Partnerships for Early Learners: Quality Improvement Findings and Strategy Recommendations—FINAL PAPER

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## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>1</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>2</td>
</tr>
<tr>
<td>Project Approach</td>
<td>2</td>
</tr>
<tr>
<td>Indiana Context</td>
<td>2</td>
</tr>
<tr>
<td>Indiana’s Quality ECE Landscape</td>
<td>3</td>
</tr>
<tr>
<td>ECE Program Quality: Understanding the Problem</td>
<td>3</td>
</tr>
<tr>
<td>Summary of Subgoals, Strategies, and Approaches</td>
<td>4</td>
</tr>
<tr>
<td>Geographic Targeting</td>
<td>5</td>
</tr>
<tr>
<td>“Pathways to the Goal”: A Strategy Decision-Making Tool</td>
<td>6</td>
</tr>
<tr>
<td>Challenges</td>
<td>6</td>
</tr>
<tr>
<td>Overview</td>
<td>8</td>
</tr>
<tr>
<td>Approach</td>
<td>8</td>
</tr>
<tr>
<td>Indiana Context</td>
<td>10</td>
</tr>
<tr>
<td>Indiana Family Demographics</td>
<td>10</td>
</tr>
<tr>
<td>Indiana’s Quality ECE Landscape</td>
<td>11</td>
</tr>
<tr>
<td>ECE Program Quality: Understanding the Problem</td>
<td>13</td>
</tr>
<tr>
<td>Quality Improvement Subgoal 1: Increase Engagement of Providers in PTQ</td>
<td>15</td>
</tr>
<tr>
<td>What Do the Literature and National Experts Say About Engaging Providers in QRIS?</td>
<td>15</td>
</tr>
<tr>
<td>Why Do Indiana Providers Participate in PTQ?</td>
<td>17</td>
</tr>
<tr>
<td>What Are the Barriers to Participation in PTQ?</td>
<td>17</td>
</tr>
<tr>
<td>What Do Indiana State Stakeholders Say About Increasing Provider Participation in PTQ?</td>
<td>18</td>
</tr>
<tr>
<td>Strategy Recommendations</td>
<td>19</td>
</tr>
<tr>
<td>Quality Improvement Subgoal 2: Increase Providers PTQ Ratings</td>
<td>21</td>
</tr>
<tr>
<td>What Do the Literature and National Experts Say About Ways to Improve Quality and QRIS Ratings?</td>
<td>21</td>
</tr>
<tr>
<td>What Do Indiana Stakeholders Say About Ways to Improve Quality and PTQ Ratings?</td>
<td>22</td>
</tr>
<tr>
<td>What Indiana Programs Moves Up the PTQ Rating Ladder?</td>
<td>25</td>
</tr>
<tr>
<td>Strategy Recommendations</td>
<td>27</td>
</tr>
</tbody>
</table>
Quality Improvement Subgoal 3: Use PTQ to Influence Parental Child Care Choices ..........30
How Do States Engage Families in QRIS? .................................................................30
How Do Indiana Parents Define Quality and Choose Child Care? ..................................30
What Do Parents Say About PTQ? ..............................................................................31
Strategy Recommendations .........................................................................................32
Additional Strategies for Consideration .......................................................................34
Revisit PTQ Rating Criteria .......................................................................................34
Additional Guidance .................................................................................................35
  Funding ECE Programs to Increase Their PTQ Quality Level ......................................35
  Potential Funding Sources and Strategies ...................................................................36
  Geographic Targeting .................................................................................................38
Summary .....................................................................................................................40
  Summary of Strategy Recommendations ....................................................................40
  “Pathways to the Goal”: A Strategy Decision-Making Tool .........................................43
  Challenges ...............................................................................................................43
References .................................................................................................................49
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We would also thank the Indiana Early Childhood community, including staff from Indiana Family and Social Services Administration Office of Early Childhood and Out-of-School Learning, Department of Education, Indiana Association for Child Care Resource and Referral, the local Child Care Resource and Referral networks, as well as program directors, funders, coaches, principals, educators, family members, and other stakeholders across the state for their generous responses to our calls for information about Indiana’s Paths to QUALITY™ and Indiana’s early childhood education context quality. Their responsiveness and availability to complete numerous surveys and telephone interviews was greatly appreciated. Without their gracious participation, the rich information to support this project would not have been possible.

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We greatly appreciate the leadership and availability of staff Kent Mitchell and Lamont Hulse at Early Learning Indiana. We are grateful for their genuine interest, collaboration, and passion for this work.
Executive Summary

This paper was prepared by American Institutes for Research (AIR), a not-for-profit corporation with more than 60 years of experience in education-related research and development projects, under contract for Early Learning Indiana (ELI). AIR was contracted to develop a strategy paper for the quality improvement component of their Partnerships for Early Learners five-year initiative. With the generous support of the Lilly Endowment, this five-year initiative of ELI aims to ensure that more of Indiana's children, from birth to five, are connected with a high-quality program by 2020.\(^1\) This paper focuses on the quality improvement component. According to ELI’s logic model for the initiative\(^2\) the quality improvement goal is for 400 child care programs statewide to advance their levels of quality, as measured by the Paths to QUALITY™ rating system. Secondary goals include enhancing Paths to QUALITY™ (PTQ) and supporting continuous quality improvement activities among programs. Other components of the Partnerships for Early Learners initiative, with additional goals to support ELI’s 2020 vision includes capacity-building, parent engagement, workforce development, and innovative partnerships.

