

Steps to Quality:
A Grow NJ Kids Family Child Care Initiative



Year Two Report

Coordinated by Child Care Connection
April 2016

Steps to Quality: A Grow NJ Kids Family Child Care Initiative is a project of Child Care Connection of Trenton, New Jersey, in partnership with Community Child Care Solutions, Perth Amboy, and Programs for Parents, Newark. Through a contract with the New Jersey Department of Human Services, Division of Family Development, all three New Jersey-based Child Care Resource and Referral (CCR&R) agencies provide information to parents and providers about financial assistance for child care, the different types of child care available, and where to find licensed or registered child care providers. The CCR&Rs also administer the State's child care subsidy program and the Family Child Care Registration program, as well as other initiatives designed to improve the quality of child care services.

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Steps to Quality Advisory Committee, comprised of 25 statewide early care and education leaders, for attending quarterly meetings to provide guidance, feedback, and support.



"The educational tools I have received have helped me to think differently and made me aware of other things that are important."

STQ Provider 2016

Project Overview

The *Steps to Quality Family Child Care Initiative* is a quality enhancement program for 45 registered family child care providers who serve young children, including infants and toddlers, in three low-income urban areas of New Jersey. Based on research (Appendix B) indicating that higher quality child care means better child outcomes, the program endeavors to help family child care providers enhance learning opportunities for children. *Steps to Quality* participant providers live in the target communities of Mercer, Middlesex, and Essex counties and must serve at least one infant or toddler and at least one child on a State child care subsidy program. Through a public/private partnership, The Nicholson Foundation funds the *Steps to Quality* project to offer a foundation for a select group of caregivers and on a broader scale, acts as the pilot for implementation of the Grow NJ Kids Quality Rating and Improvement System (QRIS) for family child care. This system offers supports to child care providers in an effort to give young children the learning experiences they need as a foundation for later success. The primary goals of the *Steps to Quality Initiative* are:

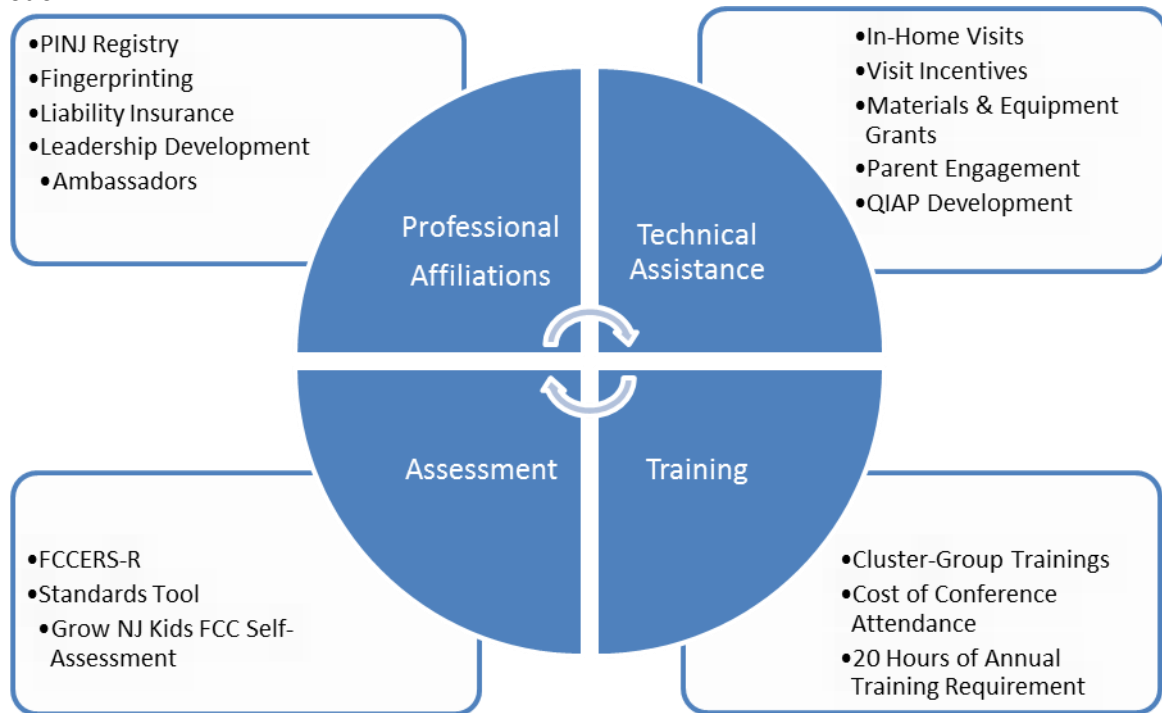
- To promote the professional competency of participating family child care providers through assessment, training, technical assistance, and resources.
- To demonstrate increased levels of competency as measured by the Grow NJ Kids Quality Rating Improvement Scale.
- To provide information to New Jersey's early care and education leaders and stakeholders to help inform ongoing quality improvement systems-building efforts across the state.

"My daycare is organized and professional, with more resources to offer to the parents."

STQ Provider 2016

The Steps to Quality Model

The interventions and support services offered through *Steps to Quality* include a mix of formal assessments, on-site individualized technical assistance, group training and meetings, and learning materials/equipment grants that allow for a comprehensive approach based on national family child care evidence, results, and research. Providers report that the combination of services offered attracted them to join the effort. Survey results from Year Two indicate that providers value each component and that it is the blend of supports that led to quality improvement changes in their programs. The graphic below depicts the basic elements of the model:



Program Component Descriptions:

PINJ Registry - Professional Impact New Jersey, a statewide system for tracking professional development activities of child care workers.

Fingerprinting - Criminal history background checks for each participant within six months of enrollment.

