

WYOMING CHILD CARE QUALITY
A COMPREHENSIVE SUMMARY OF CHILD CARE FINDINGS
PREPARED FOR

DEPARTMENT OF WORKFORCE SERVICES
STATE OF WYOMING

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QUALITY ASSIST

PREFACE

Wyoming Child Care Quality is a summary of findings of child care businesses in Wyoming. These findings are the result of a comprehensive assessment completed during the summer of 2006 and represent the baseline measure of child care quality. The *Assessment Profile for Early Childhood Programs* and the *Assessment Profile for Family Child Care* were used to measure the quality in 201 childcare centers, family child care homes, and family child care centers.

To obtain a baseline measure of the quality of early care and education in Wyoming, Quality Assist trained data collectors to utilize the *Assessment Profile for Early Childhood Programs* and the *Assessment Profile for Family Child Care* observation tools in center and home settings, provided data analyses and reporting. This report was compiled by Dr. Annette Sibley and Kim Sewell and submitted to the Wyoming Department of Workforce Services.

Quality Assist is an Atlanta-based consulting firm with more than 18 years of experience with evaluation, training, and technical assistance in diverse early childhood care and education settings.



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WYOMING CHILD CARE QUALITY

EXECUTIVE SUMMARY

The purpose of the study was to assess the overall quality of child care businesses in the state of Wyoming. A total of 201 child care businesses participated in the baseline study which represents 26% of the child care businesses in Wyoming. The stratified random sample included 77 Child Care Centers and 124 Family Child Care businesses serving approximately 3,000 children. The *Assessment Profile for Early Childhood Programs* was used to assess 188 center-based classrooms and the *Assessment Profile for Family Child Care* was used to assess both family child care home and family child care center settings. Data was collected by trained observers and sent to Quality Assist in Atlanta, Georgia for analysis.

The overall average scores reveals that the highest performance was in Safety and Health with an average of 80% positively observed criteria in child care centers and 83% in family homes. The quality of adult/child interactions was moderately high with an average score of 83% in family child care settings and somewhat lower in child care centers with an average score of 75%. Substantial program development is needed in child care centers in the areas of Learning Environment (41%), Individualizing (48%), Curriculum (51%) and Scheduling (57%). Areas for improvement in family child care settings include Learning Environment (54%) and Outdoor Environment (78%). The variability in scores across classrooms was substantial for all dimensions of the *Assessment Profile* with the smallest range observed in Safety and Health (58% to 97%) and the greatest range in Individualizing (0% to 100%). The *Assessment Profile* dimensions are highly inter-related and improvements in one dimension will result in improvements in the others.

A review of the *Assessment Profile* scores across regions revealed that the quality of family child care businesses was moderate and fairly similar for all regions; the overall average ranged from 70% to 80%. Among family child care settings, the greatest variability across regions was in Learning



Environments with the Central region scoring an average of 47% as the lowest score and the Northeast region has the highest score at 70%.

In contrast, *Assessment Profile* scores for child care centers across regions revealed that the quality of child care centers was low and fairly similar for all regions; an overall average ranged from 55% to 67%. Among child care centers, the greatest regional variability was between the Southeast and Northeast regions in Curriculum (47% and 67% respectively) and Interacting (67% and 89% respectively).

Overall, Wyoming's childcare centers and family home child care businesses provided safe, clean, and healthy care for children. The teachers and family child care providers were warm and nurturing with the children in their care. High performance in Health and Safety indicated that the providers and teachers were conscientious about keeping children safe and healthy and committed to maintaining compliance with childcare licensing standards. Observations of teachers' and providers' interactions revealed that they were consistently warm, attentive and responsive to the children in their care. These qualities are excellent foundation for all other practices in early childhood care.

The low to moderate scores suggest that teachers may not have sufficient knowledge about child development and age appropriate practices that foster learning in early childhood. Teachers and family child care providers need fundamental knowledge of child development and a system for child assessment to effectively support children's development and learning. Teachers and family child care providers need to provide a greater variation in activities to accommodate differences among children's abilities and interests, allowing children to set the pace and direction of their learning with a guiding hand. Teachers and family child care providers would benefit from specialized training and on-site technical assistance that addresses developmental stages and their implications for instructional strategies. In addition, training should



address approaches to child assessment and how to translate assessment information in designing and implementing developmentally appropriate learning activities to meet individual and group learning needs.

The Learning Environment had the lowest scores across centers and family child care settings. While more learning materials would improve scores in this area it would not increase quality. Instead, emphasis should be placed on acquiring learning materials that match curriculum goals. Resources should be provided based on learning goals and how materials and environments support these goals. A wide variety of materials are needed that foster growth and development in all learning domains and match the developmental stages of the children in care.

The findings of this baseline study indicate that as Wyoming develops its child care system, it is necessary to address issues of quality and to develop effective strategies to raise the quality. It is important to note that Wyoming has excellent foundation and can build on the current strengths of safety and health practices, positive adult/child interactions, and excellent group size and adult to child ratios. These findings suggest that improvements in quality will be dependent upon workforce development for child care center teachers and family child care providers. Investment is needed to enrich learning environments across settings. This investment alone will not produce substantive or enduring changes in quality. Specialized and targeted training, mentoring, and technical assistance can make a long-term difference in the quality of early care and education in Wyoming



WYOMING CHILD CARE QUALITY

"Since the late 1980s, the majority of American mothers with young children have worked outside the home." (Phillips & Adams; 2001; Public agenda, 2003) Therefore, most young children spend some part of their day in out-of-home care. To meet this demand, child care, family child care and preschool education are evolving into essential components of the economic infrastructure for our society and indispensable support systems for the families that rely on their services. ...Parents and policy makers are becoming increasingly aware of the importance of early learning, including an increasing understanding of how children develop, which is leading to more public demand for quality."

Lambert, Ph.D., R., Abbott-Shim, Ph.D., M., & Sibley, Ph.D., A., (2006) Evaluating the Quality of Early Childhood Educational Settings in the Handbook of Research on the Education of Young Children: 2nd Edition, Spodek & Saracho, (Eds.)

BACKGROUND

Enrolled Act 53 provided for Wyoming's child care system to be housed in the Department of Workforce Services (DWS) with the following goals:

- increase the capacity of available child care to support the needs of Wyoming's growing workforce;
- support and enhance the child care industry as important businesses to Wyoming's economic future; and
- increase the quality of child care to assure a bright future for our children.

In response to Enrolled Act 53, DWS initiated a three year plan to develop a model quality child care system. An essential step in the first year of the plan was to determine the current level of quality among child care businesses in Wyoming. DWS contracted with Quality Assist, Inc. to assist them in conducting a statewide assessment of the child care businesses. Quality Assist is an Atlanta-based consulting firm with more than 18 years of experience with evaluation, training, and technical assistance in diverse early childhood care and education settings.