It is our understanding that ELI will use this paper, in addition to other resources and work products that were developed as companions to this public strategy paper, to filter through their own knowledge base, to inform their perspectives on the needs and opportunities that exist, and to create a detailed strategic plan that they will make actionable based on their own priorities and resources.

Project Approach

To support ELI’s quality improvement goal, we used a mixed-method approach to gather information, opinions, and research-based evidence about strategies that ELI could utilize to achieve their goal. Our approach involved the collection of both qualitative and quantitative data using document review, interview, surveys, case studies, and site visits in order to get a wide range of perceptions and understanding about the challenges, opportunities, and potential approaches to increase 400 early care programs PTQ ratings, enhance PTQ, and support continuous improvement activities among programs. We began by collecting information on the existing Indiana context and the research and practice evidence-base on quality improvement strategies. To inform suggested strategies for ELI, we also sought the opinions of national experts as well as state stakeholders, including state administrators, early care and education (ECE) providers, technical assistance providers, funders, and parents. ELI staff also provided resources, information, and input to the AIR team on the types of strategies that were of most interest to them and that they wanted to see represented in this paper.

Indiana Context

Indiana is home to 508,938 children ages birth to five years old, and the majority of young children (birth to age 11 years) are white (73.4 percent), followed by black (13.0 percent), and Hispanic (11.1 percent) (Puzzanchera, Sladky, & Kang, 2014).

\(^1\) More information on Partnerships for Early Learners can be found at http://partnershipsforearlylearners.org/.

\(^2\) Logic model version provided by ELI on April 21, 2015, at the Partnerships for Early Learners Strategy Meeting.
From the Indiana Early Learning Needs Assessment report (IELNA report, 2015) it is estimated that almost two thirds of the young children who are less than five years of age (334,372 children) may require some type of child care because all available parents³ are reported in the IELNA report to be participating in the labor force (65.7 percent).⁴,⁵ There is a need for child care in quality early learning environments, and many Indiana families with young children often struggle to find the adequate child care they need. The majority of children who may be in need of care are not being served by providers in the states PTQ system. According to the IELNA report, only 23 percent (75,674 out of 334,372 children) are being provided care by PTQ-rated providers.

Indiana’s Quality ECE Landscape

A number of different ECE providers in Indiana are operating in homes, schools, nonprofit community-based organizations, commercial organizations, and for-profit organizations with different licensing statuses (i.e., licensed child care homes, licensed child care centers, unlicensed registered child care ministries, and legally licensed exempt providers). Among these types of child care providers, many have voluntarily enrolled in Indiana’s PTQ system. Indiana’s PTQ is a Quality Rating and Improvement System (QRIS), a type of assessment system created to rate the quality of ECE programs (Faria, Hawkinson, Greenberg, Howard, & Brown, 2015). A total of 2,519 providers currently participate in PTQ, including 552 licensed centers, 1,858 family child care homes, and 109 registered ministries (Office of Early Childhood and Out of School Learning, 2015). According to the IELNA report, 91 percent of all licensed child care centers, 66 percent of all licensed family child care homes, and 11 percent of all unlicensed registered ministries in Indiana had enrolled in PTQ (Krauser, and Chaille 2015; Lopez, 2014). Thirty-five percent of PTQ participating programs are rated at a Level 3 or 4. Just less than a third of Indiana’s early child care and education childcare slots are in programs rated at Level 3 or 4 (32 percent).⁶ Only 7 percent of Indiana’s population of children ages birth to five years (36,703 out of 508,938) are participating in PTQ Quality Level 3 or 4 programs.

ECE Program Quality: Understanding the Problem

The ECE market is an imperfect market, that is, a market in which the consumers do not consistently understand the importance of program and classroom quality and do not have complete, accurate information about the quality of the services they are purchasing (Blau, 2001). As a result, the supply of quality care is inadequate. Policymakers developed QRISs to ameliorate this market failure and increase accountability among ECE providers. Their expectation was that parents would select higher quality care arrangements if they had better access to transparent information on child care quality. Little evidence is available to indicate the extent to which QRISs have influenced parents’ child care decisions. Furthermore, QRISs do

³ Both parents if a child is in a two-parent home, or custodial parent if child is in a single-parent home.
⁴ For children living in a married-couple family, this means that both parents are in the labor force. For children living in a single-parent family, this means the resident parent is in the labor force. The civilian labor force includes persons who are employed and those who are unemployed but looking for work.
have their limitations. Results from validation studies suggest that QRIS ratings are inconsistently linked to child outcomes.

**Summary of Subgoals, Strategies, and Approaches**

Based on the information we gathered through literature, interviews, and surveys with national experts and stakeholders, we recommend four subgoals, five strategies, and 17 approaches to accomplish ELI’s overarching goal of increasing 400 early care programs, improving the PTQ system, and undertaking continuous quality improvement activities. All of these strategies can be implemented within the next 4 years of the initiative. Some approaches can be implemented within the year, and others over the next 1–4 years.