Ambassadors - Selected *Steps to Quality* participants (2 per county) who receive training, support and opportunities to assist with recruitment, enrollment, and marketing.

In-Home Visits - On-site technical assistance and training visits (5-6 per participant) conducted by project Early Care and Education (ECE) Specialists.

Visit Incentives - Developmentally appropriate learning materials brought to each on-site visit.

Materials and Equipment Grants - Up to \$1,000 worth of learning materials and equipment based on needs identified during assessment process.

Parent Engagement - Information, materials, and surveys designed to encourage conversations about program and individual goals for children, keep parents apprised of quality enhancement, and strengthen the relationship between child care provider and parent.

QIAP Development - Quality Improvement Action Plans - individual improvement plans developed collaboratively by project staff and participants based on observation and assessments.

FCCERS-R - Family Child Care Environment Rating Scale-Revised - nationally recognized assessment tool.

Grow NJ Kids FCC Self-Assessment Tool - New Jersey's Quality Rating and Improvement assessment tool.

Cluster Group Trainings- (seven per county) *Steps to Quality* training on various early childhood topics.

Who are the *Steps to Quality* providers?

A total of 45 registered family child care providers were involved in the project during the 2015-16 program year. They crossed a wide range of demographic factors and needed a variety of materials, interventions, and support. Once again this year, over half of those involved speak Spanish as their primary language, which necessitated bilingual staff and a great deal of translation -- particularly since the assessment tools and curriculum items for family child care are not available in Spanish. This diverse group continues to represent the ever-changing demographics in New Jersey. A summary of provider demographics is illustrated in the following table:

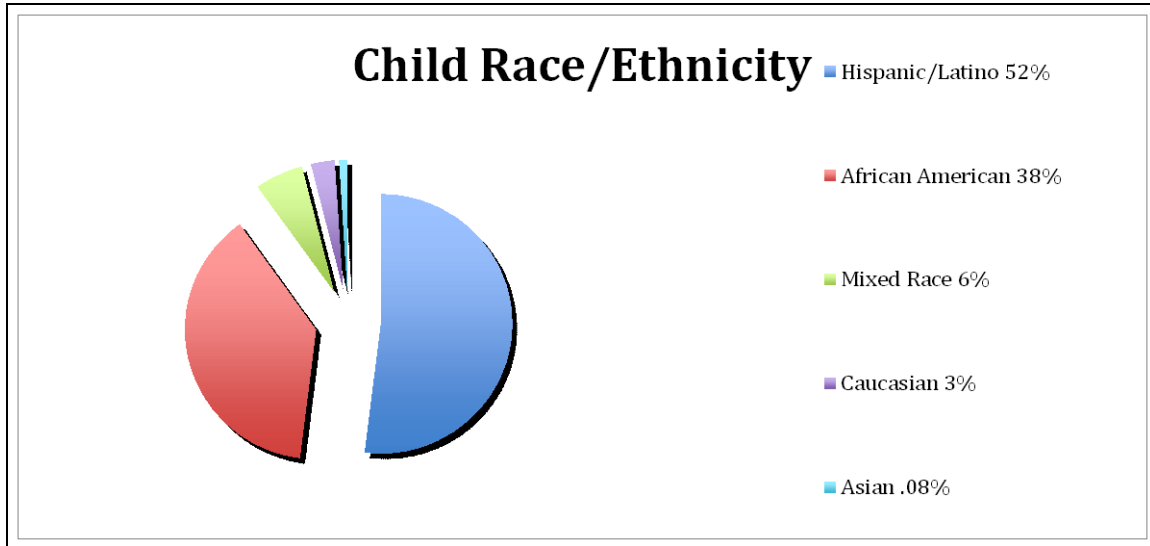
STQ Year 2 Provider Demographics	
PROVIDER AGE	
Age range	28-69 years
Average provider age	48 years
EXPERIENCE LEVEL	
Average family child care experience	8 years
Family child care experience range	<1 year – 22 years
PROVIDER ETHNICITY	
Hispanic/Latino	57%
African American	41%
White/non-Hispanic or Latino	1%
Asian	1%
PRIMARY LANGUAGE	
Spanish	57%
English	43%
EDUCATION LEVEL	
Some high school	5%
High school diploma/GED	27%
Some college	27%
Bachelor's degree or higher	14%
Other	18%
Credential: Child Development Associate (CDA)	9%

Most notable about this group of providers is their maintained enthusiasm about the program and their commitment to improving quality. Seventy-seven percent of the original group (providers who joined during year one) indicated a willingness to continue for a third year -- demonstrating an overwhelming desire to continue professional growth and development.