This report is a comprehensive summary of findings and a detailed description of the quality of the child care services in Wyoming. The report includes a description of the sampling and assessment procedures. The findings are based on a sample of 201 child care businesses serving approximately 3,000 children and families.



SAMPLE

There are three types of child care businesses in Wyoming as defined by the Child Care Licensing Rules of the Wyoming Department of Family Services:

Family Child Care Homes—a licensed child care business in which care is provided for no more than 10 children in the primary residence of the provider;

Family Child Care Centers—a licensed child care business in which care is provided for a maximum of 15 children which may be in a residential or commercial type structure; and

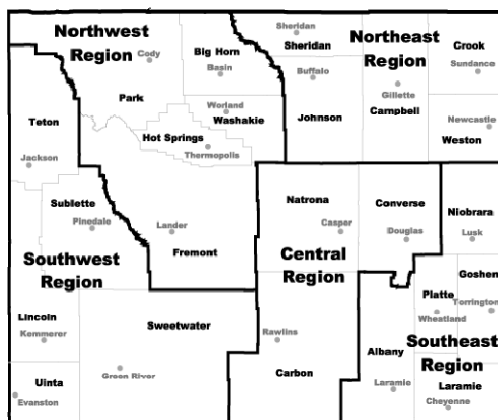
Child Care Centers—any business caring for 16 or more children and operated by a private person, partnership, association or corporation that is operating a business for profit or otherwise in a building used solely for commercial purposes, where 16 or more children receive care.

As of the spring of 2006, DWS reported that there were 777 child care businesses in Wyoming representing 436 Family Child Care Homes, 119 Family Child Care Centers, and 222 Child Care Centers in Wyoming. To obtain a stratified random sample, the Wyoming Department of Workforce Services (DWS) sent letters inviting child care businesses to participate in the baseline study. Letters were sent to childcare businesses located in all 24 counties in Wyoming. Participation was voluntary and a \$100 gift certificate for educational supplies and materials was provided as an incentive. Businesses were also informed that to ensure confidentiality all data would be submitted to Quality Assist for data entry and analyses.

A total of 201 child care business participated in the baseline study which represents 26% of the child care businesses in Wyoming. The sample included 77 Child Care Centers and 124 Family Child Care businesses serving approximately 3,000 children. The following Tables summarize the size and proportion of the child care population and study sample by county and region.

Number and percentage proportion of the child care business population and sample by county

	Population		Sample	
Albany	39	3%	8	2%
Big Horn	20	1%	2	1%
Campbell	59	4%	9	2%
Carbon	23	2%	10	3%
Converse	23	2%	4	1%
Crook	9	1%	4	1%
Fremont	46	3%	17	5%
Goshen	27	2%	5	1%
Hot Springs	9	1%	2	1%
Johnson	10	1%	0	0%
Laramie	121	9%	28	8%
Lincoln	32	2%	9	2%
Natrona	130	9%	35	10%
Niobrara	4	0%	0	0%
Park	49	3%	19	5%
Platte	11	1%	1	0%
Sheridan	41	3%	12	3%
Sublette	11	1%	6	2%
Sweetwater	39	3%	9	2%
Teton	24	2%	9	2%
Uinta	30	2%	7	2%
Washakie	14	1%	2	1%
Weston	5	0%	3	1%
Yellow Stone	1	0%	0	0%
Total	777		201	



Number and percentage distribution of the child care business population and sample by region

	Population		Sample	
Central	176	12%	49	14%
Northeast	124	9%	28	8%
Northwest	139	10%	42	12%
Southeast	202	14%	42	12%
Southwest	136	10%	40	11%
Total	777		201	



METHODS

During June and July 2006, 17 observers were trained to use the *Assessment Profile for Family Child Care Homes* and 16 observers to use the *Assessment Profile for Early Childhood Programs*. All observers established inter-rater reliability at 85% or greater. Data was collected in July and August of 2006.

Both *Assessment Profiles* are structured observation guides used to review a comprehensive set of criteria that are characteristic of high quality child care settings. The following Table provides an overview of the six dimensions of the home-based and center-based *Assessment Profiles*.

<i>Assessment Profile for Family Child Care Homes</i>	<i>Assessment Profile for Early Childhood Programs</i>
Safety	Safety & Health
Health & Nutrition	Learning Environment
Learning Environment	Scheduling
Interactions	Curriculum
Outdoor Environment	Interactions
Professionalism	Individualizing

The *Assessment Profile* criteria are general enough to apply to a wide variety of early childhood settings, yet specific enough to provide concrete, observable examples of high quality programming for children. To obtain the most accurate information, three methods of data collection were used: observation of the environment and interactions, review of documentation and report based on interviews with the providers. Each classroom was observed for approximately 15 to 20 minutes per hour, allowing three to four observation cycles per classroom throughout the morning. Therefore, observers captured early, mid, and late morning activities and their observations represent a sampling of the morning program activities. Family child care settings were observed for the full morning. Supporting documents were reviewed and interviews were conducted during the afternoon.

FINDINGS

Assessment Profile criteria were scored either "yes" observed or "no" not observed, or not observed with consistency. Observations focused on experiences from the perspective of the child. The reported scores represent



the percentage of criteria that were positively observed. Scores are summarized by Dimensions to facilitate the easy identification of program areas with high quality performance and program areas in need of further development.

In the next section, scores for family child care settings and child care centers are summarized separately in graph and table format. Additional elaboration and a detailed description of the findings by *Assessment Profile* Dimension follow the statistical tables. For the purpose of this report, the data from family child care homes and family child care centers has been aggregated and is referred to as “family child care settings.”

A review of the *Assessment Profile* scores across regions reveals that the quality of family child care business was moderate and fairly similar for all regions with an overall average range from 70% to 80%. Learning Environment accounts for the greatest variability across regions with the Central region scoring an average of 47% as the lowest score and the Northeast region has the highest score at 70%.

Average percent score on the Assessment Profile Dimensions for Family Child Care Businesses by Region

Region	Safety	Health & Nutrition	Learning Environment	Interacting	Outdoor Environment	Professional Responsibility	Average Total
Central	79%	74%	47%	76%	71%	76%	70%
Northeast	84%	79%	70%	89%	82%	80%	80%
Northwest	83%	80%	54%	86%	79%	77%	76%
Southeast	83%	84%	57%	83%	82%	85%	79%
Southwest	85%	85%	53%	86%	80%	85%	79%

A review of *Assessment Profile* scores for child care centers across regions reveals that the quality of child care centers was low and fairly similar for all regions with an overall average range from 55% to 67%. The greatest regional variability was between the Southeast and Northeast regions in Curriculum (47% and 67% respectively) and Interacting (67% and 89% respectively).