**Exhibit A. Proposed Subgoals, Strategies, and Approaches**

<table>
<thead>
<tr>
<th>Subgoals</th>
<th>Strategies</th>
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</tr>
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<tbody>
<tr>
<td><strong>Increase Engagement of Providers in PTQ</strong></td>
<td>Support provider engagement in the PTQ through information, incentives and technical assistance.</td>
<td>1. Develop and support community forums and statewide summits.</td>
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<td>2. Develop and support financial incentives.</td>
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<td>3. Provide program-level technical and financial assistance.</td>
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<td><strong>Increase Providers PTQ Ratings</strong></td>
<td>Support and refine coaching approaches for Indiana ECE providers.</td>
<td>4. Standardize the coaching model for providers.</td>
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<td>5. Offer professional development to coaches.</td>
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<td>6. Increase continuity of coach-program relationships.</td>
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<td>7. Take a comprehensive, whole program approach to coaching, especially in centers and registered ministries.</td>
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<td>8. Target coaching to programs that are ready for change.</td>
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<td></td>
<td>Work with workforce strategy leaders on education, training, recruitment, compensation, and retention approaches.</td>
<td>9. Expand T.E.A.C.H.</td>
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<td></td>
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<td>10. Establish a wage supplement program, such as a Child Care WAGES.</td>
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<td>11. Increase online access to higher education coursework.</td>
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<td>12. Offer additional academic counseling and support to early childhood professionals through a cohort model.</td>
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<td>13. Support articulation projects to align degree requirements between associate’s and bachelor’s degrees.</td>
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<tr>
<td><strong>Use PTQ to Influence Parental Child Care Choices</strong></td>
<td>Increase families’ awareness of and access to quality child care.</td>
<td>14. Create marketing strategies to increase awareness of the PTQ system.</td>
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<tr>
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<td>15. Develop a scholarship fund for low-income families.</td>
</tr>
<tr>
<td><strong>Developing Partnerships in Communities and Schools</strong></td>
<td>Other strategies of ELI interest</td>
<td>16. Create early learning quality score cards.</td>
</tr>
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<td></td>
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<td>17. Develop partnerships with public schools using prekindergarten through third grade alignment strategies.</td>
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</tbody>
</table>
ELI has currently budgeted $6,000,000 of the Partnerships for Early Learners Initiatives budget toward the quality improvement goal. The distribution of these five strategies, as proposed, is illustrated in Exhibit B. The timeframe we propose to implement each strategy vary between one to four years.

**Exhibit B. Total Costs of Proposed Strategies and Proportion of ELI’s $6M Budget**

![Pie chart showing the distribution of strategies with 60% Supporting developing partnerships in communities and schools, 13% Supporting provider engagement in the PTQ through information, incentives and technical assistance, 12% Support and refine coaching approaches, 10% Workforce strategies on education, training, recruitment, compensation, and retention, 5% Increase families’ awareness of and access to quality.]

**Geographic Targeting**

Several sources of information could inform the selection of geographic areas for the Partnerships for Early Learners initiative. First, the availability of high-quality care—in accredited programs or programs rated at Levels 3 or 4 in PTQ—in each county gives a sense of the supply of high-quality care. Second, the IELNA report also provides information about a variety of child-level risk factors. We propose creating a composite child-level risk index for each county to prioritize counties, and also consider counties selected as finalists in the competition for On My Way Pre-K pilot. Two counties for ELI’s immediate consideration for targeting based on these methods are Vigo and Wayne counties. However, ELI may also want to consider other selection criteria, such as whether local partners in that geographic region, such as for-profit businesses, other nonprofits (e.g., United Way, advocacy organizations, schools, ministries), and local philanthropic organizations, would be interested in investing in the region and whether the county is represented by legislators who may be allies in a legislative advocacy campaign. The ability to partner with a local, community-level champion for early childhood education and child care quality will be important for success in achieving ELI’s goals in selected geographic regions.
“Pathways to the Goal”: A Strategy Decision-Making Tool

We propose that ELI prioritize those strategies that are directly related to supporting the ECE workforce, including training, education, and compensation. We also suggest ELI prioritize efforts related to supporting and refining coaching approaches, which are supportive of workforce needs. However, to achieve the Partnerships for Early Learners initiative’s overarching quality improvement goal and select their top strategies for investment, it is important for ELI to select the most appropriate and realistic pathways for a potential strategy to which accurate implementation plans can be developed and put into action. To do that, ELI will need to make a set of decisions dependent on their organization’s mission, their organization’s internal environment, and the state’s external environment. To provide guidance to ELI in deciding upon the strategies presented in this paper as they move into their next phase of formulating actionable implementation plans, we recommend the use of a decision-making tool that uses a set of criteria to calculate the viability of different quality improvement strategies. Using this “Pathways to the Goal” strategy decision-making tool will result in a score for each strategic approach proposed for the Quality Improvement component initiative, and the tool can also be used for other strategies proposed in other Partnerships for Early Learners initiative components to help guide the decision-making process about priority strategies and the allocation of resources. The tool is designed to aid with the process of prioritizing the various approaches based on both the evidenced-based and subjective perspectives of ELI staff, as well as other partners that may be engaged in creating specific strategic plans of the initiative.

