A Snapshot of Quality in Child Care Centers That Partner with Early Head Start Programs: Insights from Baby FACES 2018

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Introduction

Partnerships between Early Head Start (EHS) programs and child care providers aim to increase access to high quality, comprehensive services that meet the needs of infants and toddlers from families with low incomes. In 2015, a dedicated funding stream called Early Head Start-Child Care (EHS-CC) Partnership grants began to support some of these partnerships. The National Descriptive Study of EHS-CC Partnerships, the first national study about partnering EHS programs and child care providers, provided a rich knowledge base about the EHS programs, community-based child care centers, and family child care providers participating in the 2015 federal grants program. The study collected information about how EHS programs and child care partners worked together on a range of activities to set high standards for quality, assess their quality improvement needs, and support high quality caregiving and learning environments for infants and toddlers.[1,2] However, by design the study did not collect data on structural or process quality in child care partner settings. In addition, the study focused on the EHS-CC Partnership grants and therefore did not include EHS-CC partnerships not funded by the grants.

Quality in early care and education matters. In prior research, high quality early care and education was associated with better outcomes for children, particularly children living in poverty.[3,4] The EHS Family and Child Experiences Survey (Baby FACES) conceptual framework illustrates how multiple dimensions of quality may be associated with infant and toddler development and learning.[5] In this brief, we use this framework and adopt a definition of child care quality to include the structural features of

Key findings

- Most teachers in classrooms from child care centers partnering with EHS programs ("teachers in partner classrooms") had at least an associate's degree, a Child Development Associate (CDA) credential, or a teaching certificate or license and were specialized in early childhood education or infant and toddler development.

- Teachers in partner classrooms received a variety of professional development across a range of topics. Seventy-eight percent of teachers had a coach, and about one-third of those met with their coach at least weekly.

- Almost all teachers in partner classrooms used at least one curriculum and child assessment. Creative Curriculum was the most commonly used curriculum. The Ages and Stages Questionnaire (ASQ) and the Creative Curriculum's Teaching Strategies Gold were the most commonly used child assessments.

- The average group sizes and child-to-adult ratios met the requirements of the Head Start Program Performance Standards (HSPPS).

- Teacher–child relationship quality was in the midrange (indicating moderate levels of quality) in partner classrooms, as measured by two classroom observation tools. Classrooms were stronger in providing social and emotional support than they were in supporting language and learning.

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classrooms and characteristics of staff as well as the process quality of the interactions and relationships between teachers and children, and parents and teachers.[6] Structural quality, including teacher qualifications, child-to-adult ratio and group size, and curriculum, might help support children's learning directly or by providing a foundation for positive relationships with children. The quality of early interactions and relationships between infants and toddlers and their adult caregivers can have a lifetime effect on development and learning.[7,8] Understanding quality in child care partner settings can help EHS programs and partners as they work on quality improvement strategies.

Drawing on data from Baby FACES 2018, this brief fills a gap in knowledge on EHS-CC partnerships by providing a snapshot of quality in partner classrooms— that is, classrooms in child care partner centers that included at least one child enrolled in EHS.[11] These child care partner centers had formal partnerships with EHS programs. This includes, but is not limited to, partnerships supported by EHS-CC Partnership grants. Information about quality in all EHS classrooms (including those operated by EHS and those operated by child care partners) is available in the Baby FACES 2018 Data Tables.[12]

The brief addresses the following overall research questions:

1. What were the characteristics of child care partner centers, classrooms, teachers, and the EHS children and families they served?

2. What was the structural quality of child care partner classrooms, such as teacher qualifications and classroom practices?

3. What was the process quality of the interactions and relationships between teachers and children, and parents and teachers, in child care partner classrooms?

Box 1 provides an overview of the key measures used in this brief. Additional details about these measures and the Baby FACES 2018 study design are available in the Baby FACES 2018 Data Tables.

Overview of methods

This brief uses the Early Head Start (EHS) Family and Child Experiences Survey 2018 (Baby FACES 2018) data, focusing on partner classrooms in child care partner centers. Aligned with the Program Information Report (PIR), we define a child care partner as "an individual child care center, umbrella organization operating multiple child care centers, child care resource and referral (CCR&R) network, or other entity with whom the Head Start program has formal contractual agreements to provide child care services to enrolled children that meet the Head Start Program Performance Standards."[9] This includes, but is not limited to, partnerships supported by EHS-CC Partnership grants. The analyses included 92 child care partner centers and 171 classrooms and teachers serving EHS children in these child care partner centers. Appendix A describes how partner classrooms and child care partner centers were identified from the Baby FACES 2018 data.

Baby FACES is a nationally representative, descriptive study of EHS services, staff, and the children and families served in Office of Head Start Regions I through X.[10]

This brief uses Baby FACES data collected in the spring of 2018 that explored classroom processes and teacher–child relationships in depth. Data collection included multiple observational measures of classrooms and teachers and teacher report measures. It also included surveys of children's parents, teachers, and center and program directors, and teachers' reports on children's development. The analyses included descriptive statistics such as means and percentages, which were weighted to represent partner classrooms, teachers in these classrooms, child care partner centers, and EHS children and families served in child care partner centers. The data tables from the analyses are available in Appendix B.

Box 1. Overview of key measures used for this brief

Teacher–child relationship quality. Baby FACES 2018 assessed teacher–child relationship quality using two observational measures in each classroom: (1) the Classroom Assessment Scoring System (CLASS), including the CLASS-Infant[13],[14] and the CLASS-Toddler[15], and (2) the Quality of Caregiver-Child Interactions with Infants and Toddlers (Q-CCIIT)[16]. Two trained observers rated classroom quality for each classroom during the same observation period, with one observer using the CLASS and the other observer using the Q-CCIIT. In addition, teachers reported on their relationships with each child in the sample using the Student–Teacher Relationship Scale, Short Form (STRS-SF).[17]

The CLASS-Toddler includes seven dimensions in two domains: (1) Engaged Support for Learning and (2) Emotional and Behavioral Support. The CLASS-Infant includes four dimensions in one domain of Responsive Caregiving. The four dimensions for the CLASS-Infant are relational climate, teacher sensitivity, facilitated exploration, and early language support. Relational climate refers to the connections, emotions, and respect communicated by teachers and infants' responses to these interactions. Teacher sensitivity reflects teachers' awareness of and responsiveness to infants' verbal and nonverbal cues. Facilitated exploration refers to teachers' facilitation of experiences and interactions that support infants' engagement and development. Early language support refers to the extent to which teachers encourage infants' early language development by using language stimulation and language facilitation techniques. The dimensions are defined by observable indicators along a 7-point scale, with ratings reflecting scores in the low (1 to 2.9), mid (3 to 5.9), and high (6 to 7) ranges of quality based on developer definitions.

The Q-CCIIT measures caregivers' support for social-emotional development, cognitive development, and language and literacy development, as well as areas of concern for physical and emotional safety. The scores for the domains are the means of items in each domain rated along a 7-point scale. In consultation with the developers, we used the following cut points for quality ranges: low (1 to 2.9), mid (3 to 4.9), and high (5 to 7).

The STRS-SF assesses teachers' perceptions of their relationships with children in two subscales: (1) Closeness and (2) Conflict. The Closeness subscale measures the extent to which a teacher believes that his or her relationship with a child is characterized by warmth, affection, and open communication. The Conflict subscale assesses the degree to which a teacher believes that his or her relationship with a particular child is characterized by negativity. Higher scores on the subscales indicate higher levels of closeness or conflict with the child.

The CLASS and the Q-CCIIT measured classroom quality overall because the classroom was the focus of measurement, and the observations included all adults who provided direct care during the observation period; the STRS-SF focused on the child's relationship with the teacher who made the ratings.