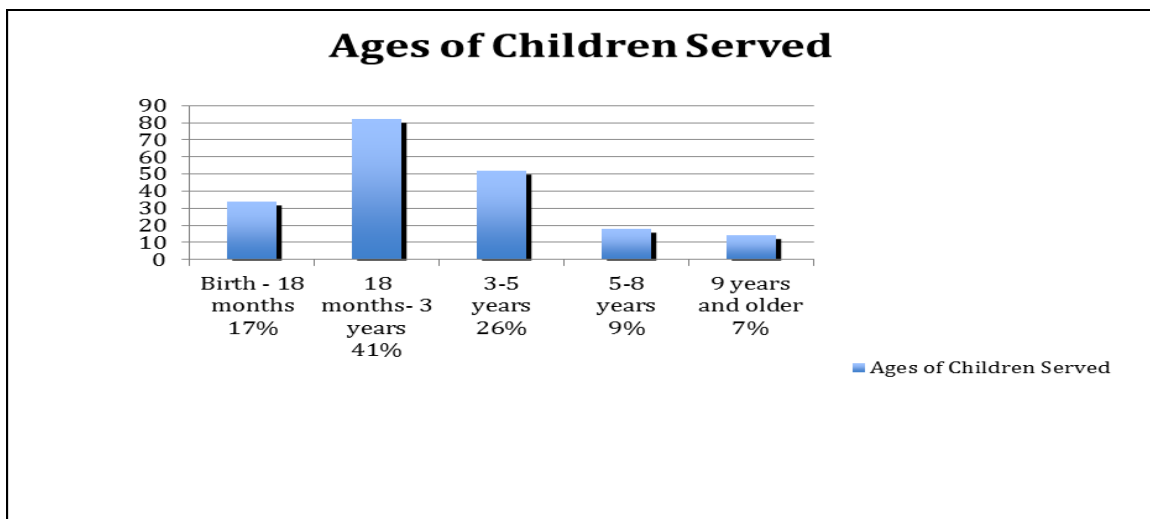


Families and Children Served

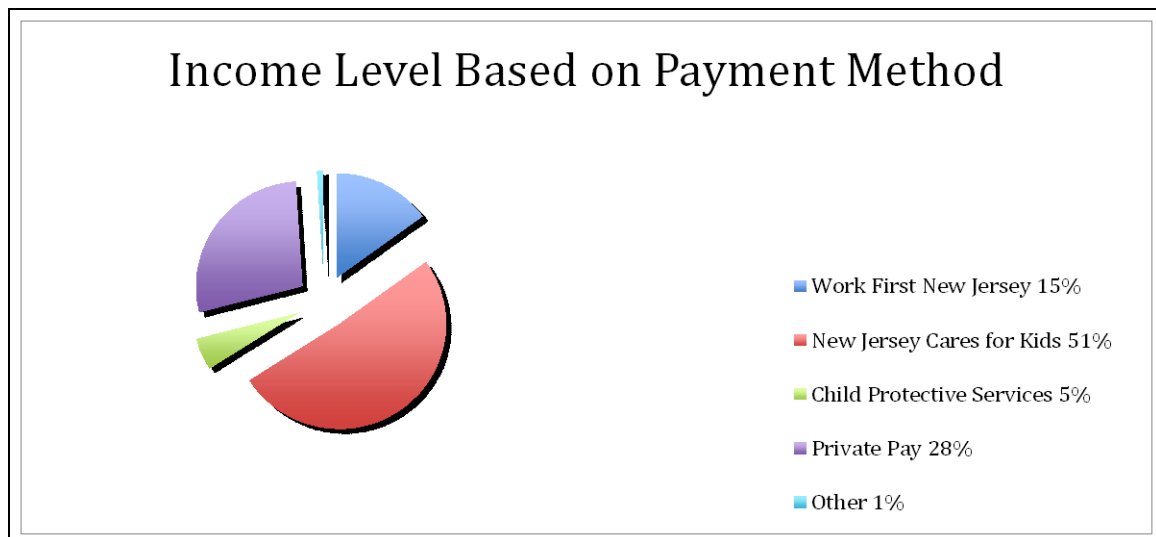
The primary goal of *Steps to Quality* relates to improving outcomes for children via better quality in the child care setting. This year *Steps to Quality* family child care providers served 202 children. The charts below depict demographics of children served:



Registered family child care providers are attractive to many parents because they can serve an entire family in a mixed-age group setting. Another aspect of family child care is the low group size (less than five children) for infants and toddlers, which accounts for this type of care being selected by many parents. The infant/toddler population is a priority for the *Steps to Quality* program; providers were required to have at least one infant and/or toddler in care upon enrollment in the project. The chart below describes the ages of children served by STQ providers this year:



Another priority for the project involves serving vulnerable families as determined by income levels. *Steps to Quality* providers were required to serve at least one child on a child care subsidy. The chart below depicts income levels of families served based on method of payment.



Note: Low and moderate-income working parents can receive state subsidies for child care. Children whose families receive cash assistance under the state welfare program, *Work First NJ* are entitled to free care. Former *Work First NJ* participants receive subsidized child care for up to two years after moving from welfare to work. Those clients make a small co-payment, which varies based on family size and income. Families who were never on welfare also can receive child care subsidies under the *New Jersey Care for Kids* program. Families earning up to 200 percent of the federal poverty level qualify for subsidies.



Year Two Project Components by the Numbers:

ECE Specialist – Provider Contacts: Participant providers have reported that *Steps to Quality* Early Care and Education (ECE) Specialist support has been a valuable part of the quality improvement process. This component was ranked as “the most helpful aspect of the project” by 50 percent of providers surveyed when asked to rank the top three “most helpful project components” of *Steps to Quality* in a provider satisfaction survey. Eighty-nine percent (89%) of providers listed the visits as “very important” as a reason for joining or staying in the network during Year Two. Likewise, providers who participated in a year-end focus group described the visits as “extremely valuable.” As one provider stated during a focus group session, “When I started in this business I wasn’t even registered. Then I was registered eight years ago, and I thought I had everything. When I started *Steps to Quality*, my specialist really helped. My apartment is not big, it’s little, so I sat down [with] my family, and now we have our own child care room. It is separate from everything else, and it is beautiful. It made a really big difference having someone come to my house!” Technical assistance contacts for Year Two are described in the table below:

Technical Assistance				
Contact Type	Total	Avg. per Provider	Hours Spent	Avg. Hours per Provider
Face-to-Face TA Visits	337	8	543.26	14
Telephone Contacts	561	14	90.35	2
Electronic Mail Contacts	406	10	83.12	2
Mailings	250	6	34.15	1
Total	1554	39	750.88	19



“For some of [us], we don’t have the knowledge. They give us the tools to help us and guide us. They are coming into our homes to help us fix things -- to put all this into place so we can be able to move forward and make our centers better.”