Challenges

The top challenge for advancing ECE programs through the PTQ levels relates to the ECE workforce. We understand that there is a strategy paper focused on workforce issues, led by IAEYC. We encourage ELI to work with the workforce strategy leaders on education, training, recruitment, compensation, and retention challenges. In addition to workforce challenges, as currently defined, ELI’s quality improvement goal will require substantial focus on increasing the quality of family child care providers because they are the majority care type in the state and are most prevalent in the QRIS system. A challenge in focusing quality improvement efforts on family child care homes is that this sector of the market is unstable: Family child care homes go out of business more frequently than other types of child care providers and settings. Ministries and public schools may be other organizations to focus on, but as of now they represent a smaller number of organizations in PTQ. One alternative approach is to recast the quality improvement goal in terms of the number of children served and including the number of new programs enrolling in the PTQ system, rather than simply the number of programs. For example, the goal could be stated as:

- “A strategy to increase the number of new and existing early childhood programs participating in PTQ, the state’s quality rating and improvement system, in order to increase the quality of child care for 10,000 children. Also, to enhance PTQ and support continuous improvement of programs.”

Recasting the quality improvement goal in terms of number of children also aligns with Partnerships for Early Learners aim to ensure that more of Indiana’s children, from birth to five, are connected with a high-quality program by 2020 and initiative’s intended outcome that 75
percent of Indiana’s children who are enrolled in child care and preschool are in high-quality programs.

Another challenge is the political and policy environment. It is important to realize that the state is the primary child care policy actor with influence over ECE providers and the PTQ system. Without an advocacy strategy or substantial engagement from the state through other means, quality improvement efforts may be only on a small scale or unsustainable. Various political and policy factors may be at play in Indiana from the multiple perspectives of ELI and other key policy actors in the state, such as the Indiana Family and Social Services Administration Office of Early Childhood and Out-of-School Learning, Indiana Department of Education, Indiana Association for Child Care Resource and Referral, and the local Child Care Resource and Referral networks. There were concerns raised by national experts and stakeholders about the alignment and integration of goals and resources across key child care state policy actors. There were also concerns about the cohesion, integration and collaboration among the multiple actors, including ELI as a relatively new player in the statewide landscape.

An additional challenge posed by the focus on quality as rated by PTQ is that this strategy may not ultimately affect child developmental and educational outcomes.
Overview

This paper was prepared by American Institutes for Research (AIR), a not-for-profit corporation with more than 60 years of experience in education-related research and development projects, under contract for Early Learning Indiana (ELI). AIR was contracted to develop a strategy paper for the quality improvement component of their Partnerships for Early Learners five-year initiative. With the generous support of the Lilly Endowment, this five-year initiative of ELI aims to ensure that more of Indiana's children, from birth to five, are connected with a high-quality program by 2020. This paper focuses on the quality improvement component of the initiative. According to ELI’s logic model for the initiative, the quality improvement goal is for 400 child care programs statewide to advance their levels of quality, as measured by the Paths to QUALITY™ (PTQ) rating system. Secondary goals include enhancing PTQ and supporting continuous quality improvement activities among programs. Other components of the Partnerships for Early Learners initiative, with additional goals to support ELI’s 2020 vision include capacity-building, parent engagement, workforce development, and innovative partnerships.

It is our understanding that ELI will use this paper, in addition to other resources that were developed or collected as companions this public strategy paper, to filter through their own knowledge base, to inform their perspectives on the needs and opportunities that exist, and to create a detailed strategic plan that they will make actionable based on their own priorities and resources.

Approach

We used a mixed-method approach to gather information, opinions, and research-based evidence about strategies that ELI could utilize to achieve their goal. Our approach involved the collection of both qualitative and quantitative data using document review, interview, surveys, case studies, and site visits in order to get a wide range of perceptions and understanding about the challenges, opportunities, and potential approaches to increase 400 early care programs PTQ ratings, enhance PTQ, and support continuous improvement activities among programs. We began by collecting information on the existing Indiana context and the research and practice evidence-base on quality improvement strategies. To inform suggested strategies for ELI, we also sought the opinions of national experts as well as state stakeholders, including state administrators, ECE providers, technical assistance providers, funders, and parents. ELI staff also provided resources, information, and input to the AIR team on the types of strategies that were of most interest to them and that they wanted to see represented in this paper. Appendix A provides more details about our approach and sample. Based on all of the information collected, we provide a broad overview of the strategies, approaches and resources that may be necessary.

This paper starts by providing an overview of the Indiana context, including information about the population and the early childhood education (ECE) and care service sector. We then provide a discussion about the problem of increasing quality in ECE programs. Following these sections, we recommend five strategies and 17 approaches to accomplish these strategies related to four

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7 More information on Partnerships for Early Learners can be found at [http://partnershipsforearlylearners.org/](http://partnershipsforearlylearners.org/).
8 Logic model version provided by ELI on April 21, 2015 at the Partnerships for Early Learners Strategy Meeting.
key subgoals that are aligned to ELI’s overarching goal of increasing 400 early care programs and enhancing quality throughout the state. We end the paper by providing information about funding sources and strategies, geographic targeting, and challenges. We also describe a decision-making tool to help develop the pathways to their goal by using criteria to systematically prioritize and select among the 17 strategic approaches offered in the paper.
Indiana Context

Indiana Family Demographics

The Indiana Youth Institute (IYI) developed a 2015 Indiana Early Learning Needs Assessment (IELNA report; Krauser and Chaille 2015) for ELI and Indiana’s Early Learning Advisory Committee (ELAC). Relevant information from that report related to ELI’s strategic plans is summarized in this section, and more information can be accessed directly in their report. According to the report, Indiana is home to 508,938 children ages birth to five years old, and the majority of young children (birth to age 11 years) are white (73.4 percent), followed by black (13.0 percent), and Hispanic (11.1 percent) (Puzzanchera, Sladky, & Kang, 2014).