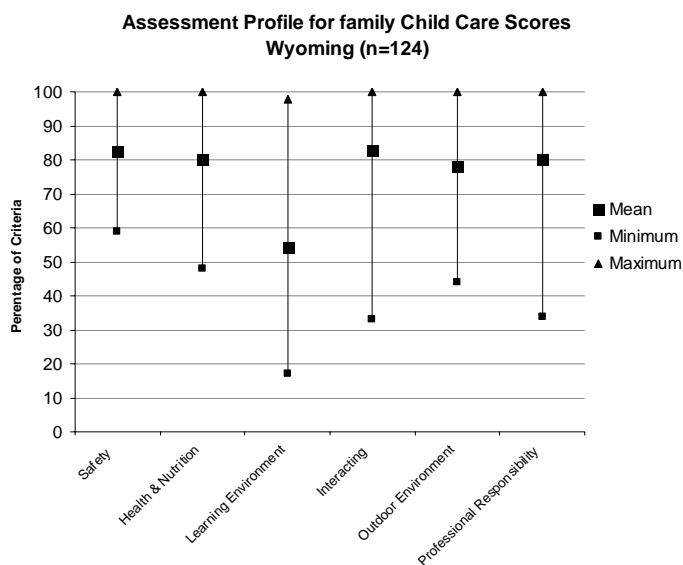


Average percent score on the Assessment Profile Dimensions for Child Care Centers by Region

Region	Safety & Health	Learning Environment	Scheduling	Curriculum	Interacting	Individualizing	Average Total
Central	79%	45%	57%	50%	73%	42%	61%
Northeast	77%	40%	53%	44%	79%	43%	55%
Northwest	83%	44%	64%	67%	89%	55%	67%
Southeast	78%	35%	60%	47%	67%	47%	55%
Southwest	82%	46%	54%	52%	71%	54%	59%

FAMILY CHILD CARE

A review of the average scores across 124 family child care businesses reveals that the highest performance was in Safety (83%), Interacting (83%), Health & Nutrition (80%) and Professional Responsibility (80%). The lowest scores were in Learning Environment (54%). While average scores are moderately high the variability range in scores within a Dimension is considerable as illustrated in the graph below.



Scores are also summarized in the Table below and reveal that the variability in quality across family child care businesses is greatest for Learning Environments with scores ranging from 17% to 98%. Learning Environment also had the lowest mean score of 54%.



Average Score Assessment Profile for Family Child Care: Wyoming (n=124)

	Safety	Health & Nutrition	Learning Environment	Interacting	Outdoor Environment	Professional Responsibility
Mean	83%	80%	54%	83%	78%	80%
Median	84%	83%	53%	84%	80%	82%
Mode	86%	85%	46%	98%	80%	88%
Range	41%	52%	81%	67%	56%	66%
Minimum	59%	48%	17%	33%	44%	34%
Maximum	100%	100%	98%	100%	100%	100%

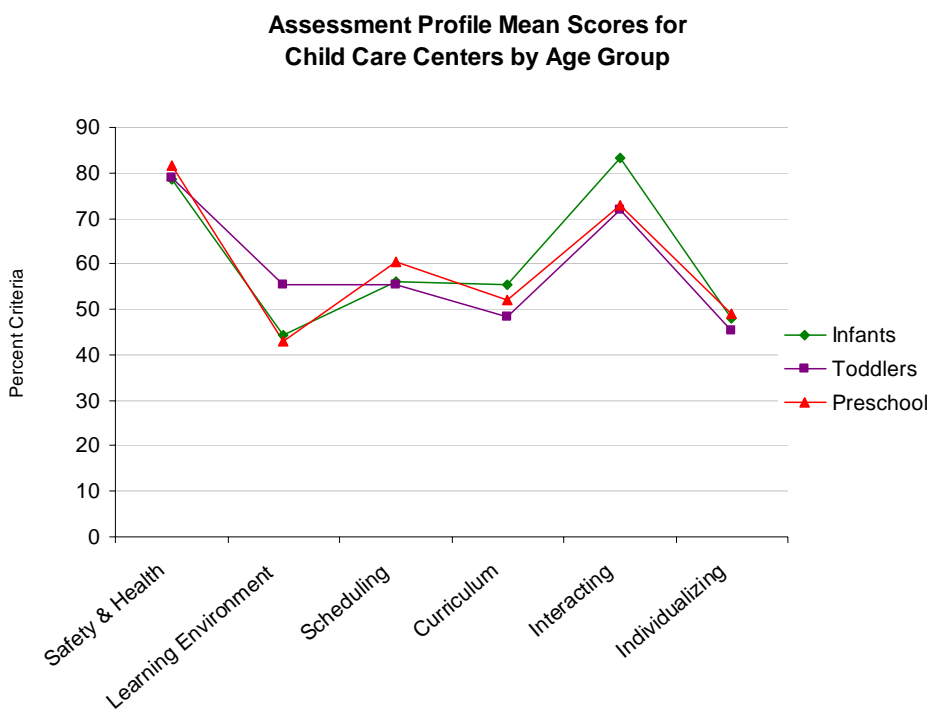
To gain a greater understanding of the distribution of the variability, scores were also examined by high (85-100%), moderate (70-84%), and low (0-69%) performance. The following Table summarizes the percentage of family child care businesses that scored in the high, moderate, and low range. Across all but two Dimensions family child care businesses demonstrated moderate to high quality (i.e. 70% or greater). Of the 124 family child care business that were assessed, 96 (78%) scored low in the provision of Learning Environment and 33 (27%) scored low in Outdoor Environments.