STQ Provider 2016

Technical Assistance Content: ECE specialists track primary activities during technical assistance visits and record the primary content discussed during sessions. The following table illustrates the percentage of time spent on various aspects of technical assistance support. For example, ECE specialists “share information” during 95 percent of the visits.

TECHNICAL ASSISTANCE CONTENT			
Primary Activity	Definition	Category	% of visits occurring
Share information	Sharing specific information related to particular topic or subject area by explaining or giving examples and/or resources that support quality improvement.	Coaching Strategy	95%
Other	Activity not found elsewhere	Other	66%
Training Information	Distributing calendar and/or registration forms for upcoming training	Project Logistics	58%
QIAP Goal-Setting	Assisting/supporting a provider in determining new goals for improvement plan based on GNJK tool	Assessment	56%
Grow NJ Kids QRIS/FCC Tool	Providing an understanding of the tool; supporting its use in self-assessment; reviewing scores	Assessment	44%
Parent Engagement	Distributing/discussing parent engagement materials	Project Logistics	38%
Constructive Feedback	Providing constructive feedback related to provider practice or specific behavior	Coaching Strategy	26%
Learning Materials & Equipment	Identifying and purchasing early learning materials or equipment	Resources & Learning Materials	24%
Provider/Parent Surveys	Distributing/collecting surveys	Project Logistics	20%
Modeling	Showing providers quality practice (i.e., DAP activities, interactions, communication strategies, etc.)	Coaching Strategy	20%
Training	Using a planned agenda to present a specific set of objectives and key concepts	Training	16%
PINJ Registry	Assisting/supporting a provider in completing the registration to “active” status	Project Logistics	14%
Liability Insurance Enrollment	Assisting/supporting a provider in completing the insurance application and paying for the coverage	Project Logistics	11%
FCCERS	Providing an understanding the tool; supporting its use in self-assessment; reviewing the completed assessment	Assessment	10%
Orientation	Reviewing project goals/responsibilities/complete initial forms	Orientation	9%
Professional Resources	Identifying and collecting or purchasing professional resources	Resources & Learning Materials	8%
Fingerprinting Information	Assisting/supporting a provider in completing the fingerprinting and submitting the report	Project Logistics	6%
Create QIAP	Discussing/deciding collaboratively about how to place the FCCERS items [below 3] and the Grow NJ Kids unmet items onto a step-by-step QIAP	Assessment	3%
Observation	Observing generally to assess progress on QIAP and/or support provider goals	Assessment	2%

Cluster-Group Training: Participants are receptive to group training offered through *Steps to Quality*. These sessions allow program staff/trainers to present a great deal of information about each topic at one time to the entire group. The time together is valuable for participants in several ways, not least because of the opportunity to network with peers. Family child care can be a very isolating experience. Group members share ideas and support each other. This year, each county selected topics most meaningful for their group. Providers are required to attend a total of 20 training hours over the course of the year through the cluster trainings and additional programs. This year, STQ providers attended a total of 1,207 hours, averaging over 26 hours (over a 14-month period) per provider. The feedback on project training has been notably positive. One provider commented, *"That was the best workshop I've ever attended. Would you believe that even after college for early childhood education, I did not get what you gave us Wednesday night? I can't WAIT for you to visit!"* Cluster training topics are listed below:

Cluster Training	Essex	Mercer	Middlesex
Training 1	Grow NJ Kids Tool	Grow NJ Kids Tool	Grow NJ Kids Tool
Training 2	FCCERS-R (Family Child Care Environment Rating Scale- Revised)	FCCERS-R (Family Child Care Environment Rating Scale- Revised)	FCCERS-R (Family Child Care Environment Rating Scale- Revised)
Training 3	Creative Curriculum	Creative Curriculum: Lesson-Planning	NJ Birth-3 Early Learning Standards
Training 4	Protective Factors	Protective Factors and Communicating with Families	Effective Lesson-Planning
Training 5	Business Practices	<i>Let's Move</i> Child Care	Catching up with Self-Assessment
Training 6	Business Ethics	Making Inclusion Work	Creative Curriculum for Infants, Toddlers, and Twos
Training 7	Creative Curriculum: Lesson-Planning	Creative Curriculum: Family Child Care Learning Environments	Creative Curriculum: Parent Engagement

