



Georgia  
Study of  
**Early Care**  
and **Education**  
**Child Care**  
**Center**  
**Findings**

December 2009



UNC

FPG CHILD DEVELOPMENT INSTITUTE

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Several people worked hard to complete this study and report. The FPG Child Development Institute team included Kelly Maxwell, Principal Investigator, Diane Early, Investigator; Donna Bryant, Investigator; Syndee Kraus, project director; Sara Fuller, research assistant; Katie Hume, research assistant; Gina Walker, administrative assistant; Elizabeth Gunn, Lloyd DeWald, and Michelle Lemon, programmers; Kirsten Kainz and R. J. Wirth, statisticians; and Angelia Baldwin, Joe Jungers, and Dawn Shafar, data entry. Gisele Crawford helped with report writing, Michael Brady and Gina Harrison helped with report design. We are very grateful to the five research assistants in Georgia who worked so hard to collect the data: Elizabeth Crofton, Rachael Lee, Moneesha Smith, Becca White, and Othondra Williams-Hicks. Jenny Rankin also helped collect some data. We appreciate the cooperation of DECAL staff, particularly the assistance of Bentley Ponder. Most importantly, we are very appreciative of the administrators and teachers who welcomed us into their programs and classrooms so that we could better understand the care available to young children across Georgia.

Executive summaries and full reports from this study are available at [www.decal.ga.gov](http://www.decal.ga.gov).

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# Georgia Study of Early Care and Education: Child Care Center Findings

Nationwide, most young children are cared for regularly by someone other than their parents. Twenty percent (20%) of all infants and toddlers and 44% of all three- and four-year-olds are served in a center-based care arrangement. The percentages are higher in the Southeastern part of the U.S.: 25% of all infants and toddlers and 56% of preschoolers are served in child care centers.<sup>1</sup> Research has demonstrated a modest but statistically significant link<sup>2</sup> between the quality of child care and children's academic and social skills.<sup>3, 4, 5</sup> Research on brain development has underscored the importance of providing high quality experiences for young children.<sup>6, 7</sup> Thus, improving child care quality is an important strategy for supporting children's readiness for school success.

Bright from the Start: Georgia Department of Early Care and Learning (DECAL) has been working to define and promote high quality practices across multiple types of child care settings. A statewide committee began working in the fall of 2006 to develop indicators to define quality in Georgia's early care and education system. In the fall of 2007, DECAL contracted with researchers from the FPG Child Development Institute at the University of North Carolina at Chapel Hill to help refine the indicators, develop tools to measure them, and plan a study of the quality of care across the state.<sup>8</sup> DECAL decided that a statewide study would help policymakers better understand the quality of care across Georgia, inform their decisions about strategies to maximize investments in quality, and provide baseline data from which to measure quality improvements.

In 2008–09, FPG conducted a statewide study of randomly selected licensed child care centers and Georgia's Pre-K programs, collecting data on the observed classroom quality and characteristics of these programs. The current report provides an overview of the study and summarizes findings from infant, toddler, and preschool classrooms in child care centers. Findings about Georgia's Pre-K classrooms, both in centers and in schools, can be found in a companion report, *Georgia Study of Early Care and Education: Findings from Georgia's Pre-K Program*.

“Critical aspects of brain architecture begin to be shaped by experience before and soon after birth, and many fundamental aspects of that architecture are established well before a child enters school.”

**National Scientific Council  
on the Developing Child,**  
p. 1.

## Study Description

The primary purpose of this statewide study of child care and Georgia's Pre-K Program was to gather data regarding the range of quality across Georgia. Generally, the study was designed to describe a) the quality of center-based care and Georgia's Pre-K programs; and b) types of services provided to infants, toddlers, and preschoolers served by these programs. This section describes the methods used for the entire study, but this report focuses solely on findings from child care centers.

### Program Selection

The sample of programs that participated in the study was selected to address the study's primary purpose: estimating the quality of care provided across licensed centers and Georgia's Pre-K programs. Data were collected in 173 programs. A sample size of 173 was determined to have an adequate balance of precision and feasibility, where the mean score on the main quality measures in the sample is within  $\pm .12$  ECERS-R/ITERS-R points of the true population mean.

To select the sample, DECAL provided a list of all licensed child care programs (including those that do and do not participate in Georgia's Pre-K Program) and school-based Georgia's Pre-K programs. FPG randomly selected programs to be recruited for participation in the study. A simple random selection process was used (i.e., no stratification), and programs were spread throughout the state.

During recruitment, programs that declined or were determined to be ineligible were replaced by additional randomly selected programs from that same list. To achieve the final sample of 173, we contacted 342 programs. Thirty-four were determined to be ineligible (e.g., no longer served children, no longer licensed), and 135 declined to participate. Thus, the overall response rate was 56% (173 participants / 173 participants + 135 declined). The response rate varied by program type, with 48% of licensed centers agreeing to participate (112 out of 235) and 84% of schools with Georgia's Pre-K agreeing to participate (61 out of 73). These response rates are similar to that of large scale studies of child care (52% in the Cost, Quality, and Outcomes Study<sup>9</sup>) and pre-kindergarten (78% in the Multi-State Study of Pre-Kindergarten<sup>10</sup>).

### Classroom Selection

For each participating program, we randomly selected one, two, or three classrooms to visit depending on the ages served and whether they participated in Georgia's Pre-K. If the program included infant/toddler classes (serving children less than 2½ years old), we randomly selected one of those. If the program included classrooms serving preschoolers (ages 2½ to 5, not in kindergarten), we randomly selected one of those. For the remainder of this report, "preschool" refers to classes that are not part of Georgia's Pre-K Program and serve children between 2½ years and 5 years who are not in kindergarten. If the program participated in Georgia's Pre-K, we also randomly

selected one Georgia’s Pre-K class. If a class was selected but the lead teacher was absent (n = 22) or did not want to participate (n = 3), a replacement class within the same program of the same type was selected instead. Table 1 shows the number of classrooms visited for each type of classroom configuration. In public schools, we did not visit any classrooms other than Georgia’s Pre-K classrooms. This report presents findings from the infant/toddler and preschool classrooms. Information about Georgia’s Pre-K classrooms is presented in a companion report, *Georgia Study of Early Care and Education: Findings from Georgia’s Pre-K Program*.

## Measures

Data were gathered at the program and classroom levels using multiple methods: observations by independent data collectors, review of written documents, and self-report of directors and teachers. Table 2 delineates the measures collected.