Parent–teacher relationships. Baby FACES 2018 assessed parent–teacher relationships using the Cocaring Relationship Questionnaire–Adapted (CRQ–Adapted)[18] and the Quality of Parent–Teacher Relationship measure from the National Center for Early Development and Learning (NCEDL) Teacher-Student Report[19]. Teachers completed both measures for the parents of sampled children in their classrooms. The parents of sampled children also responded to the CRQ–Adapted.

The CRQ–Adapted measures parent–teacher relationships on the following dimensions: (1) Support, (2) Endorsement, (3) Undermining, and (4) Agreement. Higher scores on the Support, Endorsement, and Agreement subscales indicate more positive relationships, and higher scores on the Undermining subscale indicate more difficult relationships.

The NCEDL Quality of Parent–Teacher Relationship measure assesses the teacher's perception of the quality of the relationship that the teacher has with the parent of each sampled child in the classroom. Constructs include relationship satisfaction, emotional tone, level of trust, clarity of communication, agreement, parent appreciation, and parent support and cooperation. Higher scores represent more positive parent–teacher relationships.

Teacher beliefs about infant and toddler care and education. Baby FACES 2018 assessed teacher beliefs using the Teacher Beliefs About Infant and Toddler Care and Education measure[20] in the teacher survey. This measure has two subscales: (1) teacher beliefs about the importance of relationship and responsiveness, and (2) teacher beliefs about the role of the adult in child learning. Higher scores indicate more developmentally appropriate, evidence-based beliefs about infant and toddler care and education.

Continuity of care practices. Baby FACES 2018 adapted items from a short instrument used in a recent study[21] to measure continuity of care in Early Head Start classrooms. The measure asked center directors about their policies and practices regarding continuity of care, such as how frequently children transition to new caregivers and whether the caregiver transitions with the children to a new classroom. Higher scores indicate stronger use of continuity of care practices. A developer defined cutoff score of 6 points or more (out of 10 possible points) indicates that the center implements continuity of care practices.

What were the characteristics of child care partner centers, classrooms, teachers, and the EHS children and families they served?

Child care partner centers

Child care partner centers were spread across geographic regions, with 39 percent located in the South, 24 percent in the Midwest, 23 percent in the West, and 14 percent in the Northeast. Seventy-four percent of child care partner centers were in metropolitan areas. About 56 percent of child care partner centers used mixed-age classrooms (that is, children were not grouped by age). On average, child care partner centers had 18 EHS children enrolled (ranging from 4 to 96 children), with 80 percent of centers serving fewer than 25 EHS children.

Child care partner classrooms and teachers

On average, teachers reported 7 children (including non-EHS children) were enrolled in partner classrooms (ranging from 3 to 12 children). Six percent of classrooms had more than 9 children. Children spent about 8 hours a day in the classroom (ranging from 4 to 12 hours).

Staffing patterns varied across partner classrooms.[22] Although some classrooms were supported by assistant teachers or aides, others were not. English was the primary language used in most partner classrooms (Exhibit 1).

Exhibit 1. Staffing patterns and languages spoken in child care partner classrooms
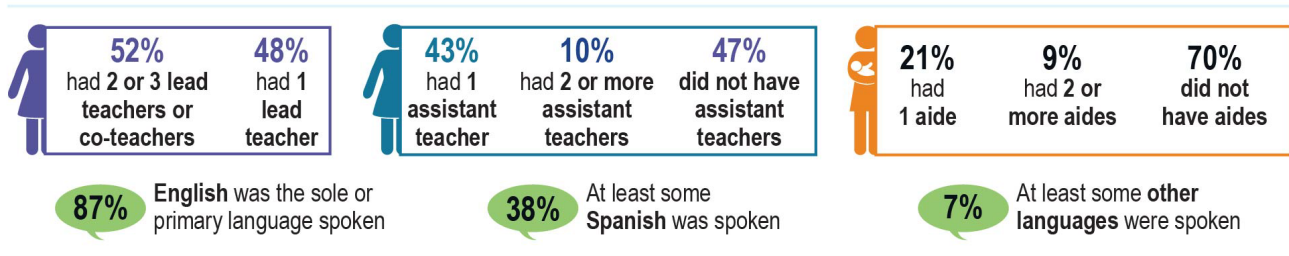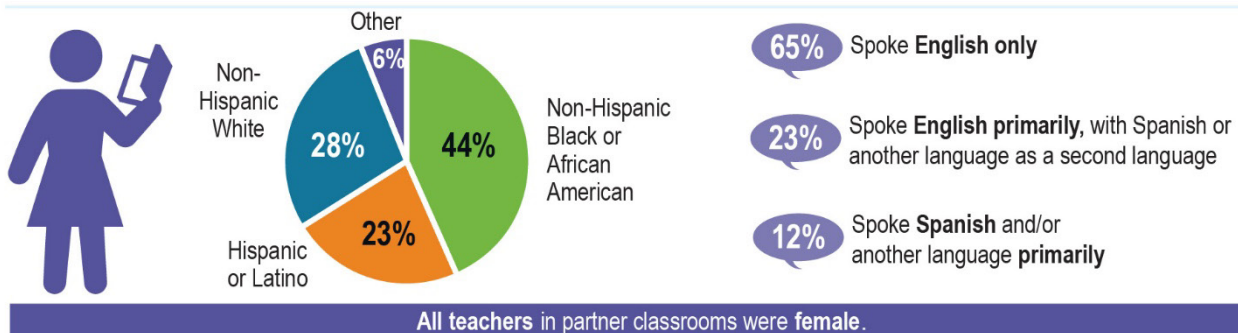

Source: Spring 2018 Baby FACES Staff (Teacher) Survey.
Note: Statistics were weighted to represent partner classrooms. The unweighted sample sizes ranged from 164 to 171 classrooms.

Teachers in partner classrooms had diverse backgrounds (Exhibit 2).

Exhibit 2. Characteristics of teachers in partner classrooms

Source: Spring 2018 Baby FACES Staff (Teacher) Survey.
Note: Statistics were weighted to represent teachers in partner classrooms. The unweighted sample sizes ranged from 166 to 169 teachers.

EHS children and families in child care partner classrooms

A majority (77 percent) of the EHS children in child care partner classrooms were age 3 or younger. Nine percent of the EHS children in partner classrooms were 12 months or younger; 28 percent were 13–24 months, and 41 percent were 25–36 months. Nearly one-quarter (23 percent) were older than 3 years but younger than 4. According to the Head Start Program Performance Standards (HSPPS), EHS children are expected to transition into Head Start or another program right after their third birthday but are allowed to remain in EHS for a limited additional time to prepare for the transition.

EHS children and families in child care partner classrooms had diverse backgrounds. Many EHS children in partner classrooms lived in low-income homes[23] (Exhibit 3). About one-third (35 percent) of the EHS families in partner classrooms had a language other than English spoken in their households. One-quarter (25 percent) of the primary caregivers of EHS children in partner classrooms had at least a college degree; about one-third (32 percent) had vocational or technical school education or some college without a degree; another one-third (33 percent) had a high school diploma or equivalent. The remainder (10 percent) of primary caregivers did not have a high school diploma.

Exhibit 3. Child race/ethnicity and household income

Source: Spring 2018 Baby FACES Parent Survey.

Note: Statistics were weighted to represent EHS children in all partner classrooms. The unweighted sample sizes were 337 and 297 for child race/ethnicity and household income, respectively.

The mean household income was $31,705 (standard error = $2,645), and the reported response range was $2,500–$250,000. The data included one potential outlier of $250,000, which might be an error, but we retained it for transparency. This potential outlier did not impact the median reported in the exhibit.