**Percentage of family child care businesses with high, moderate, and low
Assessment Profile scores by Dimension**

	Safety	Health & Nutrition	Learning Environment	Interacting	Outdoor Environment	Professional Responsibility
High (85-100%)	42%	38%	5%	48%	31%	40%
Moderate (70-84%)	49%	47%	17%	37%	42%	48%
Low (0-69%)	9%	15%	78%	15%	27%	13%

CHILD CARE CENTERS

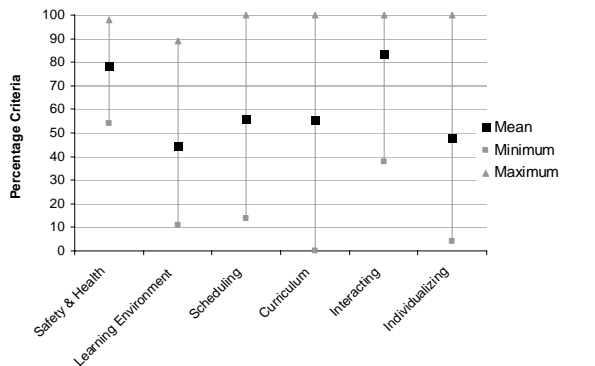
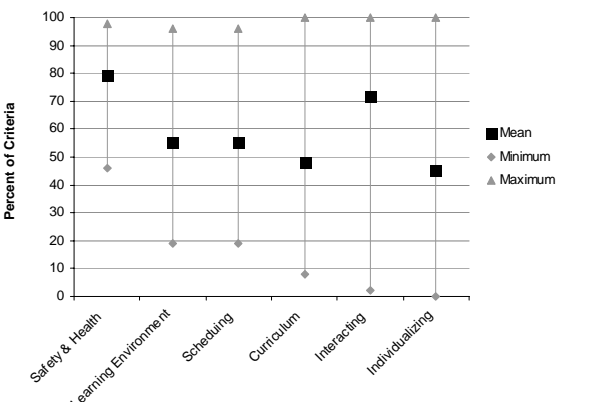
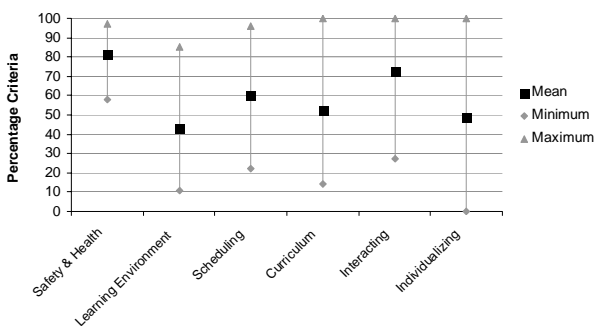
A total of 188 classrooms were observed across 77 child care centers. This sample included 44 infant, 65 toddler and 79 preschool classrooms. The data are summarized in the graph below by age group and reveal that across all age groups, the highest scoring Dimension was Safety and Health (79%-81%) followed by Interacting (73%-83%). The Dimensions with a mean score below 70% are in the greatest need of improvement across all age groups. These Dimensions included: Learning Environment (43%-55%), Scheduling (55%-60%), Curriculum (48%-55%), and Individualizing (45%-49%).



The mean scores across Dimensions were notably similar across age groups and the range in scores within each Dimension was substantial and is illustrated in the Table below.

Assessment Profile mean scores for child care centers (n=77) by age group

	Safety	Learning Environment	Scheduling	Curriculum	Interacting	Individualizing
Preschool Classrooms (n=79)						
Mean	81	43	60	52	73	49
Median	82	40	59	49	76	38
Mode	80	32	59	60	86	33
Range	39	74	74	86	73	100
Minimum	58	11	22	14	27	0
Maximum	97	85	96	100	100	100
Toddler Classrooms (n=65)						
Mean	79	55	55	48	72	45
Median	80	52	52	41	78	35
Mode	83	37	37	38	78	35
Range	52	77	77	92	98	100
Minimum	46	19	19	8	2	0
Maximum	98	96	96	100	100	100
Infant Classrooms (n=44)						
Mean	79	44	56	55	83	48
Median	79	40	57	54	85	40
Mode	70	40	57	46	85	40
Range	44	78	86	100	62	96
Minimum	54	11	14	0	38	4
Maximum	98	89	100	100	100	100





As with the family child care data, to gain a greater understanding of the distribution of the variability, scores were also examined by high, moderate, and low performance. The Table below summarizes the percentage of family child care businesses that scored in the high (85-100%), moderate (70-84%), and low (0-69%) ranges. Preschool classrooms tended to score higher than toddler and infant classrooms in safety and health practices. In contrast infant and toddler classrooms tended to score higher than preschool classrooms in terms of adult/child interactions. However, across all classrooms scores were consistently low in terms of providing developmentally appropriate learning environments and experiences. Further elaboration for each Dimension is provided in the following section.

Percentage of classrooms with high, moderate, and low *Assessment Profile* scores by Dimension

	Safety & Health	Learning Environment	Scheduling	Curriculum	Interacting	Individualizing
Preschool (n=79)						
High (85-100%)	40%	1%	10%	10%	37%	13%
Moderate (70-84%)	54%	6%	22%	9%	22%	19%
Low (0-69%)	6%	92%	68%	81%	41%	65%
Toddlers (n=65)						
High (85-100%)	34%	0%	34%	8%	33%	11%
Moderate (70-84%)	46%	7%	20%	13%	31%	8%
Low (0-69%)	20%	93%	70%	79%	36%	80%
Infants (n=44)						
High (85-100%)	33%	2%	12%	19%	63%	19%
Moderate (70-84%)	40%	9%	12%	5%	21%	5%
Low (0-69%)	23%	88%	77%	77%	16%	77%

SAFETY & HEALTH

Child care center classrooms and family homes were observed to determine if the general physical environment, furnishing, and materials were safe and clean; if teachers and providers were prepared to respond to accidents and emergencies; if classroom hygiene and general health care practices were sound. In addition, family homes were observed to determine if the diapering, kitchen and sleeping areas were safe, and if children were transported safely.

Overall, child care centers met 80% of the Safety and Health criteria, making this the strongest dimension for child care classrooms. The centers scored well on criteria relating to keeping the classrooms safe, understanding practices for illness and preparing for emergencies. In general, all classrooms were observed to be free from hazards such as poisonous plants, broken toys or equipment, and cooling and heating units. Classrooms were also arranged in a safe manner, such as pathways and exits were free of obstructions, the shelving and furniture were stable and in good repair.

Diapering, eating, and sleeping areas were free of dangerous objects or dangerous objects were out of reach of children. In addition, equipment was the appropriate size, sturdy, and in good repair. Safety equipment, such as fire extinguishers and smoke detectors, were present and working. In general, classrooms were kept clean. However, 41% of the classrooms did not have appropriately contained trash and 53% of the classrooms did not disinfect eating surfaces before and after use. Sleeping equipment was adequate however, to prevent the spread of disease. It is recommended that sleeping equipment be positioned at least 3 feet apart; only 56% of the classrooms observed satisfied this criteria.

Some attention should be given to the consistency of policies regarding the prevention of injuries and preparation for emergencies. It appears that teachers are knowledgeable regarding emergency procedures; 95% of the teachers had current first aid and CPR training. Yet in only 35% of classrooms observed had written emergency procedures posted and only 56%

showed evidence of practicing evacuations on a monthly basis. In addition, only 46% of classrooms had basic first aid supplies available within the classroom. Being prepared for emergencies includes regularly practicing what to do so that children remain familiar with procedures and having adequate first aid supplies readily available.