**Table 1. Classroom Visits by Program Types**

Program Type	Number of				Total Classes
	Programs	Infant/Toddler Classes	Preschool Classes	GA Pre-K Classes	
Infant/Toddler & Preschool	49	49	49	0	98
Infant/Toddler, Preschool, & Georgia’s Pre-K	48	48	48	48	144
Preschool Only	10	0	10	0	10
Preschool & Georgia’s Pre-K	2	0	2	2	4
Georgia’s Pre-K Only	64	0	0	64	64
<b>TOTALS</b>	<b>173</b>	<b>97</b>	<b>109</b>	<b>114</b>	<b>320</b>

**Table 2. Program and Classroom Measures**

Program Level	Infant/Toddler Classrooms	Preschool Classrooms	Georgia’s Pre-K Classrooms
<ul style="list-style-type: none"> <li>• Director Interview</li> <li>• Document Review</li> <li>• Director Education &amp; Experience Form</li> </ul>	<ul style="list-style-type: none"> <li>• ITERS–R</li> <li>• Teacher Education &amp; Experience Form</li> <li>• Assistant Teacher Education &amp; Experience Form</li> <li>• Infant/Toddler Observation Checklist</li> </ul>	<ul style="list-style-type: none"> <li>• ECERS–R</li> <li>• ELLCO</li> <li>• Teacher Education &amp; Experience Form</li> <li>• Assistant Teacher Education &amp; Experience Form</li> <li>• Preschool Observation Checklist</li> </ul>	<ul style="list-style-type: none"> <li>• ECERS–R</li> <li>• ELLCO</li> <li>• CLASS</li> <li>• Snapshot</li> <li>• Teacher Education &amp; Experience Form</li> <li>• Assistant Teacher Education &amp; Experience Form</li> <li>• Preschool Observation Checklist</li> </ul>

The *Infant/Toddler Environment Rating Scale–Revised (ITERS–R)*<sup>11</sup> is a widely used instrument for examining global classroom quality. It is specifically designed for use in classrooms serving children birth to 2½ years of age.

The ITERS–R measures the following aspects of classroom quality: Space and Furnishings (e.g., furnishings for relaxation and comfort, room arrangement, display); Personal Care Routines (e.g., greeting/departing, safety practices); Listening and Talking (e.g., helping children understand language, helping children use language); Activities (e.g., fine motor, art, promoting acceptance of diversity); Interaction (e.g., supervision of play and learning, peer interactions); Program Structure (e.g., schedule, group play activities, provisions for children with disabilities); and Parents and Staff (e.g., provisions for personal needs of staff, supervision and evaluation of staff). In this study, we did not complete the “Parents and Staff” items on the ITERS–R.

Scores on the ITERS–R can range from 1 to 7 with higher scores indicating higher quality. Total mean scores from 1 to 2.9 are considered “low” quality, scores from 3.0 to 4.9 are considered “medium” quality, and scores of 5.0 or greater are considered “good” or “high” quality.

The *Early Childhood Environment Rating Scale–Revised (ECERS–R)*<sup>12</sup> is a widely used measure of global classroom quality. It is specifically designed for use in classrooms serving children 2½ to 5 years of age.

The ECERS–R measures the following aspects of classroom quality: Space and Furnishings (e.g., furnishings for relaxation and comfort, room arrangement, display); Personal Care Routines (e.g., greeting/departing, safety practices); Language-Reasoning (e.g., presence/quality of books and pictures, encouraging children to communicate); Activities (e.g., fine motor, art, promoting acceptance of diversity); Interaction (e.g., supervision of children, interactions among children); Program Structure (e.g., schedule, group time, provisions for children with disabilities); and Parents and Staff (e.g., provisions for personal needs of staff, supervision and evaluation of staff). In this study, we did not complete the “Parents and Staff” items on the ECERS–R.

Scores on the ECERS–R can range from 1–7 with higher scores indicating higher quality. Total mean scores from 1 to 2.9 are considered “low” quality, scores from 3.0 to 4.9 are considered “medium” quality, and scores of 5.0 or greater are considered “good” or “high” quality.

The *Language and Literacy Environment Scale of the Early Language and Literacy Classroom Observation: Pre-K (ELLCO)*<sup>13</sup> is one subscale of an observational instrument for examining support for children’s language and literacy development. The ELLCO is designed for use in classrooms serving 3- to 5-year-old children. The Language and Literacy Environment scale is comprised of Language Environment (e.g., opportunities for extended conversations, vocabulary development); Books and Book Reading (e.g., organization of the book area, use of books across content

areas, quality and frequency of book reading); and Print and Early Writing (e.g., opportunities that build awareness of print and purpose of writing, instructional strategies).

Scores on the Language and Literacy scale of the ELLCO can range from 1 to 5, with 1 indicating “deficient” practice, 2 indicating “inadequate” practice, 3 indicating “basic” practice, 4 indicating “strong” practice, and 5 indicating “exemplary” practice.

The *Classroom Assessment Scoring System (CLASS)*<sup>14</sup> and the *Emerging Academic Snapshot (Snapshot)*<sup>15</sup> were conducted in Georgia’s Pre-K classrooms only. Descriptions of these measures, along with study findings, are presented in a companion report, *Georgia Study of Early Care and Education: Findings from Georgia’s Pre-K Program*.

## Procedures

A team of data collectors in Georgia was hired and supervised by FPG. One person was trained to reliability on the ITERS–R and was responsible for collecting data in the infant/toddler classrooms. Two people were trained to reliability on the ECERS–R and ELLCO. Data collectors were also trained to use the program-level measures. The reliability standard for the ECERS–R and ITERS–R was 80% agreement within 1 point and a weighted kappa of .60 or greater with the trainer. The reliability standard for the ELLCO was 85% agreement within 1 point of the trainer. Supervision was provided at least weekly to all data collectors. Throughout data collection, two data collectors periodically collected data together to ensure that interrater agreement was maintained. Follow-up training was provided when areas of disagreement were identified.

Data were collected between September 2008 and May 2009. Data collection in preschool classes and in infant/toddler classes lasted one day, with the ECERS–R and ELLCO completed in the preschool classrooms by the same individual during the same observation. The program-level measures were typically completed in the afternoon, after the classroom observations were complete. To the extent possible, data in different classrooms within the same center were collected during the same week.

To maximize the inclusion of programs representing a range of quality, we offered the program director and participating teachers incentives in the form of gift cards for educational materials (\$100 gift card for the director; \$25 gift card for each lead teacher; plus a raffle for one \$250 gift card for programs with complete data).