It is estimated that almost two thirds of the young children who are less than five years of age (334,372 children) may require some type of child care because all available parents are reported in the IELNA report to be participating in the labor force (65.7 percent). The IELNA report also provides information from the National Survey of Children’s Health that suggests more than a third (35.1 percent) of young children in Indiana received care from a nonrelative at least 10 or more hours and more than two in five infants in Indiana (42 percent) are cared for by a nonparent on a weekly basis. Indiana’s Early Learning Advisory Committee (ELAC) estimated two in five young children are in informal family, friend, neighbor, or other unspecified care while their parents work (39.6 percent, ages 0–5). The IELNA report suggests that there is a need for child care in quality early learning environments and that many Indiana families with young children often struggle to find the child care they need (Krauser and Chaille 2015). The majority of children who may be in need of care are not served by providers in the state’s PTQ system. According to the IELNA report, only 23 percent (75,674 out of 334,372 children) who may require care are being provided that care by PTQ-rated providers. The IELNA report states that one in six Indiana families, (16.7 percent) have had problems with child care severe enough that they have caused a parent to turn down, change, or quit a job in the past year. And the rate is higher for low-income families (26.2 percent of families under 200 percent of the federal poverty level).

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9 For children living in a married-couple family, this means that both parents are in the labor force. For children living in a single-parent family or subfamily, this means the resident parent is in the labor force. The civilian labor force includes persons who are employed and those who are unemployed but looking for work.
13 2014 Report to ELAC
The IELNA report also suggests that low-income families also have a limited ability to pay for child care, and more than two in five young Indiana children (44.9 percent of children ages 0–4) live in families whose incomes fall below 185 percent of the federal poverty level.\(^{15}\)

**Indiana’s Quality ECE Landscape**

A number of different ECE providers in Indiana are operating in homes, schools, nonprofit community-based organizations, commercial organizations, and for-profit organizations with different licensing statuses (i.e., licensed child care homes, licensed child care centers, unlicensed registered child care ministries, and legally licensed exempt providers). Among these types of childcare providers, many have voluntarily enrolled in Indiana’s PTQ system. Indiana’s PTQ is a Quality Rating and Improvement System (QRIS), a type of assessment system created to rate the quality of ECE programs (Faria, Hawkinson, Greenberg, Howard, & Brown, 2015). Indiana’s PTQ uses a four-level building block approach to calculate program rating as an approach for defining high-quality programs. A building block approach requires a program to meet the level of a certain rating in all categories to receive that rating. Providers can move up the levels of PTQ quality by meeting the required dimensions:

- Level 1 is licensing and minimum health and safety criteria.
- Level 2 adds learning environment criteria, including requirements for teacher education and training, and the classroom learning environment.
- Level 3 adds a planned curriculum, that is, the use of a written curriculum that aligns with Indiana Foundations for Young Children.
- Level 4 requires national accreditation through the National Association for the Education of Young Children, National Association for Family Child Care, or another accreditation granting organization.

Ratings are valid for one year, and then the providers reapply to support the same rating or increase their ratings.

Rates of participation in PTQ vary by provider type (Elicker, Langill, Ruprecht, Lewsader, & Anderson, 2011). A total of 2,519 providers currently participate in PTQ, including 552 licensed centers, 1,858 family child care homes, and 109 registered ministries (Office of Early Childhood and Out of School Learning, 2015). According to the IELNA report, 91 percent of all licensed child care centers, 66 percent of all licensed family child care homes, and 11 percent of all registered child care ministries in Indiana had enrolled in PTQ (Krauser, and Chaille 2015; Lopez, 2014). These PTQ participating providers have the capacity to serve a total of 95,615 children, approximately 19 percent of the children who may need early education and care in a formal setting that is defined as high-quality (PTQ Level 3 or 4).

\(^{15}\) Poverty guidelines, issued by the U.S. Department of Health and Human Services, are simplifications of the poverty thresholds that determine the official poverty rate. In 2015, a single-parent family with one child would be considered “in poverty” if its income was less than $15,930 each year, and a married couple with two children would be in poverty earning less than $24,250 each year. Data from 2009-2013 American Community Survey 5-Year Estimates, Tables B17022 & B17010 cited in IYI, 2015.
Distribution rates of the PTQ ratings also vary by provider type. Of the 2,519 programs participating in the PTQ system, 57 percent are rated at a Level 1. Of those programs rated at a Level 1, 22 percent are licensed centers, 42 percent of registered ministries, and 68 percent are licensed homes. Thirty-five percent of PTQ participating providers are rated at a Level 3 or 4. Just less than a third of Indiana’s early child care and education child care slots are in providers rated at Level 3 or 4 (32 percent). Only 7 percent of Indiana’s population of children ages birth to five years (36,703 out of 508,938) are participating in PTQ Quality Level 3 or 4 providers.