Proper, consistent hand washing has proven to be the most effective technique in reducing the spread of disease and yet procedures were not consistently practiced within the child care centers observed. In all classrooms, only 43% of teachers washed their hands consistently before handling food, assisting children with diapering or toileting and/or assisting an ill child. Fifty-nine percent (59%) of all preschool and toddler children washed their hands consistently after toileting and 37% of all infant and toddler children had their hands washed after diapering. Toys that infants and toddlers have mouthed should be removed from circulation to avoid passing germs from one child to the next; however, only 26% showed evidence of this practice.

Almost all child care centers had written policies regarding appropriate administration of medication (92%), notifying parents (99%), separating children when illness is detected (84%), and completing incident report forms regarding illnesses and injuries (92%). Yet, in these classrooms, only 23% of the teachers had written descriptions of common illnesses and only 27% of teachers had guidelines for the care of illness and common injuries. To ensure that policies are appropriately implemented, the information should to be readily available to the classroom teachers.

Similar safety and health trends were seen in the family child care settings. Overall, family child care settings scored well in the Safety Dimension with 83% of the criteria positively observed and 80% of the Health and Nutrition criteria positively observed. Family child care settings were generally safe and free from hazards such as poisonous plants, broken toys or

equipment, and unprotected cooling and heating units. Homes were generally arranged in a safe manner, had unobstructed pathways or exits, the shelving and furniture were stable and in good repair. Diapering, kitchen and sleeping areas were free from dangerous objects or were out of reach of children. Precautions for children's safety were provided, such as appropriate size chairs, working fire extinguishers and smoke detectors were available, guardrails and gates restricted access to dangerous areas.

Minor safety hazards in the physical space were observed such as the uncovered outlet covers (in 32% of homes), dangling or unsecured electrical cords (34%) and properly covered trash containers (48%). Attention should be given to preparation for emergencies. Only 33% of the providers had written emergency procedures posted and only 65% practiced drills monthly. Only 27% had an emergency contact posted that can assist the provider within three minutes. In addition, in 42% of the homes observed, young children were alone and unsupervised in the kitchen or bathrooms.

In the Health and Nutrition Dimension, family child care settings scored generally high on criteria addressing cleanliness and maintenance. Providers were actively responsible for basic health care of children, recognizing signs of illness and were conscientious in notifying parents of illness. Ninety-eight percent (98%) of all providers had up-to-date first aid and CPR training.

Providers generally provided nutritionally sound food to children; 83% met the federal Child and Adult Care Food Program requirements for breakfast, 82% met the requirements for lunch, and 80% met the requirements for snacks. However, more attention should be given to serving food in a positive, relaxed, social atmosphere. Sixty-four percent (64%) of providers observed did not sit with the children during meals and 46% did not engage children in conversation during meals. Only 21% of the providers allowed children an opportunity to serve themselves and 37% allowed children to be

involved in preparation and/or clean up. Providing children with the opportunities to prepare and clean up after meals encourages independence, authentic learning experiences, and builds competence in caring for one's self. In addition, mealtimes should be relaxed enough to allow time for all children to eat at their own pace and to provide a rich opportunity to promote language development by engaging children in casual conversation.

Hand washing, again, as the single most effective technique in reducing the spread of disease, was not consistent in family homes; 48% of the home providers did not wash their hands properly or consistently before serving food and/or after assisting children with diapering or toileting. In addition, in 61% of the homes, the children did not wash their hands properly or consistently after toileting or diapering and before eating. In 51% of the homes, the provider and the children did not wash their hands after handling pets.

LEARNING ENVIRONMENT

In child care centers, the classroom learning environment was assessed to determine if the arrangement of classroom space encouraged child independence and focused attention; a variety of materials were available and accessible to support learning within and across subject categories; the arrangement of the classroom space accommodated individual needs and reflected the child as an individual; and the outdoor environment provided materials and experiences that supported a variety of learning opportunities.

Family child care settings were observed for: the arrangement of materials to allow for children's exploration; evidence that the environment provided for individual needs; a variety of toys and materials to support learning; developmentally appropriate activities and opportunities; multicultural awareness and appreciation; and that the provider supported the variety of learning needs and encouraged child independence.

Child Care Centers. The learning environments in the child care centers are in the greatest need of improvement with only 41% of all criteria positively observed across all classrooms. Classrooms were not arranged to support

focused attention and encourage child independence. Only 23% of classrooms had learning materials arranged on labeled shelves and 57% had materials organized in a clearly visible manner for the children. When materials are well organized and clearly visible, children are more able to independently choose learning materials and experiences and are less dependent upon the teacher. Well organized classrooms support emergent learning, diversity in interests and learning approaches among children. Classrooms that are not organized to support child independence are generally teacher-directed and largely focused on group-oriented learning experiences, thus limiting the child's freedom to explore, make choices, and be an independent learner. Only 49% of classrooms systematically rotated, or changed, learning materials to stimulate learning or respond to changing interests among the children.

Learning materials were also assessed for availability within the classroom, accessibility to children, and variety across and within categories. "Accessible" materials are those that children can easily reach and have permission to freely use. The availability of materials was exceptionally sparse across all classrooms in all curriculum areas: small muscle, self-help, art, music, dramatic play, science, carpentry, math, language and literacy, nutrition and health, and multi-cultural. Only 36% of all classrooms had evidence of a variety of materials available in the classroom to support learning experiences. Even more significant is the fact that only 27% of classrooms had a variety of materials accessible to children for their independent use. When children have ample opportunity to select materials and guide their own exploration and learning, there is a significant increase in the opportunity to match the developmental needs and interests of individual children and maximize learning experiences. When materials are unavailable and/or accessible primarily at the discretion of the teacher, opportunities to match individual styles and interests are limited and learning opportunities decrease. This is also evident in children's work. In 79% of all classrooms, children's work was uniform and did not reflect the child's original ideas, preferences, or design.

When children are all expected to create the same product, experimentation with and exploration of how materials work together, learning from cause and effect, trial and error, and creative invention are foreclosed.

Percentage of classrooms by preschool and toddler classrooms by availability and accessibility of learning materials

Learning Materials	Preschool		Toddler	
	Availability	Accessibility	Availability	Accessibility
Manipulative	77%	59%	64%	42%
Art	79%	40%	64%	9%
Music	34%	15%	38%	17%
Science	23%	13%	9%	4%
Math	41%	21%	29%	3%
Language	36%	28%	25%?	9%
Nutrition/Health	8%	1%	14%	6%
Multi-cultural	16%	12%	17%	12%

High quality classrooms reflect the individuality of the children as well as an atmosphere of belonging and community. Approximately 78% of classrooms provided individually labeled space for children's personal belongings. However, only 56% of classrooms provided individual spaces for children to work or play alone or with a friend and 42% of all classrooms had a comfortable, cozy area where children could have a respite from group activities.