## Findings

This report focuses on the 112 centers in the study. Thirty-eight percent (38%) of the centers were not-for-profit and 47% participated in Georgia's Pre-K. Twelve percent (12%) of the centers reported receiving Head Start funds. Eleven of the centers (10%) were accredited by the National Association for the Education of Young Children (NAEYC; five under the revised accreditation system that started in 2007 and six under the system that was in place prior to 2007). Centers varied in size, with a mean total enrollment of 100 children of any age, infant through school-age in wrap around care (median<sup>a</sup> = 86, range = 19 to 281). The mean enrollment of children younger than kindergarten was 82 (median = 71, range = 14 to 262) in centers. Fifty-eight percent (58%) of centers served children with disabilities. Seventy-four percent (74%) of centers in the study served children who received child care subsidies from CAPS. In centers that served children receiving CAPS subsidies, the percentage of subsidized children served varied from 1% to 99% of total enrollment (mean = 23%, median = 14%).

### Group Size and Ratios

The total number of children in a classroom (i.e., group size) and the number of children per adults (i.e., ratio) are important aspects of quality. It is easier for adults to meet the health and developmental needs of each child if there are fewer children and more adults in a group. Small group size and low child-to-teacher ratios may be thought of as necessary, but not sufficient, for high quality care and education. Data collectors counted children and adults present in each classroom at four time points during each observation morning. Table 3 provides the observed mean group size and ratio (number of children present for each adult) by age of most children in the classroom. These group sizes and ratios were at or below the maximum allowable by DECAL licensing requirements in almost all classes (99%).

### Teacher Turnover

Children benefit from stable, positive relationships with their caregivers. Teacher turnover in programs can be stressful for children and may make it difficult to provide ongoing, high quality care and education. In this study, programs were asked to report the number of lead teachers and assistant teachers who left and had to be replaced in the past year. The mean turnover rate for lead teachers was 23% in centers. Forty-four percent (44%) of centers experienced a lead teacher turnover rate of less than 10%. The mean turnover rate for assistant teachers was 37% in centers. Thirty-nine percent (39%) of centers experienced an assistant teacher turnover rate of less than 10%.

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<sup>a</sup> Throughout this report, we present the median in addition to the mean and range when some of the values are very high.

**Table 3. Group Size and Ratios (Number of Children per Adult) by Age of Most Children in Classroom**

<b>Group Size</b>	<b>Number of Class-rooms</b>	<b>Mean</b>	<b>Range</b>	<b>DECAL Allowable Maximum</b>
Infants (less than 12 months)	21	5.1	2.7 to 9.0	12
One-year-olds (12 to 23 months)	48	7.4	2.8 to 17.3	16
Two-year-olds (24 to 35 months)	34	8.2	4.3 to 21.0	20
Three-year-olds (36 to 47 months)	65	11.0	3.8 to 24.0	30
Four & Five-year-olds (48 to 71 months, not in school)	35	13.7	6.0 to 24.3	36–40
<b>Ratios</b>				
Infants (less than 12 months)	21	3.6	2.1 to 6.5	6
One-year-olds (12 to 23 months)	48	4.8	1.6 to 8.6	8
Two-year-olds (24 to 35 months)	34	5.2	2.4 to 10.3	10
Three-year-olds (36 to 47 months)	65	7.9	3.8 to 13.5	15
Four & Five-year-olds (48 to 71 months, not in school)	35	8.5	5.4 to 13.8	18–20

## Classroom Quality

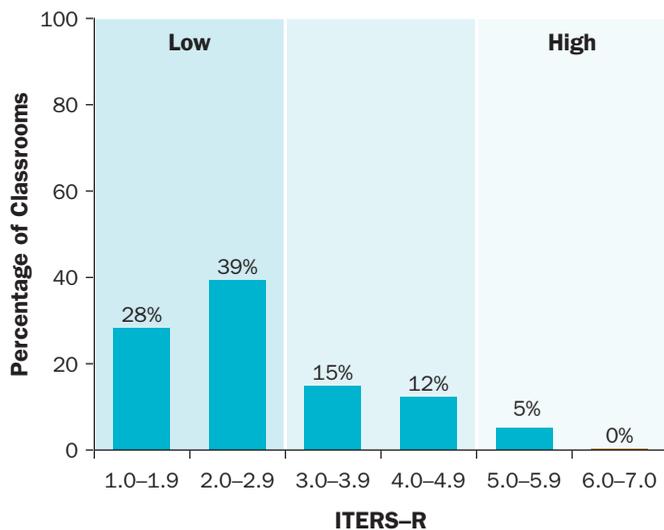
This section includes information about the observed quality of classrooms and is organized by the age of the children in the classroom: infant/toddler or preschool.

### Infant/Toddler Classroom Quality

The *Infant/Toddler Environment Rating Scale–Revised* was used to measure the observed global quality of early care and education. Of the 97 ITERS–Rs conducted, 22% were in a class where most of the children were less than 12 months old; 51% were in a class where most children were 12 to 23 months old, and 27% were in a class where most children were 24 to 30 months old.

In the current study, the mean ITERS–R total score in infant/toddler classrooms was 2.74 (standard deviation or SD = 1.12, range = 1.27 to 5.97). As evident in Figure 1, 67% of the infant-toddler classrooms were rated as low quality (i.e., ITERS–R scores < 3.0). Mean scores across the ITERS–R subscales were generally in the low quality range (see Table 4).

**Figure 1. Quality of Infant/Toddler Classrooms in Child Care Centers (ITERS–R total mean = 2.74)**



**Table 4. ITERS–R Subscale Scores in Infant/Toddler Classrooms**

Subscale	Mean	Range
Space and Furnishings	3.52	1.40 – 6.40
Personal Care Routines	2.07	1.00 – 6.17
Listening and Talking	2.77	1.00 – 7.00
Activities	2.76	1.22 – 6.11
Interaction	3.02	1.00 – 7.00
Program Structure	2.30	1.00 – 7.00

**Preschool Classroom Quality**

This study included two measures of classroom quality in all preschool classes: the *Early Childhood Environment Rating Scale–Revised* and the *Early Language and Literacy Classroom Observation: Pre-K*.