What was the structural quality of child care partner classrooms, such as teacher qualifications and classroom practices?

What were the qualifications, experience, and beliefs about infant and toddler care and education of teachers in partner classrooms?

Most teachers in partner classrooms were highly qualified and met the HSPPS qualification requirements. Nearly half (47 percent) of the teachers in partner classrooms had at least a college degree. About one-quarter (24 percent) of teachers had at least a bachelor's degree, and another quarter (23 percent) had an associate's degree. Four in every 10 had some postsecondary education without a degree. Among teachers with at least an associate's degree, 9 in every 10 had a degree in early childhood education or infant and toddler development. Among teachers without a college degree, about three-quarters (74 percent) had a Child Development Associate (CDA) credential, and about one in every five (18 percent) had a state-awarded certification or license[24] (Exhibit 4).

Exhibit 4. Qualifications of teachers in partner classrooms

Among teachers with at least an **associate's degree**

90% ECE or child development field[a]

Among teachers **without a degree**

74% Had CDA[b]

18% Had state-awarded certification or license[c]

| Teacher education | Field of study and other credentials |

Source: Spring 2018 Baby FACES Staff (Teacher) Survey.

Note: Statistics were weighted to represent teachers in partner classrooms. The unweighted sample size for teacher education was 171 teachers.

[a] For teachers with an associate's degree or higher who responded to the question (the unweighted sample size was 81).

[b] For teachers with less than an associate's degree who responded to the question (the unweighted sample size was 90).

[c] For teachers with less than an associate's degree who responded to the question (the unweighted sample size was 87).

CDA = Child Development Associate credential; ECE = early childhood education.

Nearly three-quarters (74 percent) of teachers in partner classrooms had at least 3 years of experience working with infants and toddlers; though the majority of teachers had two or fewer years of experience working with EHS. On average, teachers in partner classrooms had worked with infants and toddlers for 6.7 years and had worked with EHS for 3.5 years. Twenty-six percent of teachers had worked with infants and toddlers for two years or fewer, and 40 percent of teachers had worked with infants and toddlers for six years or longer (Exhibit 5). Nearly 60 percent of teachers had worked with EHS for two years or less, and about 15 percent of teachers had worked with EHS six years or longer.

Exhibit 5. Experience of teachers in partner classrooms
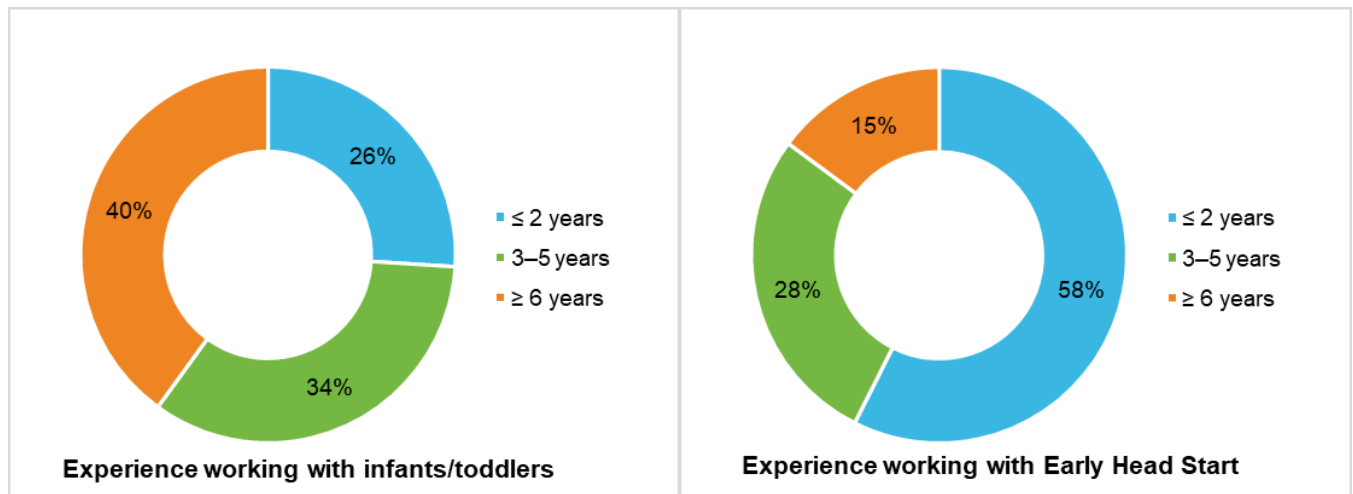
Source: Spring 2018 Baby FACES Staff (Teacher) Survey.

Note: Statistics were weighted to represent teachers in partner classrooms. The unweighted sample sizes were 169 and 167 for working with infants/toddlers and working with EHS, respectively.

Teachers in partner classrooms endorsed developmentally appropriate, evidence-based practices for infant and toddler care and education. On average, teachers scored 5.3 on the importance of relationship and

responsiveness, and 5.5 on the role of the adult in child learning, out of a possible score of 6 (with 1 = very strongly disagree and 6 = very strongly agree). Thus, most teachers strongly agreed with the statements about how to best care for and support infant and toddler development.

## What professional development did teachers in partner classrooms receive?

Professional development plans. Most teachers (82 percent) in partner classrooms had individual career or professional development plans.

Training. Teachers received training across a variety of topic areas during the program year. Of the nine topics asked of teachers, most teachers (83 percent or more) reported receiving training on almost all topics (Exhibit 6). One exception was training on supporting dual language learners, which about half of (53 percent) the teachers reported receiving.

Coaching. More than three-quarters (78 percent) of teachers had a coach.[25] Among teachers who had a coach, nearly 90 percent of teachers met with their coach once a month or more frequently. About one-third (34 percent) of teachers met with their coach at least weekly (Exhibit 7).

Most teachers (91 percent) had an observation conducted of their classrooms, and 9 in 10 of those who were observed had received feedback from the observation.

**Exhibit 6. Topic areas of training teachers received from their programs during the program year**
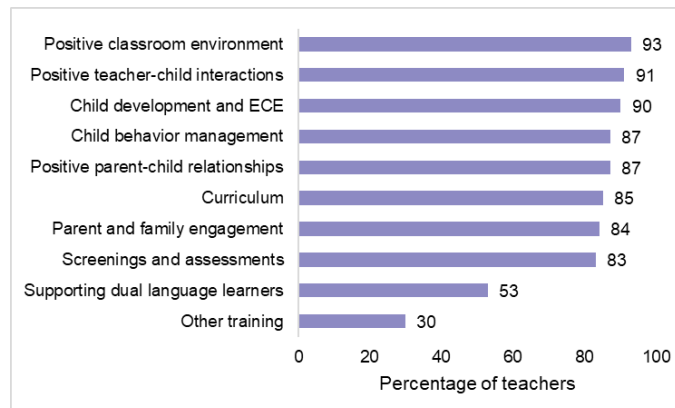
Source: Spring 2018 Baby FACES Staff (Teacher) Survey.
Note: Statistics were weighted to represent teachers in partner classrooms. The unweighted sample sizes for teachers who reported on the topical areas ranged from 169 to 171.
ECE = early childhood education.