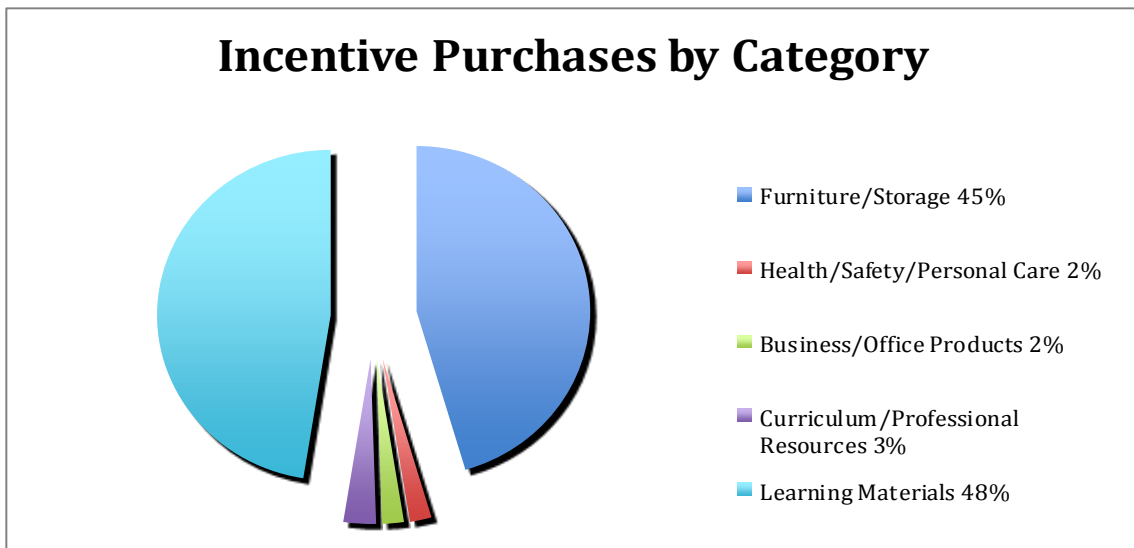


Additional Group Activities: All three counties held other group activities in addition to the cluster training sessions. *Steps to Quality* providers gathered throughout the year to participate in documentation support sessions, focus groups, and self-directed gatherings. A celebration of achievement was held in each county at year's end. Newly selected "STQ Ambassadors" received a mentor training in preparation for Year Three.

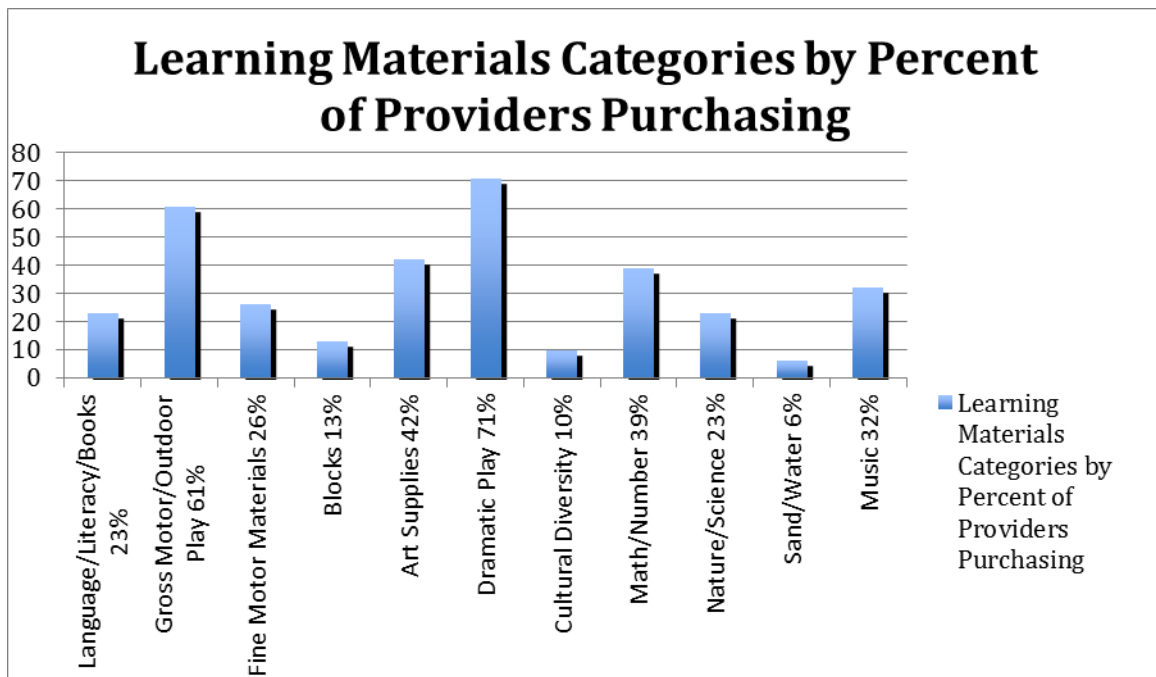


Learning Materials and Equipment Grants:

This year, *Steps to Quality* providers received up to \$1,000 worth of learning materials and equipment grants as well as state-funded grants through Grow NJ Kids. This feature of the project is an attractive recruitment strategy, and it helps providers meet goals on quality improvement plans as well as standards on the Grow NJ Kids self-assessment tool. The chart below illustrates the types of equipment purchased this year with grant dollars.



The following chart illustrates purchases made this year in an effort to enhance learning opportunities for children.



Steps to Quality Year Two Results

Quality enhancement efforts in early childhood settings involve a slow and incremental change process. This year, staff built on the trusting relationships with existing providers and dedicated time to establishing similar foundations with new recruits. As the *Grow NJ Kids Family Child Care Self-Assessment Tool* became available in draft form, staff shifted providers from the *Steps to Quality Checklist* used during Year One. This checklist was developed using information from the draft Grow NJ Kids tool to ensure alignment when rollout occurred. Time for instruction and adjustment was critical, as the level of detail on the new tool was somewhat overwhelming for providers. The *Quality Improvement Action Plans* (QIAPs) developed during Year One ameliorated the transition and allowed providers to break the new tool down into attainable steps. These individualized QIAPs are developed collaboratively by project staff and participating providers based on assessment results and on-site observations. These plans are based on standards in the tool and include items from the five categories on the Grow NJ Kids tool: 1) Safe/Healthy Learning Environments, 2) Curriculum and Learning Environments, 3) Family and Community Engagement, 4) Workplace/Professional Development, and 5) Administration/Management.

Once the new tool was adequately introduced, providers were able to continue making changes geared towards the goal of “rating readiness.” (Through the Grow NJ Kids program, family child care providers are visited by trained raters who use a comprehensive tool to formally assess the program and assign a rating of one to five stars, giving parents a way to make educated decisions about selecting the child care program best for their children.) The goal for Steps to Quality providers is to begin the rating process at some point during Year Three of the project, when the rating program begins.

Results of provider surveys during Year Two showed evidence of continued enthusiasm for and satisfaction with the project. On a five-item *Likert Scale* used to assess project satisfaction, 100 percent of the respondents indicated the highest level or “very satisfied.” Likewise, every provider (100 percent) surveyed indicated that their involvement with the project improved the quality of care offered to children.