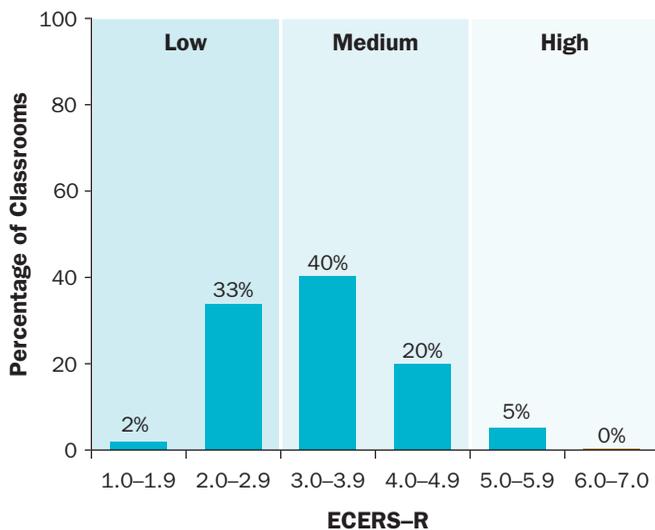
The *Early Childhood Environment Rating Scale-Revised* was used to measure the global quality of preschool classrooms. Of the 108 ECERS–Rs conducted in center-based preschool classrooms, 7% were in classes that served mostly 2-year-olds, 60% were in classes that served mostly 3-year-olds, 29% were in classes that served mostly 4-year-olds, and 4% were in classes that served mostly 5-year-olds, not yet in kindergarten.

The mean ECERS–R total score in preschool classrooms was 3.39 (SD = 0.86, range = 1.86 to 5.97). As evident in Figure 2, 60% of preschool classrooms were rated as having medium quality (i.e., ECERS–R scores between 3.0 and 4.99). With the exception of Personal Care Routines, the ECERS–R mean subscale scores were consistently in the medium quality range (see Table 5).

The Language and Literacy subscale of the *Early Language and Literacy Classroom Observation: Pre-K* was used to measure the early language and literacy environment of preschool classrooms.

The mean ELLCO Language and Literacy subscale score was 2.39, with a range from 1.17 to 3.75. Eighty percent (80%) of the preschool classrooms were rated as having less than “basic” practice (i.e., scores < 3.0) supporting children’s language and literacy skills (see Figure 3).

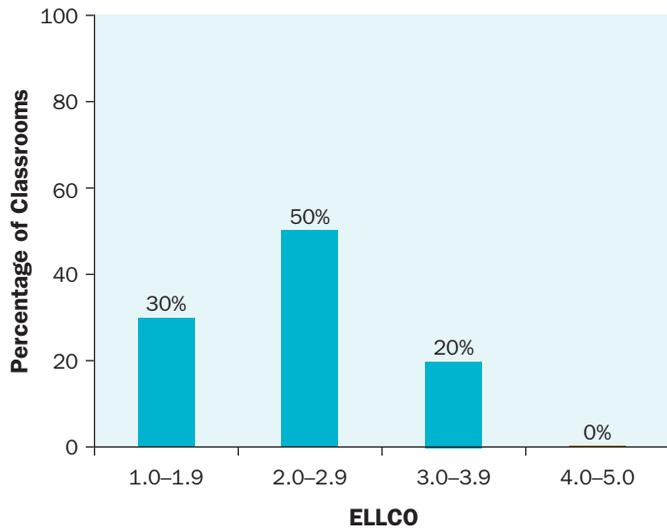
**Figure 2. Quality of Preschool Classrooms in Child Care Centers (ECERS–R total mean = 3.39)**



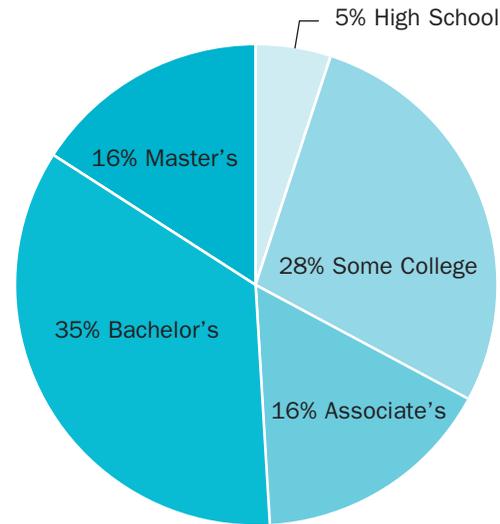
**Table 5. ECERS–R Subscale Scores in Preschool Classrooms**

Subscale	Mean	Range
Space and Furnishings	3.92	2.25 – 6.38
Personal Care Routines	2.32	1.17 – 5.67
Language-Reasoning	3.73	1.50 – 7.00
Activities	3.02	1.30 – 5.80
Interaction	4.02	1.00 – 6.80
Program Structure	3.78	1.00 – 6.67

**Figure 3. ELLCO Language and Literacy Environment in Preschool Classrooms (mean = 2.4)**



**Figure 4. Education Level of Directors**



## Education and Professional Development

This section of the report provides information about the highest level of education, major, and professional development experiences for program directors, lead teachers, and assistant teachers.

### Directors

- **Education:** Fifty-one percent (51%) of directors held at least a Bachelor's degree (see Figure 4). No director had less than a High School diploma.
- **Major:** Twenty-six percent (26%) of center directors had a degree (Associate's, Bachelor's, or Master's degree) in early childhood education (see Table 6).
- **Experience:** On average, center directors reported 15 years of experience working in child care (median = 14, range = 1 to 36).
- **Professional Development Hours:** Center directors reported participating in a mean of 26 hours of in-service training in the past year (median = 19, range = 0 to 145).
- **Professional Development Content:** The most common in-service training topics reported by center directors were health and safety practices; classroom management/discipline; and observing, assessing, and documenting children's progress and development. Table 7 shows the frequency with which center directors reported participating in various professional development topics.

**Table 6. Highest Degree and Major for Center Directors**

Degree	
Associate's degree with major in early childhood	7%
Bachelor's degree with major in early childhood	11%
Graduate degree with major in early childhood	8%
Other education major, any degree	10%
Other non-education major, any degree	31%
No Associate's, Bachelor's or Graduate degree	33%

