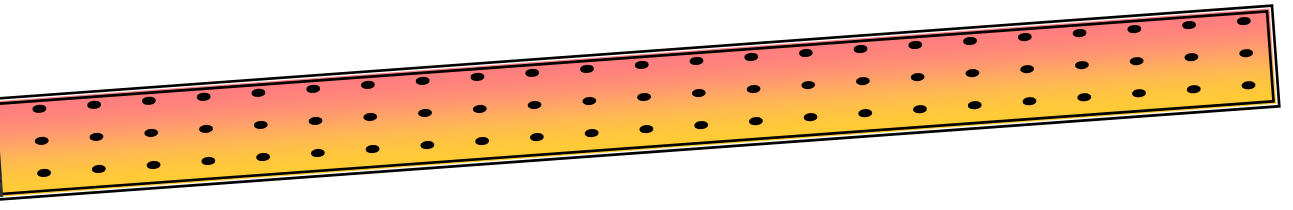
The 2003-2004 evaluation of the KIDS NOW Initiative demonstrates the rapid implementation of components throughout the state. Additionally, data from this evaluation year reveals the third statewide picture of center-based child care program quality in the state of Kentucky. The Universities of Kentucky and Louisville collaborated to evaluate programs using an integration of data (surveys, face-to-face interviews, and classroom observations) that indicated *five* key findings:

**1. *Center-based child care programs in Kentucky have decreased in quality. There is a need for improvement.***

For the first time since the Initiative has begun, Infant/toddler classroom quality was superior to preschool classroom quality. Overall scores on the ITERS-R and ECERS-R were lower than in previous years. Quality scores were significantly lower in preschool classrooms. Participation in the STARS for KIDS NOW rating system decreased. However, the centers who participated in STARS for KIDS NOW had increased STAR ratings. Quality of care was lower in programs serving large numbers of children on subsidy and minority children despite participation in components of the Initiative.

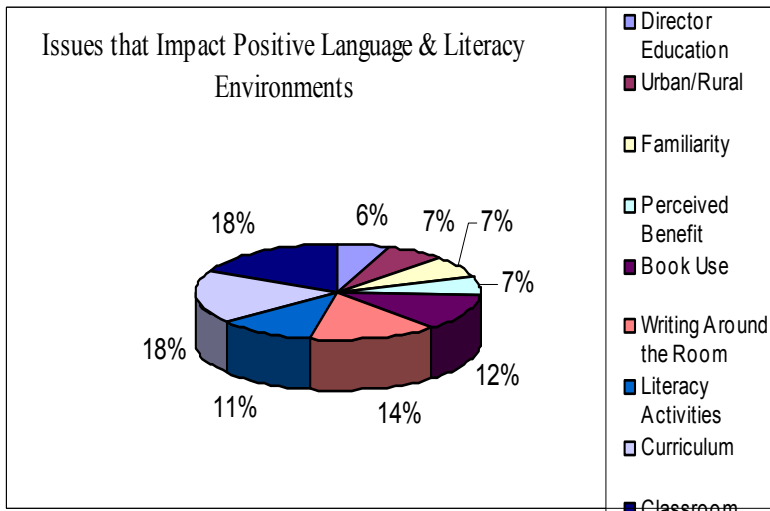
**2. *Familiarity with and participation in the KIDS NOW Initiative are related to overall center quality.***

Preschool and infant/toddler centers that were more familiar with STARS for KIDS NOW and had more educated teachers tended to have higher quality classrooms. Likewise when directors were more familiar with KIDS NOW, the center’s turnover rate decreased. Also, centers that were more familiar with KIDS NOW and participated more in the early care and education components of the Initiative were more likely to provide better benefits to their staff. For preschool centers, the greatest impact on quality was familiarity and high quality staff. For infant/toddler programs, familiarity and perceived benefit of the Initiative as well as high quality staff and serving infants with disabilities had the greatest impact on quality.



### 3. Program differences in quality were found.

NAEYC accredited programs and Head Start programs had the highest quality scores across the state. These programs excelled on the ECERS-R, ITERS-R and ELLCO. Head Start programs reported greater staff benefits, higher STARS for KIDS NOW Ratings, more participation in councils and scored highest on some dimensions of the ECERS-R and ELLCO. NAEYC accredited programs had better benefits, and higher ITERS-R and STARS for KIDS NOW rating scores than for-profit centers. However, non-profit centers scored highest on the ITERS-R. For-profit centers participated more in the scholarship program.

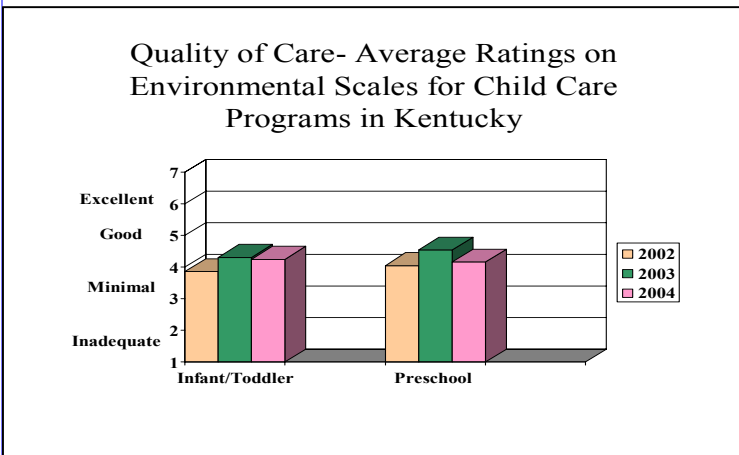


### 4. Issues that impact positive language and literacy environments were discovered.

Education of the director and staff were positively related to positive literacy and language environments in preschool classrooms. Likewise, familiarity with KIDS NOW contributed to higher literacy and language environment scores. The classroom environment and curriculum in the classroom were the largest contributors to high quality language & literacy in all centers across the state.

### 5. Urban and rural differences exist in the way child care providers participate in and perceive the benefits of the components of the KIDS NOW Initiative.

Rural centers were more familiar with components of the Initiative and were more likely to participate in STARS for KIDS NOW and subsidy programs. Rural centers also saw those programs as more beneficial. Rural centers had higher quality of literacy instruction than urban centers. Urban centers utilized the scholarship program more than rural centers and report higher benefits from this program.



Information on child care quality was collected in 110 early education programs in Kentucky using the Infant Toddler Environment Rating Scale--Revised (ITERS-R), the Early Childhood Environment Rating Scale--Revised (ECERS) and the Early Language and Literacy Classroom Observation (ELLCO). The ITERS-R and ECERS-R instruments are designed to assess the global classroom environment including space and furnishings, personal care routines, encouragement of language-reasoning skills, activities offered, interactions, program structure, and provisions for parents and staff. The ELLCO is designed to evaluate how classrooms utilize language materials and curriculum through literacy environment checklists, classroom observations, and literacy activities. Classrooms receive a total quality rating based on a seven point scale ranging from inadequate (1) to excellent (7) for the ITERS-R and ECERS-R and deficient (1) to exemplary (5) for the ELLCO.