**Exhibit 1. Distribution of Quality Ratings by Provider Type of ECE Programs Serving Children Birth to Age Five Years**

Data Source: Office of Early Childhood and Out of School Learning, March 2015.

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16 Indiana Association of Child Care Resource and Referral (IACCRR), 2015 cited in IYI, 2015
ECE Program Quality: Understanding the Problem

Definitions of ECE program quality vary, depending on who is asked. As Layzer and Goodson (2006) have noted, parents’ definitions of quality often differ from those of “experts.” In addition, the aspects of ECE quality that parents’ value may not align with QRIS rating criteria. Academics and researchers typically define two key dimensions of quality in ECE programs—structural elements and process (or dynamic) elements (Espinosa, 2002; Layzer & Goodson, 2006; NICHD Early Child Care Research Network, 2002). Structural quality refers those aspects of a program that are more easily observed and regulated, such as teacher-child ratios, class size, staff education, and health and safety regulations—the physical attributes of the environment or discrete teacher characteristics. Process quality refers to dimensions that focus on the nature of interactions between teachers and children, among children, and between teachers and parents. They also refer to activities available to the children and routines in the classroom or program (Cryer, 1999). The distinction between structural and process features of quality is useful in that it can provides guidance for where to focus investments and quality improvement strategies that will make the biggest difference related to the goals of improving PTQ ratings. The research literature generally suggests that structural quality promotes process quality, which in turn is linked to better child outcomes (NICHD Early Child Care Research Network, 2002; Phillipsen, Burchinal, Howes, & Cryer, 1997).

Research suggests that parents do not accurately assess quality along the structural and process dimensions that researchers and QRISs use to measure ECE program quality. Parents place highest value on health, safety, and the quality of teacher-child interactions, according to research that asks parents directly about their priorities in selecting a child care arrangement or preschool setting (Cryer & Burchinal, 1997; Barbarin et al., 2006). The more important these aspects of quality are to parents in their choice of ECE program, the more likely the parents are to overestimate the level of health, safety, and interaction quality of their selected program (Cryer & Burchinal, 1997). In addition, parents take many other factors into account when selecting an ECE program for their young child, including cost, location, and hours (Johansen, Liebowitz, & Waite, 1996). Evidence from our ECE program site focus group interviews with Indiana parents and relative caregivers also support these findings in the literature. Economic research that examines parents’ child care choices indicates that demand for child care is very price sensitive: Parents’ demand for a particular type of care increases as price goes down, regardless of the quality of that care (Blau, 1998; Hofferth & Wissoker, 1992).

These findings support the notion that the ECE market is an imperfect market, that is, a market in which the consumers do not understand the importance of program and classroom quality and do not have complete, accurate information about the quality of the services they are purchasing (Blau, 2001). As a result, the supply of quality care is inadequate. Economist David Blau summarizes it as follows, “Child care quality is low on average because the market responds to the demands of consumers, and the average consumer demands low-quality care. That is, the average consumer is unwilling to pay enough for high-quality care to cover the cost of providing

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17 See section “How Do Indiana Parents Define Quality and Choose Child Care?” on page 30.
it” (Blau, 2001, p. 11). Market research corroborates this view because average family income in a region is a better predictor of child care fees than the cost of providing care (Stoney, 2009).

Policymakers developed QRISs to ameliorate this market failure and increase accountability among ECE providers. Their expectation was that parents would select higher quality care arrangements if they had better access to transparent information on child care quality. Little evidence is available to indicate the extent to which QRISs have influenced parents’ child care decisions. Parents still rely heavily on other source of information to select child care, especially references from friends and family (Forry, Tout, Rothenberg, Sandstrom, & Vesely, 2013).

Furthermore, QRISs do have their limitations. Results from validation studies suggest that QRIS ratings are inconsistently linked to child outcomes (Burchinal, Vandergrift, Pianta, & Mashburn, 2010; Lahti, Sabol, Starr, Langill, & Tout, 2013). The Purdue evaluation of Indiana’s PTQ indicates that children’s levels of social-emotional and cognitive development were not strongly or consistently related to PTQ rating level (Elicker et al., 2011). This finding held true regardless of children’s ages (infant or toddler versus preschool-aged), provider type, and family background. Other research studies in Colorado and Minnesota looking to validate QRIS to child outcomes have also found limited or no association between the program quality rating and child outcomes (Tout et al., 2011; Zellman, Perlman, Le, & Seetodji, 2008). On the other hand, Virginia’s validation study found an association between QRIS rating and prekindergarten children’s development of pre-literacy skills (Sabol & Pianta, 2015). Similarly, a study on Missouri’s QRIS found that children in higher rated programs developed more social and emotional skills than children in lower quality programs (Thornburg, Mayfield, Hawks, & Fuger, 2009). Program ratings were also linked to vocabulary development for children in poverty in Missouri.
Quality Improvement Subgoal 1: Increase Engagement of Providers in PTQ

What Do the Literature and National Experts Say About Engaging Providers in QRIS?