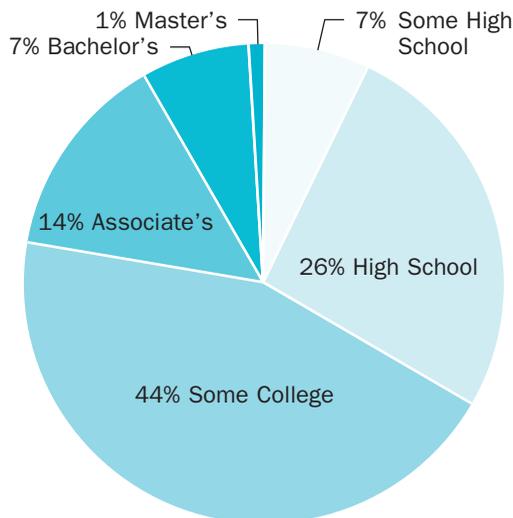
**Lead Teachers**

- **Education:** In infant/toddler classes, 33% of lead teachers had a high school diploma or less, and 23% had an Associate’s degree or higher. In preschool classes, 22% of lead teachers had a high school diploma or less, and 33% of lead teachers had an Associate’s degree or higher (see Figure 5 and Figure 6).
- **Major:** Ten percent (10%) of infant/toddler lead teachers majored in early childhood education; 16% of preschool teachers majored in early childhood education (see Table 8).
- **Experience:** Lead teachers of infant/toddler classes reported a mean of 8 years of experience working in child care (median = 6, range = 0 to 35). Preschool teachers reported a mean of 10 years of experience working in child care (median = 8, range = 0 to 37).
- **Professional Development Hours:** Lead teachers of infant/toddler classes reported participating in a mean of 15 hours of in-service training in the past year (median = 10, range = 0 to 134). Thirty-six percent (36%) of infant/toddler lead teachers reported participating in fewer than the 10 hours required

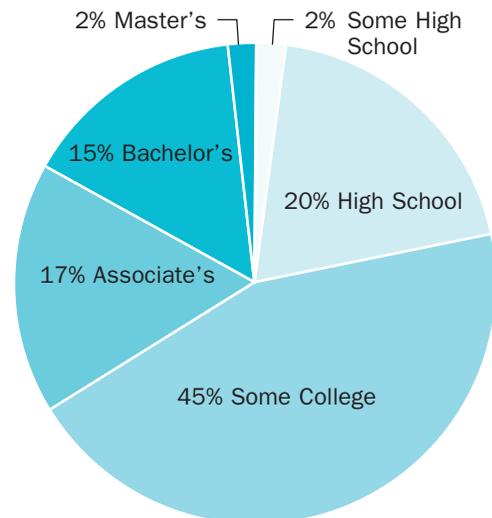
**Table 7. In-Service Training Topics for Center Directors in the Past Year**

About Children	
Health and safety practices	83%
Classroom management/discipline	73%
Observing, assessing, and documenting children’s progress and development	73%
Social-emotional development	71%
Early language and literacy	63%
Using a curriculum	59%
Working with children with special needs	55%
Physical activity	52%
Working with children and families from different cultures and races	44%
Early science	40%
Early math	37%
Working with English Language Learners	19%
About Adults	
Managing conflicts in a professional manner	57%
Nutrition education for employees	34%
Wellness education for employees	27%

**Figure 5. Education Level of Infant/Toddler Lead Teachers**



**Figure 6. Education Level of Preschool Lead Teachers**



by the state, 28% reported participating in exactly 10 hours, and 36% reported participating in more than 10 hours.

Lead teachers of preschool classes reported participating in a mean of 19 hours of in-service training in the past year (median = 11, range 0 to 400). Twenty-four percent (24%) of preschool lead teachers reported participating in fewer than the 10 hours required by the state, 26% reported participating in exactly 10 hours, and 50% reported participating in more than 10 hours.

- **Professional Development Content:** Lead teachers also reported the content of in-service training in which they participated during the past year. The most common topic among infant/toddler and preschool lead teachers was child health and safety. Table 9 shows the percentage of lead teachers who participated in in-service training about various topics during the past year.

### **Assistant Teachers**

Most classes had at least one assistant teacher<sup>b</sup> (55% of infant/toddler classes, 62% of preschool classes). A few classes had more than one assistant teacher (19% of infant toddler classes, 15% of preschool classes).

- **Education:** In infant/toddler classes, 20% of assistant teachers had an Associate's degree or higher. In preschool classes, 30% of assistant teachers had an Associate's degree or higher (see Figure 7 and Figure 8).
- **Major:** In both infant/toddler and preschool classrooms, less than 15% of assistant teachers majored in early childhood education (see Table 10).
- **Experience:** Assistant teachers of infant/toddler classes reported a mean of 8 years of experience working in child care (median = 5, range = 0 to 50). Assistant teachers in preschool classes reported a mean of 7 years of experience working in child care (median = 6, range = 0 to 35).
- **Professional Development Hours:** Assistant teachers of infant/toddler classes reported participating in a mean of 17 hours of in-service training in the past year (median = 10, range = 0 to 180). Forty-two percent (42%) of infant/toddler assistant teachers reported participating in fewer than the 10 hours required by the state, 17% reported participating in exactly 10 hours, and 42% reported participating in more than 10 hours. Assistant teachers of preschool classes

<sup>b</sup> For purposes of this report, we defined 'assistant teacher' as any paid adult other than the lead teacher who was present in the classroom on the day that the observers visited. In cases where there was more than one assistant in a classroom, the education, major, experience, and professional development activities of the assistant who reported spending the most hours in the past week in that class are reported.

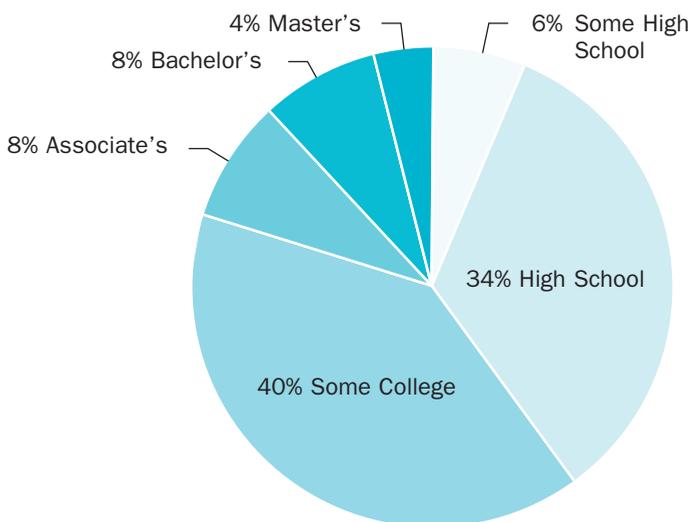
**Table 8. Highest Degree and Major for Lead Teachers**

	Infant/ Toddler	Pre- school
Associate’s degree with major in early childhood	7%	11%
Bachelor’s degree with major in early childhood	2%	4%
Graduate degree with major in early childhood	1%	1%
Other education major, any degree	2%	5%
Other non-education major, any degree	10%	13%
No Associate’s, Bachelor’s, or Graduate degree	77%	67%