A primary goal of *Steps to Quality* is improved levels of professional competence as evidenced by measurable quality improvements. By the end of this year, two key indicators point to continued program success:

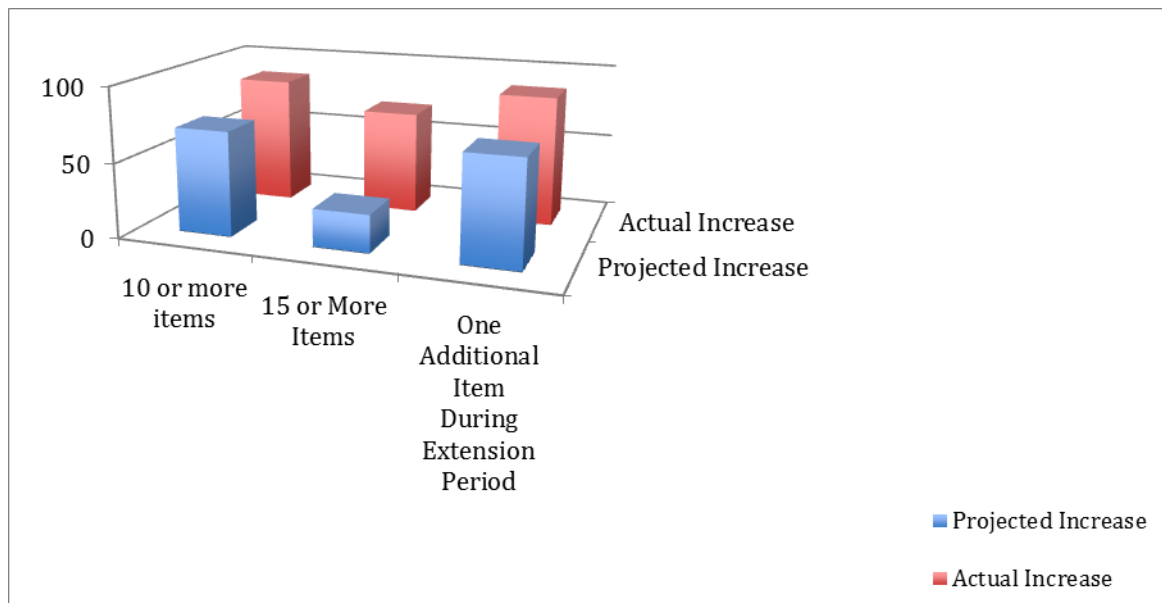
Key Indicator 1

Progress on Quality Improvement Action Plans

The chart below illustrates STQ provider movement along their individualized quality improvement action plans. These plans, reviewed quarterly, served as working documents for providers and ECE specialists to chart next steps on the quality continuum. Initial expectations were exceeded, as 86 percent of participants improved quality by at least 10 items on their individual plans, which was higher than the 70 percent anticipated as a project benchmark. Sixty-nine percent of providers improved by 15 items on their QIAP, exceeding the expected benchmark of 25 percent. During the two-month extension period, expectations were again exceeded, as 35 (87.5 percent) of the participants improved quality by at least one additional standard on their individual plans, which was higher than the anticipated 70 percent of providers.

The following chart illustrates provider growth compared to expectations for the Quality Improvement Action Plans:

Progress on Quality Improvement Action Plans



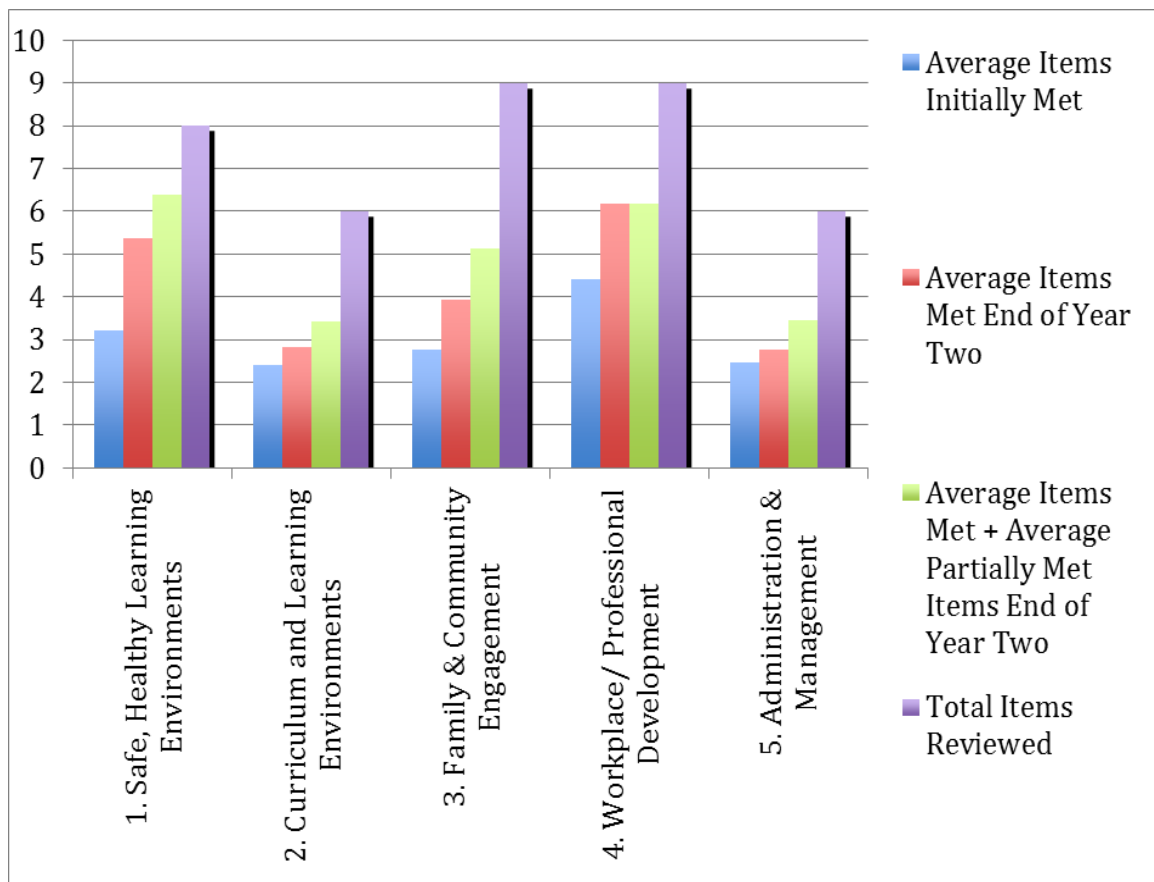
Note: Progress on Quality Improvement Action Plans was measured by comparing number of items met (actions accomplished) to the number of action items deemed necessary, based on assessment and observation at the end of the year. An additional measure was taken at the end of the two-month project extension period.