The outdoor environment is an extension of the learning environment and should be rich with opportunities for children to explore and experiment. In child care centers, outdoor large muscle equipment was available to 79% of classrooms. Very few classrooms utilized the outdoors to encourage science exploration (37%), artistic creativity (9%) and dramatic play (18%). In addition, only 33% of teachers were actively engaged with children on the playground and facilitating learning.

Family Child Care. In the 124 family child care settings that were observed, the learning environments were consistently under developed; an average of only 54% of the criteria was positively observed. While 86% of the homes had shelves and containers accessible to children and 89% had some toys available to children without adult assistance, the variety of materials available to support learning needs improvement. For instance, only 18% of the homes had a variety of art materials accessible to children and 15% had a variety of music materials. Language and pre-reading skills are essential for school readiness and yet only 43% of the homes provided a variety of language materials. Only 33% of the providers acknowledged children's efforts at written communication, 12% wrote children's dictated words to describe experiences or pictures, and 47% invited children to tell stories or "read" a picture book.

The learning environment in the home should also be a place of belonging for each child, yet only 41% of the homes provided a personal space labeled for each child's belongings and only 15% displayed children's artwork at their eye level. In addition, only 51% of the providers were able to identify the cultural background of the children in their care and only 14% provided concrete opportunities to explore a variety of cultures. Providers did not utilize parents as a resource; only 29% invited involvement from parents related to cultural experiences.

Children had opportunities for a variety of large and small muscle activities and in 94% of the homes children generally chose and guided their own activities. Family child care settings tend to operate as spontaneous, informal learning settings. However, providers could be more intentional in planning specific activities to promote learning. Only 57% of providers planned special activities weekly and 42% were able to describe how planned activities support children's development. Daily routines were not used as learning opportunities in 63% of family homes, thereby missing the

opportunity for real life learning (such as counting, sorting, measuring, reading labels, cooking, etc.) through everyday practical experiences.

Providers (94%) were attentive to children's play outdoors and aware of all activities and 87% remained close to potentially hazardous equipment. Ninety percent (90%) of all family child care settings had a fenced in play area. Outdoor play equipment in 35% of the family child care settings had visible hazards, such as rusted and jagged edges, splintered wood, loose or uncapped nuts. In 44% of the home settings, large equipment was not firmly anchored and/or did not have proper fall zone surfacing. Family child care settings (85%) made portable toys (such as balls, wheel toys, shovels and pails, etc.) available outdoors and 44% had a variety of stationary equipment outdoors.

SCHEDULING

Child Care Centers. Classroom organization and schedules were reviewed to determine if staffing provided stability and opportunity to individualize learning and if teachers routinely planned for learning activities. Schedules in toddler and preschool classrooms were also reviewed to determine if routines were intentionally organized to include variety and balance in focused and energetic activities, child-selected and teacher-directed activities, and planned time for teachers to work with large group, small group, and individual children.

Classrooms across age groups had strong staffing patterns; 90% of infant, 86% of toddler, and 87% of preschool classrooms met the NAEYC accreditation standards for group sizes. In addition 90% of infant, 74% of toddler, and classrooms 91% of preschool met the accreditation standards for child to adult ratios. Staffing assignments across classrooms provided for continuity of care from day to day. Group size and ratio of children to adults significantly influence the quality of one-to-one interactions, teachers' intimate knowledge of individual children, and teachers' ability to provide responsive, developmentally appropriate attention and to foster emergent learning.

The written schedule was reviewed to determine the level of teachers' planning and intentional balance of activities. Written schedules generally lacked a balance between teacher-directed and child choice activities, time when the teachers worked with full group, small, groups, and individual children. Classroom activities mirrored the imbalance of the written schedule. While only 74% of preschool classrooms balanced child-directed activities and teacher-directed activities, toddler classrooms were more balanced. In 84% of toddler classrooms there was a balance between teacher-directed and child - directed activities. However, in both preschool and toddler classrooms, teacher-directed activities were primarily organized in large group format. Teachers were involved in small group learning activities in only 59% of toddler classrooms and 66% of preschool classrooms. Teachers were involved in one-on-one learning activities in only 41% of toddler classrooms and 43% of preschool classrooms. The ability to provide learning experiences that match the child's individual developmental needs and styles decreases when teacher-led, full-group activities prevail.

Most preschool classrooms (81%) provided ample time for children to be outdoors, however, only 72% of teachers planned for large muscle activities when weather did not permit outdoor play. Only 74% of toddler and 23% of infant classroom consistently made provisions for outdoor play. Classroom schedules included quiet, napping time and allowed children to select a quiet activity if they could not sleep or awakened before others. Most preschool classrooms (84%) limited the use of television for special occasions and child oriented programs however; it was slightly more prevalent in toddler classrooms with only 74% limiting television.

The written schedule represents the ability of teachers to intentionally organize the diverse and complex elements of a schedule to meet the needs of a full group of children with differing learning styles and developmental levels. The written schedule, combined with the preponderance of teacher-led, full-group learning experiences indicates that scheduling and planning for

individual differences in children's learning style and development require improvement. In fact, less than half of the teachers reported that they routinely developed written plans with learning content and objectives or planned on a daily basis or planned with their co-teachers on a weekly basis. Only 15% of infant teachers reported that they routinely planned for learning experiences and activities for the children in their classrooms.

Family Child Care. In 94% of family child care settings the children were self-directed in their activities and 68% of the family child care providers were actively engaged in assisting children with learning activities. Daily outdoor activities were common across 90% family child care settings. Television was more prevalent in family child care settings than in centers; only 67% of family child care providers limited television to child oriented programs and not more than two hours per day.

CURRICULUM METHODS

Curriculum approaches were evaluated in child care center classrooms to determine if a variety of instructional strategies were used to facilitate learning; if children were provided opportunities for self-directed and cooperative learning experiences; if learning activities were individualized; and if an awareness and appreciation of diversity was fostered. Family child care settings were observed to determine if providers intentionally promoted learning through the use of daily routines, supported language and early literacy development, offered specially planned activities, facilitated children's exploration of toys and materials, and introduced multi-cultural experiences.

Child Care Centers. Only 51% of the criteria in this dimension were positively observed. Across all age groups, teachers were limited in their use of instructional approaches, or strategies to facilitate learning. Teachers (87%) provided clear directions to children, although few teachers (26%) demonstrated complex activities in sequential steps, asked questions that engaged the children in problem-solving (23%) and allowed independent exploration of materials following teacher-led activities promoting mastery of

specific skills (22%). Developmentally appropriate language activities should be incorporated into all age level classrooms as a forerunner for all other learning, yet only 45% of the teachers engaged children in developmentally appropriate receptive and expressive language activities. Only 38% planned and implemented special learning activities daily.