Exhibit 7. Frequency of meeting coach
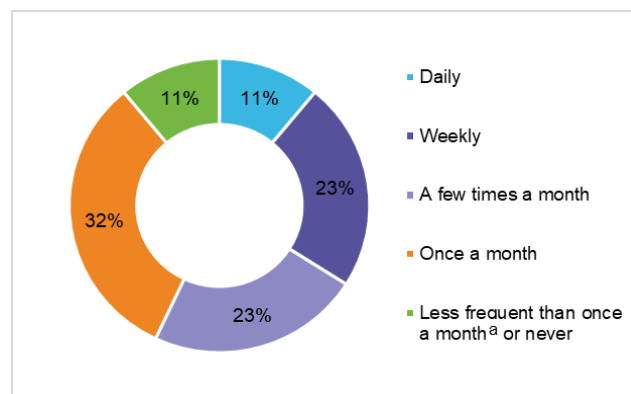
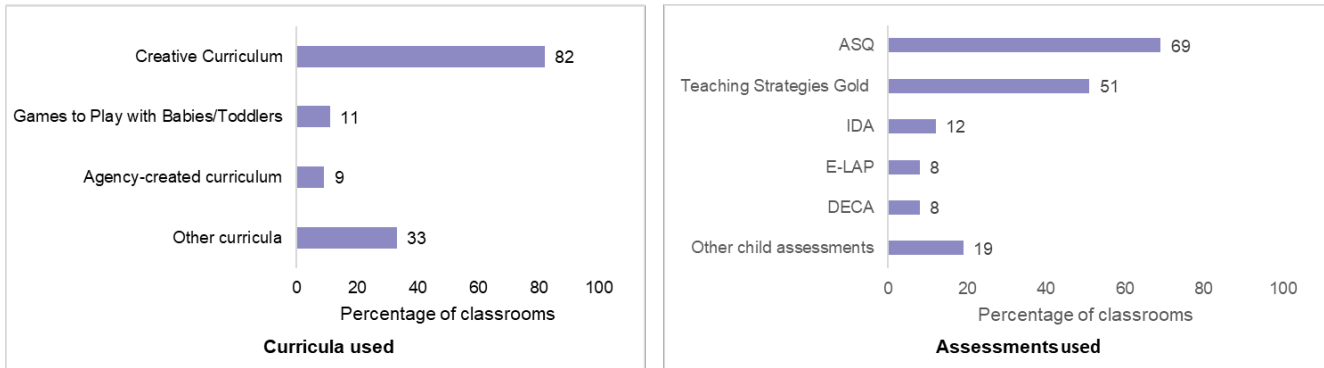Source: Spring 2018 Baby FACES Staff (Teacher) Survey.
Note: Statistics were weighted to represent teachers in partner classrooms. The unweighted sample size was 134 teachers who reported having a coach and reported on the frequency of meeting their coach.
[a] More than once a year or once a year.

What curricula and child assessments did teachers in partner classrooms use?

Use of curricula. Almost all teachers (94 percent) in partner classrooms used at least one curriculum. Three-quarters (76 percent) of teachers reported using only one curriculum in their classrooms, whereas 2 in every 10 teachers (19 percent) used a combination of curricula. Teachers in partner classrooms most commonly used Creative Curriculum as their curriculum (Exhibit 8). Substantially fewer teachers reported using the next most common curricula, Games to Play with Babies/Toddlers or an agency-created curriculum. Other curricula were used by 33 percent of the teachers.

Exhibit 8. Curricula and assessments used in partner classrooms

Source: Spring 2018 Baby FACES Staff (Teacher) Survey.

Note: Statistics were weighted to represent teachers in partner classrooms. The unweighted sample sizes were 170 teachers for use of curricula and 166 teachers for use of assessments. The percentages in the figure add to more than 100 percent because teachers reported on all curricula and assessments they used in their classrooms.

ASQ = Ages and Stages Questionnaire, including ASQ: Social-Emotional; DECA = Devereux Early Childhood Assessment;
E-LAP = Early Learning Accomplishment Profile; IDA = Infant-Toddler Developmental Assessment.

Use of child assessments. Nine in 10 teachers reported using at least one child assessment. The Ages and Stages Questionnaire (ASQ)—including the social-emotional version—and Creative Curriculum's Teaching Strategies Gold were the most frequently used child assessments in partner classrooms (Exhibit 8). Smaller numbers of teachers reported using the Infant-Toddler Developmental Assessment (IDA), Early Learning Accomplishment Profile (E-LAP), and Devereux Early Childhood Assessment (DECA). Other assessment tools were used by 19 percent of the teachers.

How did teachers in partner classrooms spend time in their classrooms?

Teachers in partner classrooms spent more time on routine care and child-selected activities than they did on teacher-directed activities. About half of the partner classrooms spent two or more hours per day on child-selected activities, and about 60 percent spent two or more hours per day on routine care on a typical day[26] (Exhibit 9). About 13 to 34 percent of the classrooms spent two or more hours per day on teacher-directed small-group, one-on-one, or whole-class activities.

Exhibit 9. Percentage of classrooms spending at least two hours per day on various activities
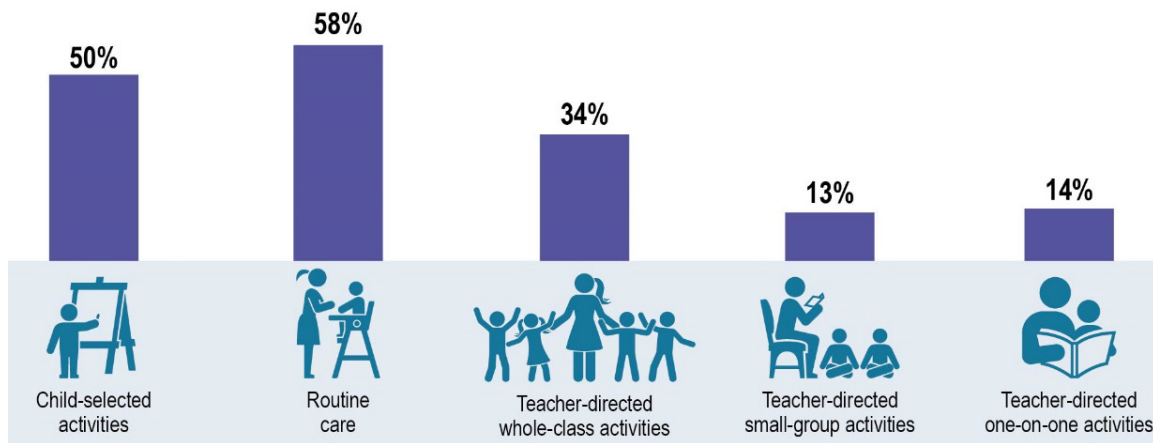
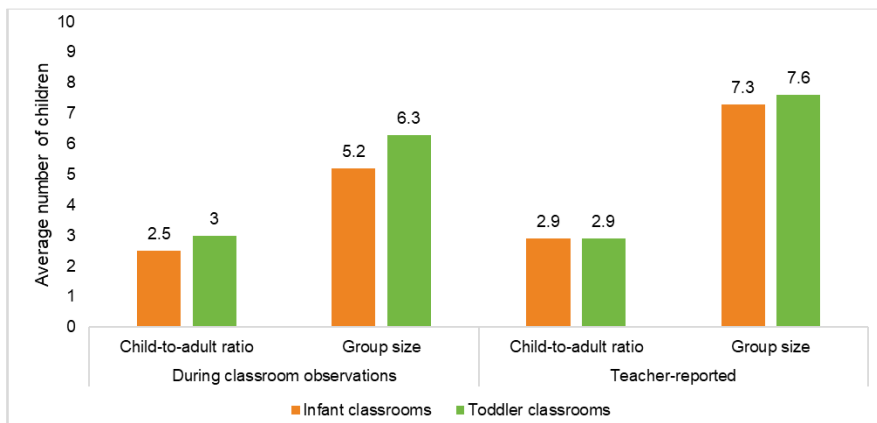Source: Spring 2018 Baby FACES Staff (Teacher) Survey.