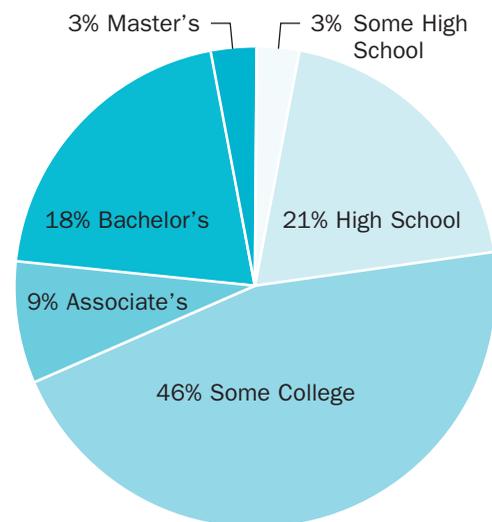
**Table 9. In-Service Training Topics for Lead Teachers in the Past Year**

	Infant/ Toddler	Pre- school
<b>About Children</b>		
Health and safety practices	82%	82%
Classroom management/discipline	68%	68%
Observing, assessing, and documenting children’s progress and development	58%	53%
Social-emotional development	65%	71%
Early language and literacy	39%	52%
Using a curriculum	54%	70%
Working with children with special needs	35%	44%
Physical activity	53%	50%
Working with children and families from different cultures and races	45%	47%
Early science	19%	37%
Early math	19%	32%
Working with English Language Learners	16%	24%
<b>About Adults</b>		
Managing conflicts in a professional manner	39%	40%
Nutrition education for employees	23%	37%
Wellness education for employees	30%	29%

**Figure 7. Education Level of Infant/Toddler Assistant Teachers**



**Figure 8. Education Level of Preschool Assistant Teachers**



**Table 10. Highest Degree and Major for Assistant Teachers**

	Infant/ Toddler	Pre- school
Associate's degree with major in early childhood	6%	7%
Bachelor's degree with major in early childhood	2%	4%
Graduate degree with major in early childhood	2%	1%
Other education major, any degree	2%	4%
Other non-education major, any degree	8%	12%
No Associate's, Bachelor's, or Graduate degree	81%	70%

**Table 11. In-Service Training Topics for Assistant Teachers in the Past Year**

	Infant/ Toddler	Pre- school
<b>About Children</b>		
Health and safety practices	77%	74%
Classroom management/discipline	57%	62%
Observing, assessing, and documenting children's progress and development	47%	57%
Social-emotional development	57%	65%
Early language and literacy	30%	50%
Using a curriculum	53%	59%
Working with children with special needs	34%	43%
Physical activity	40%	57%
Working with children and families from different cultures and races	36%	50%
Early science	25%	32%
Early math	23%	32%
Working with English Language Learners	19%	31%
<b>About Adults</b>		
Managing conflicts in a professional manner	30%	49%
Nutrition education for employees	30%	35%
Wellness education for employees	23%	34%

reported participating in a mean of 22 hours of in-service training in the past year (median = 10, range = 0 to 180). Twenty-six percent (26%) of preschool assistant teachers reported participating in fewer than the 10 hours required by the state, 26% reported participating in exactly 10 hours, and 47% reported participating in more than 10 hours.

- **Professional Development Content:** The most common in-service training topic reported among assistant teachers in infant/toddler and preschool classrooms was health and safety practices. Table 11 shows the percentage of assistant teachers who participated in in-service training around various topics during the past year.

## Program Characteristics and Services

This section of the report includes information about program-level characteristics, such as the use of curricula and family support activities.

### Curricula and Child Assessments

Most directors reported that a curriculum was used in their program. According to directors, 74% of infant classes, 89% of toddler classes, and 94% of preschool classes used a curriculum. The most commonly reported curricula in infant, toddler, and preschool classes were Creative Curriculum, HighReach Learning, Pinnacle, and High/Scope (see Table 12).

Overall, 89% of center directors reported that their program used some kind of assessment of young children to help teachers plan for or adapt their teaching. According to directors, 43% of infant classes, 60% of toddler classes, 77% of preschool classes used assessment to help guide instruction. The most commonly used assessments for this purpose in centers were a written record or informal notes of teacher observations, Georgia's Pre-K Assessment, and the Creative Curriculum Development Continuum Assessment.

Thirty-nine percent (39%) of center directors reported having written documentation of individual children's progress/learning for all children.

### Screenings

Some programs have children's vision, hearing, teeth, or general development checked or screened. The program can do this or work with someone from the health department or other community group to come to the center to do the screenings. Table 13 shows the percentage of programs that reported providing these services.

Among the 35% of centers that conducted learning/development screenings, nearly half (46%) reported using Ages & Stages Questionnaire. Of the centers that reported conducting learning/development screenings, 46% conducted the screenings in the first 3 months of enrollment, 3% screened children within 6 months of enrollment, and 51% screened children as needed.

**Table 12. Reported Curricula Use by Age Group**

	Infants	Toddlers	Pre-school
Creative Curriculum	33%	34%	35%
HighReach Learning	11%	18%	17%
High/Scope	7%	7%	15%
A Beka	2%	7%	10%
Pinnacle	11%	12%	9%
Montessori	2%	5%	6%
Scholastic	1%	1%	2%
Blueprint	0%	0%	1%
OWL	0%	0%	0%
Bank Street	0%	0%	0%
Other	18%	23%	25%
None	26%	11%	6%

**Table 13. Screenings Conducted in Centers**

	Percentage of Centers
Vision	35%
Hearing	33%
Dental	29%
Learning/Development	35%

### ***Involving Families***

In order to learn about the role families play in programs, directors were asked about ways families participate; supports, information and services programs provide to families; and ways programs and families communicate.

- ***Family Participation:*** More than 75% of program directors reported that they offered families an opportunity to read to children in classrooms, participate in program activities for the whole family, or share a family or cultural tradition with children. Fewer programs (36%) reported offering parents an opportunity to serve as a member of an advisory board.
- ***Information Provided to Families:*** More than 75% of directors reported that in the past year they provided families with information about the following topics related to their children's development and health: early literacy; overall child development; general safety issues; parenting, managing challenging behaviors or positive guidance strategies; nutrition; general health and well-being of children; and dental health. Directors were less likely to provide families information about health insurance: 51% of center directors reported providing information about PeachCare for Kids, 35% provided information about Medicaid, and 26% provided information about other health coverage.
- ***Services and Supports Provided to Families:*** Seventy percent (70%) or more of the center directors reported that they provided the following services to the families they serve: help families find community activities, help families find needed social services, provide a lending library for families, and send home reading activity packs.
- ***Communicating with Families:*** Communication among teachers, programs, and families is a key to successful, high-quality experiences for children. Most center directors reported using various ways of communicating with families, including phone calls (96%), program-wide communications such as newsletters (84%), and parent conferences (69%). Of centers that offered parent conferences, 79% reported scheduling conferences two or more times per year; 12% scheduled them annually; and 9% reported that they do not schedule conferences regularly.