Children had limited opportunities for self directed learning and cooperative learning experiences. In 68% of the classrooms observed, children were allowed to independently select materials and activities and only 60% were allowed to choose a new activity upon completion of a teacher-directed activity. Therefore, children are dependent upon teacher preparations and directions and as a result, spend considerable time waiting for further instruction. This is consistent with the overall tendency for classroom activities to be organized as full group experiences and may be, in part, due to the limited supply of classroom materials. As a result, learning experiences are not typically designed to match the children's individual developmental level or interest. In 32% of the classrooms, teachers used information from individual child assessments to plan activities that encourage development of specific skills and 47% of the teachers modified activities to accommodate children of varying abilities.

In 77% of the classrooms, children were not allowed the opportunity to work on a project over time; therefore limiting the opportunities to develop initiative, perseverance and experimentation with a multifaceted and evolving activities. Only 54% of the classrooms observed provided opportunities for children to work in small groups on a collaborative project. Collaborative learning provides children with differing abilities and approaches to problem solving to learn from each other. Social skills are essential to all areas of learning as interactions with each other connect children with the world and give them a foundation for giving and receiving information.

Family Child Care. In 94% of family child care settings, children were allowed to choose and guide their own activities which included both focused, small muscle and active, large muscle activities. In home settings, 68% of family child care providers were actively engaged with children, providing guidance and or assisting them with their self-selected learning activities. Family child care providers provided children with clear directions for complex activities (95%), although they were less likely to demonstrate complex activities in sequenced steps (44%) or ask questions that engage the children in problem-solving (37%). Very few providers encouraged early literacy skills; (33%) acknowledged or encouraged children to experiment with writing and invented spelling and fewer (12%) wrote children's dictated words to describe pictures or experiences. Less than half of the providers (47%) invited children to tell a story or read a picture book; slightly more than half (63%) helped children to find their own solutions to activities and conflicts.

Providers (74%) routinely included children in age-appropriate self-help activities such as cleaning up snacks and meals and serving food. However, only 37% used routine household tasks to promote learning with counting, sorting, measurement, etc. Weekly special learning activities were planned by 57% of the provider. Forty-two percent (42%) of providers planned learning activities and were able to describe how these activities supported the developmental abilities of a specific child or children in care. Multi-cultural experiences were very limited in family child care settings; 14% of providers created opportunities for children to experience aspects of a variety of cultures through books, pictures, music, games, toys, or food; 51% incorporated the cultural background of the children in care into activities and learning experiences.

INTERACTING

The interactions between teachers and children indicate the level of teacher warmth, responsiveness, guidance, and sociability. Warm and nurturing teachers support the child's sense of self-confidence and willingness to take risks in formulating hypotheses to questions and trying new methods of learning.

Overall, teachers display positive interactions with children, meeting 75% of all criteria observed in this dimension. Teachers were generally physically and verbally warm and affectionate with children across all classrooms. In classrooms with older children the opportunities for personalized relationships between teacher and child decreased. Individualized, one-on-one time between teacher and child was observed in 90% of infant classrooms, 58% of toddler classrooms, and 37% of preschool classrooms. An inverse relationship was observed with freedom of choice where choices decreased with age. Children were allowed a choice to participate in activities in 81% of the infant classrooms; in 72% of the toddler classrooms, and in 58% of the preschool classrooms. So while older, children are able to be more independent they are allowed fewer opportunities. These differences may be a reflection of the large group emphasis in preschool and toddler classrooms.

Teachers scored high on their responsiveness to children. Teachers listen to children speak without interruption (89%), talked to children at their eye level (81%) and responded promptly to children's need for comfort (92%). Overall, teachers used positive methods to redirect or manage children's behavior, or, in some cases, there was no evidence of misbehavior. Children were engaged, happy, relaxed and involved in activities.

Family Child Care Settings. Similar interactions took place in family child care settings. Providers were warm (85%), attentive and responsive (86%) to children with 76% providing one-on-one attention to children. Ninety-seven percent of the providers listened to children speak without

interruption and 78% talked to children at their eye level. Providers also managed children's behavior using positive methods, or in some cases, no misbehavior occurred. When conflicts arose between children, 67% of the family child care providers helped the children find their own resolutions. Children in family child care settings were generally happy, relaxed, and engaged in activities and had more opportunity to make decisions about their own activities (96%) than children in the child care centers.

INDIVIDUALIZING

The teachers' systems for planning individualized learning experiences were assessed in terms of child assessment; applying child assessment in curriculum planning; identifying and responding to special needs; and efforts to facilitate cooperative working relationships with colleagues and parents.

Across the 188 classrooms that were assessed in this study, on average 48% of the individualizing criteria were positively observed. Only 26% of the teachers reported that they completed a comprehensive child assessment and 36% of the teachers had a system for observing children for specific developmental skills. Systematic and comprehensive child assessments not only provide information on individual development for each child, they also inform the teacher of skills that need to be incorporated into the classroom activities, materials, and routines to help all children develop and learn in a group setting. Centers participating in the study did not use child assessments for planning individualized learning experiences. Seventy-nine percent (79%) of all teachers did not use a classroom summary of the children's skills and therefore, cannot use this information for planning, organizing activities, or strategically grouping children for learning activities.

Parents must also be a partner in their child's learning and therefore, teachers need to share results of child assessments with parents regularly as well as inform them of events and experiences in the classroom. Only 32% of the teachers shared child assessment information with parents and only 29% scheduled individual parent conferences at least twice a year. Parents were

generally not invited to be actively involved in the child care programs; 65% of teachers invited parents to participate in classroom activities and 44% shared information with parents about their child's weekly activities. Based on teachers' reports, 93% attempted to respond to parent initiated contact within the same day.

Family Child Care. Communication with parents is an important factor in operating a successful family child care business. Professionally responsible providers establish systems that provide regular opportunities to exchange information with parents as well as provide a warm, welcoming environment that encourages parent feedback. Family child care providers were responsive and available to parents; 98% reported that they were available to parents to verbally share information about the child's needs for the day at the beginning and end of each day. Out of the 124 homes observed, 123 of the homes (99%) provided a phone or message system so that parents were able to reach the providers during the day. Most providers (89%) invited parents to be involved in activities of the program whenever possible. Sixty percent (60%) of providers had a system to provide parents with written information about specific daily needs or variations in the child's routines. While communication was strong, only 12% of the providers scheduled an individualized parent meeting to discuss their child's progress at least once a year.