Note: Statistics were weighted to represent teachers in partner classrooms. The unweighted sample sizes ranged from 169 to 171 teachers. Figure shows the percentage of classrooms that spent two hours or more per day on each type of activity, according to teacher reports. Teachers were asked how they spent a typical day in their classroom, not including lunch or nap breaks.

What were the child-to-adult ratios and group sizes in partner classrooms?

At the time the study conducted the classroom observation, partner classrooms had an average group size of 5 children in infant classrooms (ranging from 2 to 9 children) and 6 children in toddler classrooms (ranging from 2 to 12 children); teachers reported 7 children in infant classrooms (ranging from 3 to 9 children) and 8 children in toddler classrooms (ranging from 3 to 12 children) (Exhibit 10). The difference between observed and teacher-reported group size might be due to child absence on the day of observation or different schedules for children. The average child-to-adult ratio was close to three children per adult based on classroom observations and teacher reports (ranging from 0.9 to 3.8 in infant classrooms and 1.0 to 5.0 in toddler classrooms for classroom observations and from 0.5 to 4.5 in infant classrooms and 0.6 to 8.0 in toddler classrooms for teacher reports).

Exhibit 10. Child-to-adult ratio and group size in partner classrooms
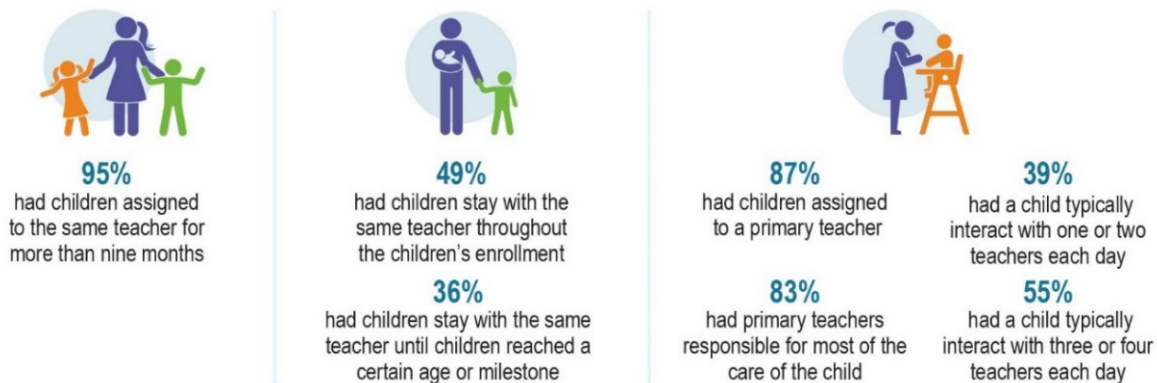

Source: Spring 2018 Baby FACES Classroom Observation and Staff (Teacher) Survey.
Note: Statistics were weighted to represent partner classrooms. The unweighted sample sizes were 168 for classroom observations and 171 for teacher reports.

What practices did child care partner centers implement to support continuity of care?

Child care partner centers often implemented continuity of care practices (Exhibit 11). On average, centers scored 8 out of 10 on the measure of continuity of care practices.[27] Nearly all centers (97 percent) had continuity of care classrooms.[28]

Exhibit 11. Continuity of care practices in child care partner centers

95% had children assigned to the same teacher for more than nine months

49% had children stay with the same teacher throughout the children's enrollment
36% had children stay with the same teacher until children reached a certain age or milestone

87% had children assigned to a primary teacher
83% had primary teachers responsible for most of the care of the child

39% had a child typically interact with one or two teachers each day
55% had a child typically interact with three or four teachers each day

Source: Spring 2018 Baby FACES Center Director Survey.
Note: Statistics were weighted to represent all child care partner centers. The unweighted sample sizes ranged from 87 to 92 child care partner centers.

What was the process quality of the interactions and relationships between teachers and children, and parents and teachers, in child care partner classrooms?

What was the quality of teacher–child relationships in partner classrooms?

Observed teacher–child relationship quality

Classroom observations using the Classroom Assessment Scoring System (CLASS) and Quality of Caregiver-Child Interactions with Infants and Toddlers (Q-CCIIT) revealed that, in general, partner classrooms were in the midrange of quality (indicating moderate levels of quality), according to the developers' definitions. The CLASS uses ratings reflecting scores in the low (1 to 2.9), mid (3 to 5.9), and high (6 to 7) ranges of quality. The Q-CCIIT uses the following cut points for the quality ranges: low (1 to 2.9), mid (3 to 4.9), and high (5 to 7).

CLASS-Infant and CLASS-Toddler. The pattern of the CLASS scores in partner classrooms indicated stronger social and emotional support for children than support for their language and learning (Exhibit 12). In infant classrooms, the average scores in the Facilitated Exploration and Early Language Support dimensions (3.66 and 3.78, respectively) were in the lower end of the midrange; the average scores in the Relational Climate and Teacher Sensitivity dimensions (5.4 and 5.2, respectively) were in the higher end of the midrange. In toddler classrooms, the mean score of 5.2 for the Emotional and Behavioral Support domain was in the high end of the midrange, whereas the mean score of 2.8 for the Engaged Support for Learning domain was in the low range.

Exhibit 12. Quality of teacher–child interactions in partner classrooms, as measured by the CLASS-Infant and CLASS-Toddler

CLASS measures	Sample size	Mean (SE)	Reported response range
What were the average CLASS-Infant[a] scores?			
Responsive Caregiving	28	4.56 (0.18)	2.50-6.38
Relational Climate	28	5.54 (0.13)	3.25-7.00
Teacher Sensitivity	28	5.23 (0.16)	2.50-6.75
Facilitated Exploration	28	3.78 (0.27)	2.00-6.25
Early Language Support	28	3.66 (0.27)	2.00-6.00
What were the average CLASS-Toddler[b] scores?			
Emotional and Behavioral Support[c]	140	5.21 (0.07)	3.20-6.65
Engaged Support for Learning	140	2.75 (0.14)	1.08-6.17

Source: Spring 2018 Baby FACES Classroom Observation.

Note: Statistics were weighted to represent partner classrooms in child care partner centers. The sample size column showed the unweighted number of classrooms with valid data on each of the constructs or scores, out of 28 infant classrooms and 142 toddler classrooms in child care partner centers. See Box 1 for descriptions of the CLASS-Infant and CLASS-Toddler measures.

[a] Used in classrooms where a majority of the children were newborns to 15 months. Possible scores range from 1 to 7.

[b] Used in classrooms where a majority of the children were between ages 16 and 36 months. Possible scores range from 1 to 7.

[c] Negative Climate is reverse coded when calculating the domain score.

CLASS = Classroom Assessment Scoring System; SE = standard error.

According to the developer-defined quality range, almost all (98 percent) infant classrooms fell in the midrange or high range of quality in Responsive Caregiving, with 90 percent in the midrange. All toddler classrooms were in the midrange or high range of quality in the Emotional and Behavioral Support domain, with most (88 percent) in the midrange. In contrast, slightly more than one-third (36 percent) of the toddler classrooms were in the midrange of quality in the Engaged Support for Learning domain, whereas nearly two-thirds (63 percent) of the toddler classrooms were rated in the low range in this domain (Exhibit 13).

Q-CCIIT. Partner classrooms were in the midrange of quality as measured by the Q-CCIIT. The mean scores in the Q-CCIIT domains ranged from 3.13 to 4.21 (out of a possible score of 7) across infant and toddler classrooms in child care partner centers (Exhibit 14). Both infant and toddler classrooms were strongest in the Support for Social-Emotional Development domain and weakest in the Support for Cognitive Development domain.