Key Indicator 2

Movement Along the Grow NJ Kids Self-Assessment Tool

This year, 2015 cohort of providers transitioned into and piloted the Grow NJ Kids Self-Assessment Tool. The instrument is divided into five categories and allows providers to assess program quality using clearly defined criteria. Providers, with guidance from STQ ECE specialists, use this information to inform the development of individualized plans for improvement. The goal is to improve quality and prepare providers for the rating process. For more information on Grow NJ Kids, visit the website at www.grownjkids.com.

Steps to Quality providers worked diligently this year, making progress in each of the five categories. The chart below depicts the starting point (items initially met) and compares this baseline with items completely met (items met at end). Because many of the items involve multiple steps, information about items with partial completion are also included in the chart below to accurately illustrate the depth of progress made during this project year.



Lessons Learned and Affirmed - Year 2

This year's experience confirms recommendations provided at the end of Year One and research from national experts, which include the following:

1. **Planning for language needs must be considered.** More than half of the *Steps to Quality* providers speak Spanish as their first language. Bilingual staff and materials in Spanish, including the tool itself, are critical components of a successful effort. While the *Steps to Quality* program has bilingual staff, the translation of documents and forms takes an extensive amount of time. Additionally, the lack of resources and family child care curricula in Spanish created issues for participant providers. The project staff identified substitutes and brought this need to the attention of New Jersey stakeholders so that advocacy efforts could be made with publishers.
2. **Family child care providers need individualized support.** A wide variety of quality improvement supports and interventions are necessary to move a varied population of providers (in categories such as education/literacy levels and technological capacity and computer literacy) along the continuum of quality improvement. The *Steps to Quality* experience mirrored other efforts across the country, indicating the critical nature of establishing trust with family child care providers before meaningful work can ensue. During Year One, a great deal of time was spent assisting providers with enrollment requirements. These supports were still necessary during Year Two, but shortcuts were developed and project staff found ways to assist providers with computer issues. Sometimes this meant using mobile hotspots for Internet connection on-site along with educating providers about computer use, etiquette, and common practices (such as checking e-mail communications regularly). Each provider has a unique set of needs, despite any shortcuts, and project staff continue to recognize the importance of meeting providers "where they are" to start the change process.
3. **A multi-faceted approach attracts providers and increases the likelihood of quality improvement.** Staff observation and provider feedback have reinforced the model that this combination of strategies yields the best results with recruitment and programmatic change. The blend of formal assessment with individualized support and observation ensures that each provider's distinctive circumstances are considered and addressed. Training in the group setting provides an efficient delivery of information that can then be followed up with individualized instruction in the child care setting. Group meetings also offer a sense of belonging and community for providers who work in isolated settings. The learning materials and equipment grants allow providers to address the broad needs of children as they learn and gives them the equipment necessary to provide a safe, healthy, and professional environment.

Additional lessons learned during the second program year include the following:

4. **Providers are motivated to improve quality with assistance and guidance.** This is evidenced by willingness to continue for a second (and now into a third) year in the program. When asked why they want to re-enroll, providers in the focus groups reported that they want to continue their efforts to improve the quality of their programs for the children they serve. Providers also reported feeling more professional and noted that relationships with parents have improved. Taken together, these are motivators to continue with the project.
5. **Individualized support from technical assistance specialists takes time and remains the cornerstone of the change process.** Due to the nature of the family child care population and the program's comprehensive requirements, technical assistance specialists must be flexible to meet individual provider needs and must allocate ample time to help providers through the myriad of elements necessary to meet quality goals.
6. **Documentation of business practices and lesson-planning is the biggest challenge for family child care providers and requires intensive training, support, and guidance.** The unique nature of family child care, with one primary operator conducting all aspects of the business (without the benefit of additional staff and supervision), makes finding the time and accessing guidance regarding documentation and paperwork demanding and difficult. Extra support is needed in this area.
7. **Early care and education best practices are developed through education, practice, reflection, and support over an extended period of time.** There are a number of providers for whom much of the information and many of the experiences have been new. As the Grow NJ Kids Standards reinforce, even credentialed educators need specific training and time to implement a curriculum to fidelity. Providers with limited education and formal experience will benefit from ongoing support that moves them to a more consistent implementation and continuous quality improvement.

These insights have been shared throughout the project with key stakeholders and have been carefully incorporated into future planning efforts.