PROFESSIONALISM

Family child care providers are business owners and have direct responsibility for caring for children. Therefore, the providers' systems for business practices and professionalism were assessed in terms of: comprehensive, written policies for parents; comprehensive, written child records; systems that provide opportunities to exchange information with parents; demonstration of professional responsibilities and policies and procedures for assisting caregivers.

When available, written policies for parents were reviewed to determine if they reflected the providers' child care philosophy as well as key



aspects of the daily business operations. Across the 124 family child care settings that were observed, an average of 79% of the professionalism criteria were positively observed.

Approximately 89% of the family child care settings provided written guidelines that specified the symptoms of illness when the child could not be cared for in the family home and 87% of providers gave parents written procedures for parent notification should their child become sick. In contrast, 48% of the providers supplied written procedures for handling emergency situations.

Fifty five percent (55%) of the providers provided a written general description of their program which included their child care philosophy, general schedule of daily routines, types of activities and approach to positive discipline techniques. Almost all providers (96%) had current documentation verifying their compliance with state requirements.

Family child care settings were notably consistent in maintaining comprehensive, current child records. Immunization records were current, on file and annually updated (90%), current and updated phone numbers were available for each child's pediatrician, parent(s) and emergency contacts (89%), child attendance records were on file (95%), and forms were used for recording information regarding allergies and children with special needs (89%). Providers were able to identify community resources for child abuse (98% observed) and special needs (90% observed).

Only 20% of providers had formal education in early childhood development, however 96% of the providers participated in local training events and maintained documentation of their attendance. In addition, 51% of the providers were members of an early childhood professional organization and 69% reported that they read professionally related books and resources to remain current.

Self-assessment is a useful tool which reveals important information regarding areas for improvement to the program. However, only 17% of the providers had an established system for annual self-evaluation of the child care environment and only 14% involved parents in a yearly evaluation of the program.

CONCLUSIONS

Wyoming's childcare centers and family home child care businesses provide safe, clean, and healthy care for children. The teachers and family child care providers are warm and nurturing with the children in their care. These strengths provide a firm foundation from which to increase the quality in the areas of learning environment, curriculum practices, individualizing, and scheduling.

High performance in Health and Safety indicate that the providers and teachers are conscientious about keeping children safe and healthy and overall have good compliance to childcare licensing standards. Teachers and family child care providers are concerned for children's basic needs and take precautions to prevent accidents and injuries. More attention should be given to the consistency of hand washing as a way to reduce the spread of disease and improve the overall health in the classrooms and family child care settings. Consistent health practices affect the children's attendance in child care which also affects the parents' ability to work consistently.

Teachers' and family child care providers' concern and care for the children was evident in the scores for the Interacting Dimension. They were consistently warm, attentive and responsive to the children in their care. These innate qualities cannot be taught and are the foundation for all other practices in early childhood care. Across all settings, children appeared to be generally happy, engaged and involved. Increasing teacher's understanding of curriculum methods will increase learning opportunities for children.

Quality was low to moderate in child care centers and family child care businesses in Learning Environment, Curriculum Methods, Individualizing



and Scheduling dimensions. The quality of family child care settings is slightly higher than child care centers. However, learning environments were uniformly low scoring across all settings and age groups.

The low to moderate scores suggest that teachers may not have sufficient knowledge about child development and age appropriate practices that foster learning in early childhood. A sound curriculum requires thorough knowledge of child development and intimate understanding of the each child's individual stage, temperament, and style of learning. Teachers and family child care providers need fundamental knowledge of child development and a system for child assessment to effectively support children's development and learning. In high functioning, developmentally responsive classrooms, curriculum is closely coordinated and integrated with:

- the arrangement of learning environments that foster independence and emergent learning within and across a wide variety of domains including language and literacy, art, music and dramatic play, math and numeracy, scientific inquiry and cause and effect experimentation;
- scheduling that balances teacher-directed and child-initiated learning experiences, active and quiet activities, small group, large group and individual experiences, large and muscle development, indoor and outdoor learning;
- individualizing approaches that allow each child to learn at their individual rate and style, to make authentic and unique contributions to learning experiences, and to be a contributing participant within a group of learners.

Improvements in any one of these areas can leverage positive change in other program practices. This baseline assessment focused exclusively on the care and educational practices of teachers and family child care providers. It should be noted that the background of teachers and family child care providers should be reviewed to determine the degree to which they have had

specialized training in education and child development for children birth to age five years. In centers, the prevailing structure of teacher-led, large group and teacher assigned, small group learning experiences overshadow the children's emergent learning. In family child care settings, prevailing structure of free play overshadows the important role providers have in facilitating and promoting learning.

The ability to see, hear and meet children at their level, and then to incorporate their ideas and interests into learning experiences, requires a thorough understanding of the relationship between child development and the process of learning. In order to translate this relationship into developmentally appropriate practices, teachers and family child care providers must be keen observers, analytical, and purposeful, and skilled facilitators. Facilitating emergent learning requires expanding children's choices and access to materials, encouraging analytical and reflective thinking among children followed by opportunities to fully incorporate their own ideas and learn through experimentation, trial and error.

Teachers and family child care providers need to provide a greater variation in activities to accommodate differences among children's abilities and interests, allowing children to set the pace and direction of their learning with a guiding hand. Teachers and family child care providers would benefit from specialized training and on-site technical assistance that addresses developmental stages and their implications for instructional strategies. In addition, training should address approaches to child assessment and how to translate assessment information in designing and implementing developmentally appropriate learning activities to meet individual and group learning needs.

The Learning Environment Dimension revealed the lowest scores across centers and family child care settings. It might appear obvious to recommend that more materials be added to the classrooms and homes as a way



to increase quality and improve scores in this area. It is not sufficient to add more materials. Instead, emphasis should be placed on acquiring learning materials that match curriculum goals. Therefore, resources should be provided based on learning goals and how materials and environments support these goals. A wide variety of materials are needed that foster growth and development in all learning domains and match the developmental stages of the children in care. Teachers and family child care providers will benefit from concurrent and targeted training to increase their intentional use of materials to match the ages and developmental stages of the children in their care.

The findings of this baseline study indicate that as Wyoming develops its child care system, it will be necessary to address issues of quality and to develop effective strategies to raise the quality. It is important to note that Wyoming has excellent foundation and can build on the current strengths of safety and health practices, positive adult/child interactions, and excellent group size and adult to child ratios. These findings suggest that improvements in quality will be dependent upon workforce development for child care center teachers and family child care providers. Investment is needed to enrich learning environments across settings. This investment alone will not produce substantive or enduring changes in quality. Specialized and targeted training, mentoring, and technical assistance can make a long-term difference in the quality of early care and education in Wyoming.