Based on the developer's definition, most partner classrooms were in the midrange or high range of quality in Support for Social-Emotional Development (88 percent and 87 percent for infant and toddler classrooms, respectively), with about one in five in the high range (19 percent and 21 percent for infant and toddler classrooms, respectively). Most partner classrooms were also in the midrange or high range of quality in Support for Language and Literacy Development (83 percent and 81 percent for infant and toddler classrooms, respectively). However, fewer classrooms were in the midrange or high range of quality in Support for Cognitive Development (66 percent and 63 percent for infant and toddler classrooms, respectively) (Exhibit 15).

Exhibit 13. Quality range on the CLASS-Infant and CLASS-Toddler domain scores
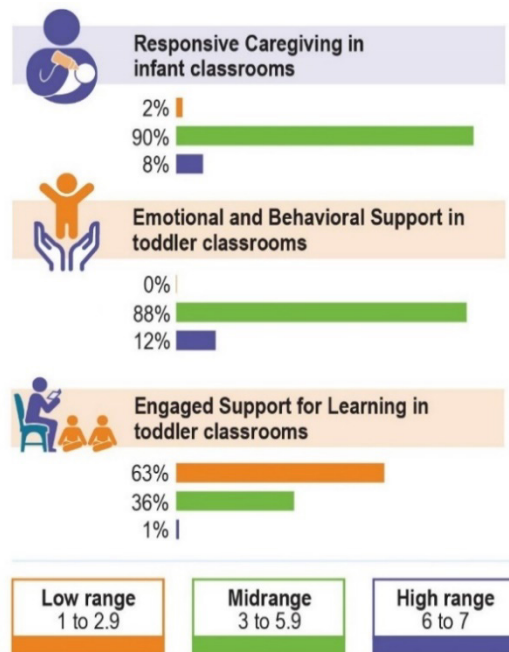
Source: Spring 2018 Baby FACES Classroom Observation.

Note: Statistics were weighted to represent infant and toddler partner classrooms in child care partner centers. The unweighted sample sizes were 28 for CLASS-Infant and 142 for CLASS-Toddler.

CLASS = Classroom Assessment Scoring System.

Exhibit 14. Quality of teacher–child interactions in partner classrooms, as measured by the Q-CCIIT

Measures	Sample size	Mean (SE)	Reported response range
Infant classrooms			
What were the average Q-CCIIT scores in infant classrooms?			
Support for Social-Emotional Development	28	4.21 (0.14)	2.33-5.93
Support for Cognitive Development	28	3.13 (0.10)	1.44-4.76
Support for Language and Literacy Development	28	3.49 (0.10)	2.43-5.18
Areas of Concern[a]	28	-0.03 (0.08)!	-0.33-1.38
Toddler classrooms			
What were the average Q-CCIIT scores in toddler classrooms?			
Support for Social-Emotional Development	140	4.10 (0.12)	2.04-6.00
Support for Cognitive Development	140	3.34 (0.10)	1.69-5.81
Support for Language and Literacy Development	140	3.75 (0.08)	1.42-5.75
Areas of Concern[a]	140	0.13 (0.09)!	-0.31-2.30

Source: Spring 2018 Baby FACES Classroom Observation.

Note: Statistics were weighted to represent partner classrooms. The sample size column presented unweighted sample sizes to identify the number of classrooms with valid data on each of the constructs or scores, out of 28 infant classrooms and 142 toddler classrooms in child care partner centers. Possible scores range from 1 to 7 for all the Q-CCIIT scales except Area of Concern.
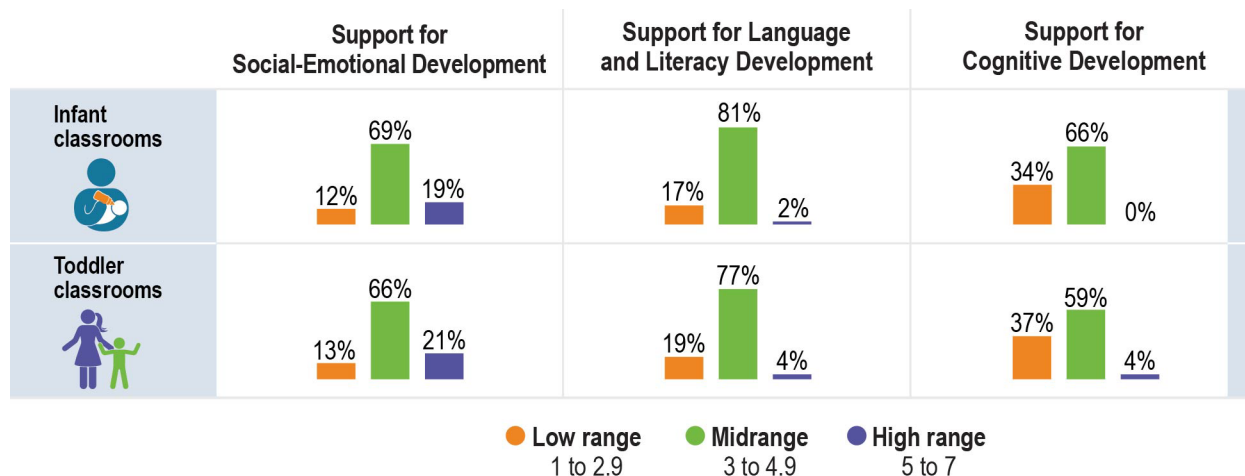
Infant classrooms were those in which a majority of the children were newborns to 15 months; toddler classrooms were those in which a majority of the children were between ages 16 and 36 months.

[a] The "Areas of Concern" score was standardized to a *z*-score because the items were on different scales.

! Interpret data with caution. Estimate was unstable because the standard error represented more than 30 percent of the estimate.

Q-CCIIT = Quality of Caregiver-Child Interactions with Infants and Toddlers; SE = standard error.

Exhibit 15. Quality range on the Q-CCIIT domain scores

	Support for Social-Emotional Development	Support for Language and Literacy Development	Support for Cognitive Development
Infant classrooms	12% / 69% / 19%	17% / 81% / 2%	34% / 66% / 0%
Toddler classrooms	13% / 66% / 21%	19% / 77% / 4%	37% / 59% / 4%

● **Low range** 1 to 2.9　　● **Midrange** 3 to 4.9　　● **High range** 5 to 7

Source:　Spring 2018 Baby FACES Classroom Observation.

Note:　Statistics were weighted to represent infant and toddler partner classrooms in child care partner centers. The unweighted sample sizes were 28 for infant classrooms and 140 for toddler classrooms.

Q-CCIIT = Quality of Caregiver–Child Interactions with Infants and Toddlers.

Teacher-reported relationships with children

Teachers in partner classrooms reported positive relationships with infants and toddlers, as measured by the Student–Teacher Relationship Scale, Short Form[29] (Exhibit 16). The scores indicated high levels of closeness (mean scores of 4.1 and 4.3 on the Closeness subscale for infant and toddler classrooms, respectively) and low levels of conflict (mean scores of 1.4 and 1.8 on the Conflict subscale for infant and toddler classrooms, respectively) out of a possible score of 5.

What was the quality of the parent–teacher relationships in partner classrooms?

Parents and teachers in partner classrooms reported positive relationships with one another as assessed by the CRQ–Adapted (Exhibit 17). Both parents and teachers indicated high levels of support, endorsement, and agreement and low levels of undermining.

Teachers also reported that they experienced high quality relationships with parents, indicated by positive ratings for satisfaction, emotional tone, level of trust, clarity of communication, agreement, parent appreciation, and parent support and cooperation. The NCEDL Quality of Parent–Teacher Relationship measure was used to assess these characteristics, with a mean score of 3.7 out of a possible score of 4, with higher scores indicating more positive parent–teacher relationships.