## Study Limitations

These data provide rich information with regard to the early care and education system in Georgia. Information was obtained from many different individuals (i.e., administrators, teachers, assistant teachers) using multiple methods (i.e., observations, interview, questionnaire, review of documents).

The information in this study, however, is not perfect. For instance, some data are from teachers' answers to written surveys where sometimes questions are misread or misunderstood. Likewise, some administrators may not be aware of how programs are funded or managed, possibly leading to some mistakes when reporting on issues such as profit versus not-for-profit or Head Start participation. All data collectors were trained to a high level of reliability on the classroom observation measures. Nonetheless, observational measures always contain a certain amount of observer error. Further, there is high probability that higher quality programs were more likely to participate than lower quality. Thus, the findings may be somewhat higher/better than that found in the general population. Readers should keep these study limitations in mind when interpreting the findings. Even with these cautions, though, we believe the study provides important information about the quality of early care and education and services in licensed child care centers throughout the state of Georgia.

## Conclusions and Recommendations

This report focuses on the findings from the sample of child care centers included in the statewide study. A companion report, *Georgia Study of Early Care and Education: Findings from Georgia's Pre-K Program*, describes the quality of Georgia's Pre-K programs (in both centers and schools). Please read both reports to understand the quality of care in child care centers and Georgia's Pre-K programs serving young children in Georgia.

### **Findings from this study suggest that administrators and teachers in licensed child care centers are working hard to serve young children and their families.**

Almost all of the programs met or exceeded the basic state licensing requirements for group size and ratio of children per adult. About one-third of infant/toddler teachers and one-half of preschool teachers participated in more than the required hours of professional development in the past year. Most program administrators reported using a curriculum in their program. Most also reported providing a range of services and supports to the families they serve.

**The findings of this study underscore the need for improving the quality of center-based care for children across Georgia.** The data from this study suggest that very few young children receive the care that is generally considered "high" quality. Specifically, only 5% of infant/toddler classrooms and 5% of preschool classrooms were rated as high quality (i.e., ITERS-R or ECERS-R mean total score  $\geq 5$ ). If Georgia wants to support young children's development and success in school, many more child care classrooms need to provide high quality care.

Of equal, if not greater concern, is the percentage of classrooms rated as having "low" quality of care. Thirty-five percent (35%) of preschool classrooms and 67% of infant/toddler classrooms were rated as having low quality (i.e., ITERS-R or ECERS-R mean total score  $< 3$ ). Children in these classrooms likely experience environments that are inadequate for their health and safety and do not promote their cognitive and social emotional development. Although every classroom is unique, looking at the subscale scores suggests that these low quality classrooms are generally characterized by all of the following: children likely have few toys that are appropriate for their age, teachers' expectations about children's behavior are likely inappropriate (e.g., expect children to sit still for long periods of time), teachers' language is likely to be used to control children's behavior (e.g., "stop" "come here") rather than for learning (e.g., "Do you want the *green* or *blue* ball?"), multiple safety hazards exist (e.g., unprotected electrical outlets, staples on the floor, outdoor surfaces not cushioned to protect against possible falls), and adults and children do not follow recommended health practices (e.g., washing hands thoroughly to prevent the spread of germs).

Similar findings of low quality were evident in the more specific measure of quality related to children's language and literacy. The data from the ELLCO suggest that most preschool children are not in environments that support their language/literacy skills. None of the preschool classrooms in child care centers were in the "strong" or "exemplary" categories on the ELLCO Language and Literacy Environment. Eighty percent of preschool classrooms were, in fact, rated as having "deficient" or "inadequate" language and literacy practices.

**Additional efforts are needed to improve the quality of infant/toddler center-based care in Georgia.** The fact that two-thirds of infant/toddler classrooms in the study were rated as low quality is particularly troubling. With research documenting the importance of early brain development,<sup>16</sup> it seems especially important to strengthen the quality of center-based care for infants and toddlers in Georgia.

**Continued education and professional development are important strategies for improving the quality of care for Georgia's children in child care centers.** The variability among teacher education levels will require careful planning of the specific in-service professional development efforts and supports that best match a teacher's needs for strengthening her teaching practices. Extra supports may be needed to meet the needs of the sizable portion of teachers without degrees beyond high school. Of lead teachers, 77% in infant/toddler classrooms and 67% in preschool classrooms did not have an Associate's, Bachelor's, or Graduate degree. Of assistant teachers, 81% in infant/toddler classrooms and 70% in preschool classrooms did not have an Associate's, Bachelor's, or Graduate degree. With so many classrooms in the low quality range, special supports also may be needed to first emphasize basic health and safety issues of caring for young children as well as a general understanding of appropriate expectations for young children.

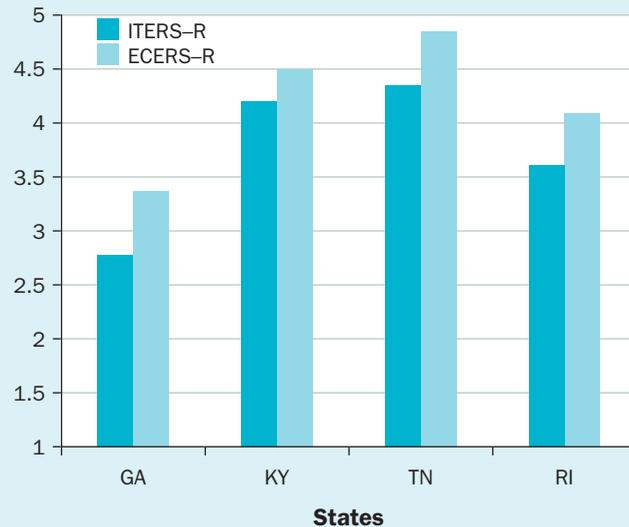
The amount and quality of professional development may also need to be improved. For example, although most directors (63%) and preschool teachers (52%) reported receiving in-service training related to language and literacy in the past year, the data suggest that the in-service training has not yet translated into literacy-rich classroom environments and teaching practices. It is likely that more or different professional development and supports are needed to ensure that children have the materials, activities, and experiences necessary to support their language and literacy development. As another example, many teachers reported participating in more than the required annual in-service training hours, and yet quality of care was still in the low to medium range. It may be useful for DECAL to examine the existing training and technical assistance supports offered to child care center teachers and make revisions, moving toward building a system of professional development that is aligned with the state's early learning standards and goals for quality improvement and is guided by research on effective training and technical assistance.<sup>17, 18, 19</sup>

**The quality of center-based care in Georgia is lower than that in some other states.**

Figure 9 provides ITERS–R and ECERS–R data from three other states: Kentucky, Tennessee, and Rhode Island.<sup>c</sup> The states included for comparison were chosen carefully. Many studies of child care rely on samples of convenience or of a specific sub-population (e.g., those applying for a high level on a state’s rated licensure). Such samples do not reflect the broader early care and education system. Tennessee data are from the entire population of licensed centers (and therefore representative of the child care system). The data from Kentucky and Rhode Island were obtained from randomly selected programs across those states (their sample sizes were smaller than the sample size in the current study). Although no state is exactly like any other state in terms of their investments in child care quality, child population, or political context, these other state scores help place the Georgia findings in a broader context.