Appendix A:

Steps to Quality: A Grow NJ Kids Family Child Care Initiative - Project Highlights

Year One Historical Perspective:

- Launched in February 2014
- Developed program materials/hired staff/*Creative Curriculum* training for staff
- Recruited 36 providers (12 per county)
- Enrolled providers in New Jersey Registry: Professional Impact New Jersey (PINJ)
- Acquired liability insurance for participant providers
- Performed fingerprint background checks for participant providers
- Performed external assessment using *Family Child Care Environment Rating Scale-Revised* (FCCERS-R)
- Developed *Steps to Quality* Checklist (pending availability of Grow NJ Kids tool)
- Developed individual Quality Improvement Action Plans (QIAP) with participant providers
- Completed a minimum of six (6) on-site technical assistance visits from project staff per participant provider
- Completed five (5) cluster-group training programs (towards a 20-hour total training requirement for each provider over the course of the year)
- Distributed learning materials and equipment grants, up to \$1,000 per provider
- Developed and implemented parent engagement component to support participant providers' work with parents of children in their care
- Results: Providers exceeded expectations with, 100 percent having improved on their QIAP by at least 10 items and 84 percent having improved on more than 15 items.

Year Two Highlights:

- Added providers to the project (three per county) for a total of 45
- Revised/improved program materials
- Enrolled new providers in PINJ Registry, liability insurance, and completed fingerprinting
- Performed assessment using *Family Child Care Environment Rating Scale* (FCCERS) as a self-assessment (with support/guidance from ECE specialists) as per the Grow NJ Kids model prescription
- Began using the Grow NJ Kids *Family Child Care Self-Assessment Tool*, available in draft form at the beginning of Year Two
- Developed Quality Improvement Action Plans (QIAP) for new providers and monitored/revised plans for existing providers as needed
- Performed minimum of five on-site technical assistance visits with Year One cohort and minimum of six visits for new providers by ECE specialists
- Performed six cluster-group trainings programs (towards a 20-hour total training requirement)
- Distributed learning materials and equipment grants of up to \$750 for Year One cohort providers and \$1,000 for new providers, plus state-funded grants available through Grow NJ Kids
- Developed a leadership program -- "STQ Ambassadors" -- and identified two ambassadors per county
- Extended the program for two months while carefully planning for Year Three
- Results: Providers exceeded expectations, with 86 percent having improved on their QIAP by at least 10 items and 69 percent having improved on more than 15 items

Appendix B:

Steps to Quality: A Grow NJ Kids Family Child Care Initiative - Related Research

The family child care landscape in New Jersey continues to evolve, affected by economic challenges and changes in the utilization and needs of families. While numbers of registered family child care providers in New Jersey have declined, findings from a 2011 survey conducted by the New Jersey Association of Child Care Resource and Referral Agencies (NJACCRRRA) demonstrate that “the family child care provider network continues to be a valuable system providing care in New Jersey.” While there are many types of family child care networks, a “network” is generally defined as a program or system that provides targeted support services in order to strengthen and improve child care quality. The network proposed here includes many of the same strategies and interventions that have shown to be the most promising in affecting quality changes.

- In addition to the traditional full-time care option, 61 percent of providers surveyed provide part-time care, 57 percent provide before- or after-school care, 27 percent provide drop-in care, 22 percent provide evening care, 12 percent provide over-night care, and 18 percent provide weekend care. In addition, 20 percent of family child care homes also offer services on holidays. This flexibility is critical in a state where 63.3 percent of all households with children under the age of six have all parents in the family working. (US Census 2010)
- The respondents in the 2011 survey were also asked to indicate the highest level of education they had completed. Nearly half (49 percent) of family child care providers in the state had earned a high school diploma or GED. An additional 18 percent of providers obtained an associate’s degree, 14 percent obtained a bachelor’s degree, and 2 percent completed a master’s program.
(NJACCRRRA, *New Jersey’s Family Child Care Providers: A Summary of 2011 Survey Results*)
- Children in family child care with more educated and trained providers score higher on measures of language and cognitive development. Clarke-Stewart, K., (2002). *Do Regulable Features of Child Care Homes Affect Children’s Development?* (Early Childhood Research Quarterly, 17(1), 52-86. Retrieved 12/4/12
<http://www.researchconnections.org/childcare/resources>)
- Providers in networks that offer any of the following services – use of a formal quality assessment tool, frequent visits to FCC homes... or on-going training for providers at the network site – have higher quality scores than providers in networks that do not offer any of these services.
(Bromer, J. (2009) *The Family Child Care Network Impact Study: Promising Strategies for Improving Family Child Care Quality*, Policy Brief No.1, Herr Research Center for Children and Social Policy at Erikson Institute,- Retrieved 12/12/12
<http://www.erikson.edu/research/family-child-care-network-impact-study/>)
- Family child care providers who participate in a support network that provides a combination of educational and home-consulting visits, workshops, and peer support significantly outperform providers without these support opportunities on measures of quality. Porter, T. & Reiman, K. (2015). *Examining Quality in a Family Child Care Network: An Evaluation of All Our Kin*. Larchmont, NY: Early Care and Education Consulting.
<http://allourkin.org/sites/default/files/Examining%20Quality%20in%20AOK%202.25.16.pdf>
- One of the benefits reported most often by network/system providers was the support and sense of connection they receive from participating in family child care network/system. Also, providers viewed the monitoring of safety and quality by the network/system as beneficial both to themselves and to parents...
(Hershfield, B. (2005) *Family Child Care Networks/Systems: A Model for Expanding Community Resources*. Washington, DC: Child Welfare League of America. - Retrieved 1/7/13 <http://www.cwla.org/programs/daycare/policyfamilycarereport.pdf>)

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Note: Key documents related to *Steps to Quality* can be found on Child Care Connection’s website:
<http://www.childcareconnection-nj.org/reports-data.cfm>