Summary and implications

This brief provides useful insights about both the structural and process quality of partner classrooms and teachers.[30] The findings complement those from the National Descriptive Study of EHS-CC Partnerships. The brief highlights a number of strengths of EHS-CC partnership centers and classrooms, while also identifying potential areas for improvement and targets for technical assistance.

Structural quality. Most teachers in partner classrooms were highly qualified with at least a CDA or comparable credential and specialized in early childhood education or infant and toddler development. The HSPPS require that programs adopt a systematic approach to professional development that is customized to staff needs. In keeping with the standards, teachers in partner classrooms received a variety of professional development across a range of topics. Most teachers had a coach, and about one-third of those met with their coach at least weekly. However, more than 40 percent of teachers only received coaching monthly or less often and might benefit from

more frequent coaching meetings because the literature shows that more frequent coaching is more effective.[31] Almost all teachers in partner classrooms used at least one curriculum and child assessment tool to support infant and toddler learning and classroom practices. The average group size of six to eight children and average ratio of three children per adult met the requirements of the HSPPS. The small average group size and ratio may help support positive teacher–child interactions and promote healthy development in children. For classrooms serving children younger than 36 months, the HSPPS require no more than eight children with two teachers or no more than nine children with three teachers. Partner classrooms commonly implemented continuity of care practices.

Exhibit 16. Teacher–child relationship quality in partner classrooms, as reported by teachers
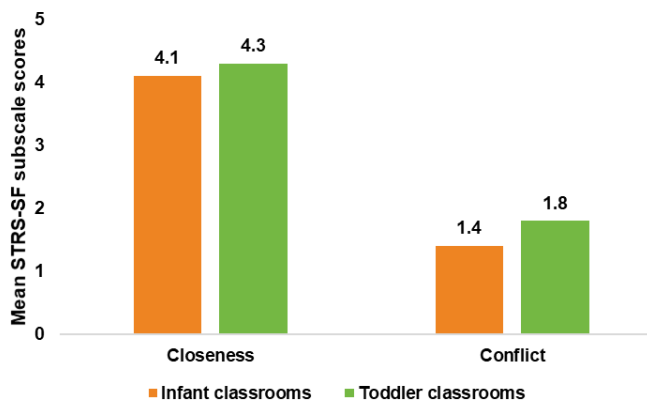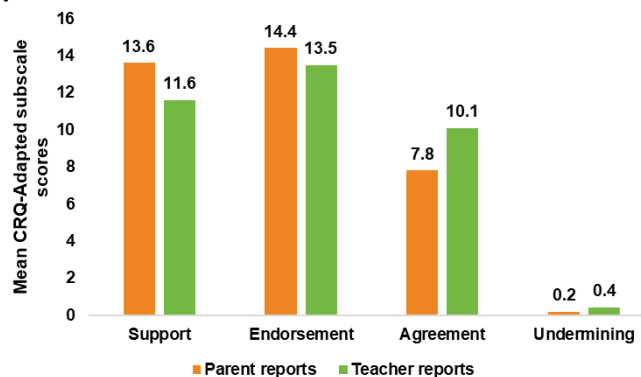

Source: Spring 2018 Baby FACES Staff (Teacher) Child Report.

Note: Teachers rated 15 items on a scale from 1 to 5, with 1 indicating the statement definitely does not apply to the teacher's relationship with a child, and 5 indicating the statement definitely applies. Statistics were weighted to represent children in partner classrooms. The unweighted sample sizes were 73 children in infant classrooms and 326–327 children in toddler classrooms.

Teachers in infant classrooms worked in classrooms where a majority of the children were newborns to 15 months. Teachers in toddler classrooms worked in classrooms where a majority of the children were between age 16 and 36 months.

STRS-SF = Student-Teacher Relationship Scale, Short Form.

Exhibit 17. Quality of the parent–teacher relationship in partner classrooms reported by parents and teachers

Source: Spring 2018 Baby FACES Staff (Teacher) Child Report and Parent Survey.

Note: Scores ranged from 0 to 15 for Support and Endorsement and 0 to 12 for Undermining for parents and teachers. Scores for Agreement ranged from 0–9 for parents and 0–12 for teachers. Statistics were weighted to represent teachers and parents in partner classrooms. The unweighted sample sizes ranged from 322 to 330 for parent reports and 395 to 398 for teacher reports.

CRQ–Adapted = Cocaring Relationship Questionnaire–Adapted.

Process quality. On average, teacher–child relationship quality was in the midrange (indicating moderate levels of quality) in partner classrooms, as assessed by classroom observations. Partner classrooms were stronger in providing social and emotional support than they were in supporting language and learning. This pattern of findings for observed teacher–child relationship quality in partner classrooms is similar to what previous research has found using the CLASS and Q-CCIIT with early care and education classrooms.[32,33,34,35] The findings suggest that teachers might face greater challenges when trying to facilitate children's language and learning and scaffold children's experiences. Building on strong support for social and emotional development and targeting on responsive interactions focused on supporting language, literacy, and cognitive development might be an effective way to help improve quality in infant-toddler classrooms. The National Descriptive Study of EHS-CC Partnerships found that EHS partners commonly provided child care partners guidance on implementing the HSPPS. Nearly all EHS partners reported helping child care partners monitor the quality of services, such as by observing teachers in the classroom to assess their practices. They also reported working with child care partners to identify and address quality improvement needs.[36] These activities might result in improved quality in child care partners and help explain the findings about quality in child care partner centers we observed in this brief (although the child care partners described in this brief are not limited to EHS-CC Partnership grantees).

The field emphasizes the role of partnerships in supporting high quality care and education for infants and toddlers.[37] The findings in this brief demonstrate quality care in child care partner classrooms that meets or exceeds the HSPPS, which could bring positive effects to children whose slots were funded by EHS. In addition to potentially positive effects for children whose slots were funded by EHS, the classrooms may have positive spillover effects to children in the same classrooms who were not EHS funded. For example, non-EHS-funded children in partner classrooms may benefit from smaller group sizes or lower child-to-adult ratios required by the HSPPS. Previous research suggests that the benefit of improved quality in partner classrooms could extend to children and families in the same classrooms who were not EHS funded.[38] Future research could explore if spillover effects may extend to the center level.

There are some limitations of the analyses included in this brief. First, the findings are based on relatively small sample sizes and therefore, should be considered exploratory rather than conclusive (see Appendix A for more detailed discussions about the limitations of these analyses). Future research can help obtain a more precise picture of the quality in child care partner settings by including a larger number of child care partner settings. Second, the teacher survey in Baby FACES could not include all questions of potential interest related to quality because of time constraints. For example, we did not have space to include questions about additional context on training and coaching. Future in-depth research could help better understand topics such as teacher professional development in child care partner centers. Third, EHS programs also partnered with family child care providers; however, Baby FACES did not collect data from these settings. Future research could help fill this gap by including family child care homes.

> **Relevant resources**
>
> Report: Working Together for Children and Families: Findings from the National Descriptive Study of Early Head Start-Child Care Partnerships
>
> Brief: Findings from the National Descriptive Study of Early Head Start-Child Care Partnerships: Partnering to Improve the Quality of Infant-Toddler Care
>
> Early Head Start Programs, Staff, and Infants/Toddlers and Families Served: Baby FACES 2018 Data Tables
>
> Baby FACES 2018 data and EHS-CCP National Descriptive Study data are archived at the Child and Family Data Archive, Inter-University Consortium for Political and Social Research (ICPSR), University of Michigan

In addition, our analyses point to some other directions for future research. For example, future research may be warranted to investigate how quality in partner classrooms is linked to children's development and learning. The field may also benefit from a better understanding of how the quality improvement efforts of partnerships relate to service quality in child care partners, as well as an exploration of the impacts of EHS-CC partnerships on child care partners' and children's well-being.