Data from North Carolina and Tennessee document that improvements in quality are possible with investments over time. When Smart Start first began in North Carolina in 1994, a study of 180 preschool classrooms across the state found that only 13% were of high quality. Five years later, 29% of 133 preschool classrooms visited were rated as high quality.<sup>23</sup> When Tennessee first began its Report Card and Star Quality Program, 31% of centers were rated as high quality. Seven years later, 46% of centers were rated as high quality.<sup>24</sup> These documented changes in quality demonstrate the improvements possible when investments are made to strengthen the quality of care.

**Figure 9. Cross-State Comparisons of Center-Based Quality: Mean ECERS–R and ITERS–R Scores**



**Kentucky:** These data were collected in 2007–08 from 39 infant/toddler classrooms and 61 preschool classrooms in a sample of 99 randomly selected licensed centers.<sup>20</sup>

**Tennessee:** These data were collected in 2007–08 as part of the TN STARS program from all licensed child care centers (1,315 infant/toddler classrooms and 1,972 preschool classrooms).<sup>21</sup>

**Rhode Island:** These data were collected in 2008–09 from 50 randomly selected infant/toddler classrooms and 50 randomly selected preschool classrooms.<sup>22</sup>

<sup>c</sup> Figure 9 presents mean ITERS–R and ECERS–R data. It is important to note that there is variability in quality within each state.

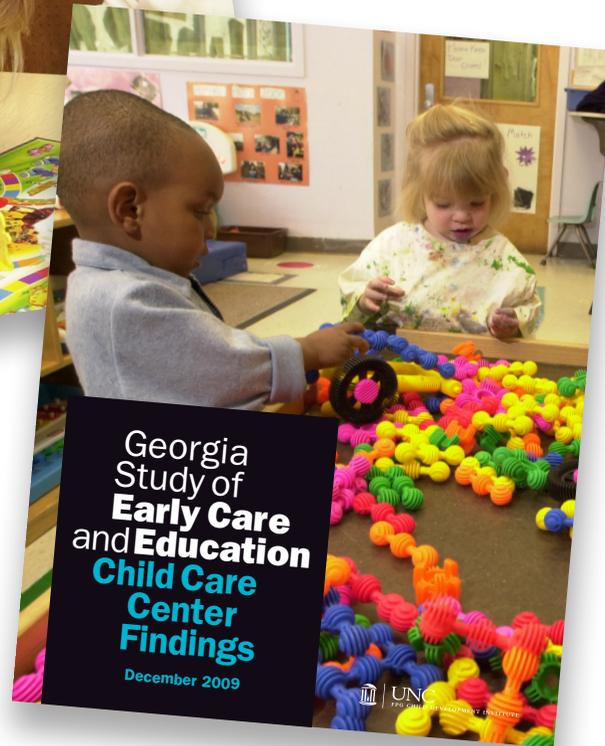
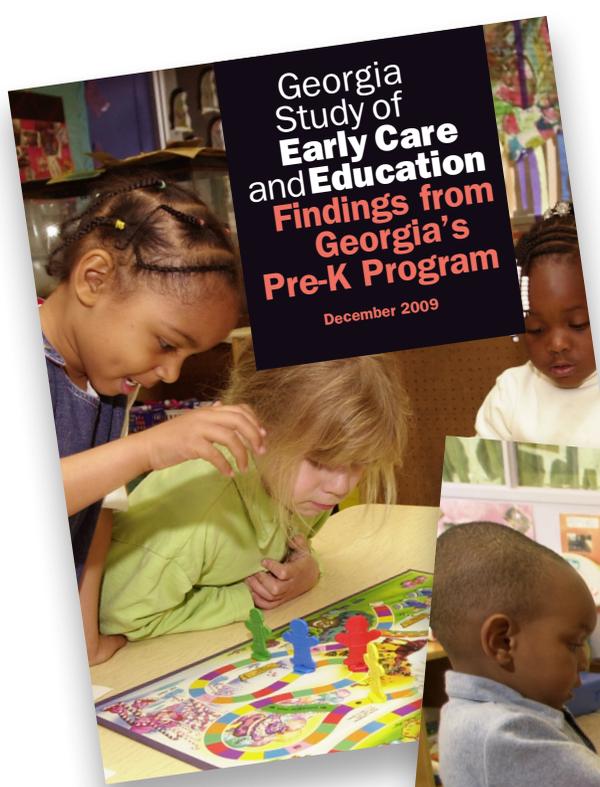
**In closing, Bright from the Start: the Department of Early Care and Learning should be commended for conducting a statewide representative study of child care and Georgia’s Pre-K.** This study provides objective information about the range of quality in centers and pre-k programs across the state. We hope that these study findings will inform policymakers as they develop strategies and make decisions about investments to maximize the quality of care for Georgia’s young children. Multiple strategies will likely be needed to improve the quality of center-based care, such as continued education, training and technical assistance for teachers and administrators; licensing revisions; teacher compensation initiatives; and program incentives for quality improvement.<sup>25</sup> Finally, we hope that these findings will provide important baseline data from which to measure Georgia’s future investments in improving the quality of care for young children.

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In 2008–09, FPG Child Development Institute conducted a statewide study of randomly selected licensed child care centers and Georgia’s Pre-K programs, collecting data on the observed classroom quality and characteristics of these programs. Findings from this study are described in two reports. The report *Georgia Study of Early Care and Education: Child Care Center Findings* describes the overall study and summarizes results for infant, toddler, and preschool classrooms (other than Georgia’s Pre-K) in child care centers. The report *Georgia Study of Early Care and Education: Findings from Georgia’s Pre-K Program* describes the overall study and summarizes results from Georgia’s Pre-K classes in schools and child care centers. Please read both reports to understand the quality of early care and education in child care centers and Georgia’s Pre-K programs serving Georgia’s young children.