The most common approaches to recruiting providers for participation in QRIS include using website resources and written materials distributed through partner organizations, mailings, or at community-level events and conferences (Tout et al., 2010). Print, television, and radio advertisements are also used in a more limited number of states. QRIS researchers point to Indiana as a leader in engaging providers in QRIS compared to other states (Early Learning Challenge Technical Assistance Program, 2014; Tout et al., 2010). Many states also offer financial incentives to motivate and reward providers who participate in QRISs. As detailed in Exhibit 2, the most common financial incentives are tiered reimbursement and scholarships, as they are offered in 18 of 26 states with QRISs (Tout et al., 2010). Tiered reimbursement is a per-child subsidy reimbursement that increases as program quality levels increase. Tiered reimbursements are paid to programs as a whole rather than to staff. Tiered reimbursements may be structured as flat dollar amounts or percentages that vary by program type, child age, and increase with the rating levels. Among states that offer tiered reimbursement, Maryland offers the highest percentage increase of 44 percent per subsidized child served, while Indiana offers a 10 percent increase. Some states increase reimbursements only at the highest rating level, while others offer an increment for each rating level (e.g. an increase from a level 1 to a level 2 rating).

Exhibit 2. Percentage of States With QRISs That Offer Financial Incentives

<table>
<thead>
<tr>
<th>Financial Incentive</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tiered reimbursement</td>
<td>69%</td>
</tr>
<tr>
<td>Scholarships</td>
<td>69%</td>
</tr>
<tr>
<td>Quality awards</td>
<td>42%</td>
</tr>
<tr>
<td>Wage enhancements</td>
<td>23%</td>
</tr>
<tr>
<td>Retention bonuses</td>
<td>19%</td>
</tr>
<tr>
<td>Startup support</td>
<td>12%</td>
</tr>
</tbody>
</table>

Source: Tout et al., 2010.
The national experts we interviewed emphasized the importance of financial incentives in motivating providers to participate in QRIS, especially tiered reimbursement. However, some states have linked other financial incentives for staff to the QRIS. For example, two national experts recommended that states tie staff scholarship funding (T.E.A.C.H.) or wage enhancements (WAGE$) to the QRIS, such that only staff in programs that participate in the QRIS—or programs that participate and receive high ratings—are eligible to receive these incentives. Professional development and technical assistance may also be linked to the QRIS in this manner. Forty percent of the PTQ coaches who responded to Transform Consulting Group’s survey of PTQ coaches also reported they felt incentives were important to sustain their activities to help move programs up in ratings.

Experts we interviewed suggested that states should limit child care voucher use to settings that participate in QRISs and that tiered reimbursement policies should include a discount on the family fee for enrolling in a higher quality program. They recommended that providers should participate in the QRIS and be highly rated in order to be a provider through the state’s prekindergarten program. To its credit, Indiana has already implemented many of the financial incentives recommended by national experts, such as linking the QRIS ratings to tiered reimbursement (which includes a discount on the family fee) and funding for the On My Way Pre-K and Early Education Matching Grant programs. As a result, PTQ has a relatively high provider participation rate when compared to other states.

Other incentives mentioned by national experts include quality awards, scholarships, merit awards, services, programs, or technical assistance that are linked to the QRIS. Quality awards can be used to reward programs that serve high-need populations. For example, some states provide more generous quality awards to ECE programs that serve a greater percentage of low-income children receiving subsidies or that serve infants and toddlers (see Appendix B for state quality improvement award examples). In addition, merit awards have also been suggested as an incentive to programs that increase in their ratings (Tout et al., 2010). These awards are generally modest in size (between $250 and $2,500), depending on the type of program and the star level of the program.

Other examples of incentives in the ECE field include T.E.A.C.H. scholarships or professional development. Another idea offered was to sponsor a professional development conference but limit participation only to providers who are part of the QRIS. At the conference, give participants name tags that show their rating level so they can be proud of their accomplishments. Other ideas included offering mental health consultation and respite care services, which are limited to providers who are in the rating system. In some regions, United Way chapters have limited support to only providers who are part of the QRIS.
Why Do Indiana Providers Participate in PTQ?

In 2013, researchers at Purdue University conducted focus groups with staff at licensed centers, registered ministries, and family child care homes participating in PTQ, to learn more about their experiences in the PTQ system (Ruprecht, Langill, Elicker, & Anderson, 2013). The top reasons licensed centers and registered ministries gave for participation in PTQ, in order of prevalence, were (1) a desire to improve their programs and provide leadership; (2) to market their program to parents; (3) to support the accountability and quality of their staff; (4) to access professional development, classroom materials, and other resources; and (5) for public recognition. Family child care providers gave very similar reasons for participating in PTQ, although they placed greater emphasis on building the reputation and credibility of their programs.

What Are the Barriers to Participation in PTQ?

Our telephone interviews with state stakeholders suggested three key reasons why ECE providers choose not to participate in PTQ: (1) Providers may not be aware of PTQ; (2) providers may not see the value of PTQ; and (3) PTQ is too time and paperwork intensive. For example, fully enrolled ECE programs do not need PTQ to market their program to parents or enhance their reputation as a provider. Interview respondents also suggested that programs may be fearful of receiving low ratings, especially if they are currently viewed as being a high-quality program by their community without the PTQ rating. Respondents also said that participating in PTQ is too much work, especially when moving up from a Level 3 to a Level 4 where national accreditation is needed. Also, programs that are rated at Level 4 may not want to do the required peer mentoring.