Endnotes

[1] Del Grosso, P., J. Thomas, L. Makowsky, M. Levere, N. Fung, and D. Paulsell. "Working Together for Children and Families: Findings from the National Descriptive Study of Early Head Start-Child Care Partnerships." OPRE Report #2019-16. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2019.

[2] Del Grosso, P., J. Thomas, N. Fung, M. Levere, and S. Albanese. "Partnering to Improve the Quality of Infant-Toddler Care: Findings from the National Descriptive Study of Early Head Start-Child Care Partnerships." OPRE Report #2020-71. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2020.

[3] Campbell, F., G. Conti, J.J. Heckman, S.H. Moon, R. Pinto, E. Pungello, and Y. Pan. "Early Childhood Investments Substantially Boost Adult Health." *Science,* vol. 343, no. 6178, 2014, pp. 1478–1485.

[4] Zaslow, M., R. Anderson, Z. Redd, J. Wessel, L. Tarullo, and M. Burchinal. "Quality Dosage, Thresholds, and Features in Early Childhood Settings: A Review of the Literature." OPRE Report #2011-5. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2010.

[5] Xue, Y., C.C. Baxter, C. Jones, H. Shah, P. Caronongan, N. Aikens, E. Bandel, et al. "Early Head Start Programs, Staff, and Infants/Toddlers and Families Served: Baby FACES 2018 Data Tables." OPRE Report #2021-92. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2021.

[6] Howes, C., M. Burchinal, R. Pianta, D. Bryant, D. Early, R. Clifford, and O. Barbarin. "Ready to Learn? Children's Pre-Academic Achievement in Pre-Kindergarten Programs." *Early Childhood Research Quarterly,* vol. 23, no. 1, 2008, pp. 27–50.

[7] Horm, D., D. Norris, D. Perry, R. Chazan-Cohen, and T. Halle. "Developmental Foundations of School Readiness for Infants and Toddlers: A Research to Practice Report." OPRE Report #2016-07. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2016.

[8] Institute of Medicine and National Research Council. "Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation." Washington, DC: National Academies Press, 2015.

[9] Under the HSPPS, child care partners can be centers or family child care homes (FCCs). The Baby FACES 2018 sample did not include FCCs. Thus, these analyses focused on child care partner centers only.

[10] The sample did not include Head Start programs or any Early Head Start programs in OHS Regions XI (American Indian and Alaska Native) and XII (Migrant and Seasonal Head Start). The sample also did not include programs that were under transitional management, were outside the continental United States (for example, Alaska and Hawaii), or were not directly providing services to children and families. Teachers and families participating in the family child care option were also excluded from the sample.

[11] Most child care partner centers serve children other than those enrolled in EHS, but this brief only focuses on the EHS children who are enrolled in child care partner centers.

[12] We caution against drawing any comparisons between child care partner centers and EHS centers because of limitations of the data (see Appendix A for a more detailed description).

[13] Hamre, B.K., K.M. La Paro, R.C. Pianta, and J. LoCasale-Crouch. *Classroom Assessment Scoring System (CLASS) Manual: Infant*. Charlottesville, VA: Teachstone, 2011.

[14] Jamison, K.R., S.Q. Cabell, J. LoCasale-Crouch, B.K. Hamre, and R.C. Pianta. "CLASS–Infant: An Observational Measure for Assessing Teacher-Infant Interactions in Center-Based Child Care." *Early Education and Development,* vol. 25, no. 4, 2014, pp. 553–572.

[15] La Paro, K.M., B.K. Hamre, and R.C. Pianta. *Classroom Assessment Scoring System; Toddler Manual*. Charlottesville, VA: Teachstone, 2011.

[16] Atkins-Burnett, Sally, Shannon Monahan, Louisa Tarullo, Yange Xue, Elizabeth Cavadel, Lizabeth Malone, and Lauren Akers. "Measuring the Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CCIIT)." OPRE Report #2015-13. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2015.

[17] Pianta, R.C. *The Student-Teacher Relationship Scale*. Odessa, FL: Assessment Research, 2001.

[18] Lang, S.N., S.J. Schoppe-Sullivan, and L. Jeon. "Examining a Self-Report Measure of Parent-Teacher Cocaring Relationships and Associations with Parental Involvement." *Early Education and Development,* vol. 8, no. 1, 2017, pp. 96–114.

[19] Serpell, A.N, and A.J. Mashburn. "Family-School Connectedness and Children's Early Social Development." *Social Development,* vol. 21, no. 1, 2012, pp. 21–46.

[20] Atkins-Burnett, S., H. Shah, L. Kalb, and C. Vogel. "Teacher Beliefs about Infant/Toddler Care and Education." Princeton, NJ: Mathematica Policy Research, 2017.

[21] Ruprecht, K., J. Elicker, and J.Y. Choi. "Continuity of Care, Caregiver-Child Interactions, and Toddler Social Competence and Problem Behaviors." *Early Education and Development,* vol. 27, no. 2, 2016, pp. 221–239.

[22] The HSPPS require that a qualified teacher be assigned to each group of no more than four infants and toddlers. Although HSPPS do not distinguish between "lead teacher" and "assistant teacher" for infant/toddler classroom settings, practices vary at the local level, and many programs still use the terms.

[23] With household incomes below federal poverty level.

[24] A state-awarded certification or license could be a preschool, infant/toddler, family child care or home-based certification, or license.

[25] The definition of coach was provided to teachers in the survey: "A coach is a person who has expertise in specific areas and who models practices, provides professional development, and works with staff to improve their performance."

[26] A typical day is eight hours.

[27] Ruprecht et al. 2016.

[28] Based on the developer's definition, centers had continuity of care classrooms if they received 6 points out of 10 possible points on the Continuity of Care scale.

[29] Pianta 2001.

[30] See Appendix A for discussions about weighting and representativeness of the findings.

[31] Isner, T., K. Tout, M. Zaslow, M. Soli, K. Quinn, L. Rothenberg, and M. and Burkhauser. "Coaching in Early Care and Education Programs and Quality Rating and Improvement Systems (QRIS): Identifying Promising Features." Washington, D.C.: Child Trends, February 2011.

[32] Atkins-Burnett et al. 2015.

[33] La Paro, K., A.C. Payton, and B. Hatfield. "Assessing Quality in Toddler Classrooms Using the CLASS-Toddler and the ITERS-R." *Early Education and Development*, vol. 25, no. 6, 2014, pp. 875–893.

[34] Thomason, A.C., and K.M. La Paro. "Measuring the Quality of Teacher-Child Interactions in Toddler Child Care." *Early Education and Development,* vol. 20, no. 2, 2009, pp. 285–304.

[35] Vogel, C.A., P. Caronongan, J. Thomas, E. Bandel, Y. Xue, J. Henke, N. Aikens, et al. "Toddlers in Early Head Start: A Portrait of 2-Year-Olds, Their Families, and the Programs Serving Them." OPRE Report #2015-10. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2015.

[36] Del Grosso et al. 2020.

[37] Administration for Children and Families. "Early Head Start-Child Care Partnerships: Growing the Supply of Early Learning Opportunities for More Infants and Toddlers. Year One Report. January 2015–January 2016." Washington, DC: Office of Early Childhood Development, Administration for Children and Families, U.S. Department of Health and Human Services, 2016.

[38] Kane, Maggie C., Malinda E. Langford, Madeline Carter, and Martha Zaslow. "Extending the Benefits of Early Head Start-Child Care Partnerships for Children and Families." Bethesda, MD: Child Trends, 2020.

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