Interview respondents also suggested that reasons for nonparticipation may vary by provider type. Registered ministries may not welcome the intrusion of the state in their church activities. Registered ministries face particular barriers related to facilities. Similarly, family child care providers may not want other people in their home. Also, it was suggested by respondents that some family care providers may not be committed to a career in the ECE field or see themselves as an ECE professional. As such, they may be less motivated to increase the quality of their family child care home as measured by the PTQ.

Ninety-four percent of the respondents of the survey of PTQ coaches reported that programs do not see the value in enrolling in the PTQ, which was a theme echoed in our state stakeholder interviews. Approximately 50 percent of survey respondents said providers do not know how to improve quality in their program. Approximately 40 percent of respondents said programs do not have the time to enroll in PTQ. About 30 percent of respondents said programs are not aware of PTQ. Data from our site visits suggested similar themes about the reasons why ECE providers choose not to participate in PTQ. From interviews with directors and teachers, key factors mentioned was the lack of qualified staff needed to move up in the PTQ ratings, facility issues, lack of resources to put into what was needed to participate, and no desire or need to meet PTQ requirements.
Exhibit 3. Reasons Providers Choose Not to Participate in PTQ

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No value in enrolling in PTQ</td>
<td>90%</td>
</tr>
<tr>
<td>Do not know ways to improve their quality</td>
<td>50%</td>
</tr>
<tr>
<td>Do not have time to enroll in the PTQ</td>
<td>40%</td>
</tr>
<tr>
<td>Not aware of PTQ</td>
<td>30%</td>
</tr>
<tr>
<td>Don't know why</td>
<td>20%</td>
</tr>
<tr>
<td>Do not know about accreditation</td>
<td>10%</td>
</tr>
<tr>
<td>Do not know how to enroll in PTQ</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: PTQ Coaches and Raters Survey (Lopez, 2015).

What Do Indiana State Stakeholders Say About Increasing Provider Participation in PTQ?

In our state stakeholder interviews, we asked respondents about incentives that could further increase provider participation in PTQ. Many respondents replied that providers either are or are not intrinsically motivated to increase the quality of their programs and that incentives by themselves would not make that much of a difference to increase participation rates. However, if respondents are already intrinsically motivated to increase their program quality, respondents stated that financial incentives would be one of the most effective strategies to engage providers. We also asked interview respondents about which financial incentives are the most effective, on a scale of 1 (least effective) to 3 (most effective), in motivating PTQ participation and progress through the PTQ rating ladder. As shown in Exhibit 4, respondents rated wage enhancements, scholarships to support staff higher education, and quality improvement grants as the effective incentives. Staff retention bonuses and quality awards were viewed as least effective. Interview respondents also said that providers are motivated by the receipt of coaching and other quality improvement supports that are provided through PTQ or the marketing opportunities inherent in participation.
Strategy Recommendations

Support provider engagement in the PTQ through information, incentives, and technical assistance

One subgoal to support the goal of advancing 400 programs through the PTQ rating ladder is to increase the total pool of providers enrolled in PTQ and increase the level of engagement of providers once in the PTQ system. One suggested approach for doing that is to support providers’ marketing needs, so they feel there is a great value in being part of PTQ. In addition, as one stakeholder stated, “Hoosiers also need to better understand the importance of early childhood.” Providers, parents, and all community members need to understand the benefits of quality ECE environments, beyond basic licensing safe and health requirements. Another strategy is to further supplement the financial incentives to participate and improve in the PTQ system.

- **Develop and Support Community Forums and Statewide Summits**: A fairly low-cost activity that ELI could support in order to disseminate the information about the importance of quality ECE settings across the state was the sponsoring of both local community forums and statewide early childhood summits. Local community forums may be as low as $1,000, and statewide forums may cost about $12,000 (depending on variables such as forum staffing and management, size, location, lodging, days, numbers of attendees, invitees, and honorariums). These local community forums and statewide summits could be done in partnership with a range of different organizations, including Indiana’s Family and Social Services Administration (FSSA), Department of Education, Indiana Association for Child Care Resource and Referral (IACCRR), Child Care Resource and Referral (CCR&R), IAEYC, Head Start programs, local community funders, businesses, and other organizations. A statewide early childhood summit could
be done in conjunction with other existing statewide conferences (such as IACCRR- or IAEYC-sponsored conferences or events).

- **Develop and Support Financial Incentives:** State stakeholders in Indiana said the single most effective financial incentive for PTQ participation would be wage enhancements. ELI may also consider establishing a wage supplement pilot program, such as a Child Care WAGE$ Project, in collaboration with the Family and Social Services Administration (FSSA), IAEYC, and other state stakeholders. (See Appendix B on additional information about the Child Care WAGE$ Project and a case study of implementation in New Mexico).

- **Provide Program-Level Technical and Financial Assistance:** To increase participation of registered ministries and schools, additional technical assistance and financial support may be required. Examples of needed supports may include facilitation of partnerships and assistance with blending and braiding funding and funding for facilities upgrades. Information gathered for this planning process, including interviews with national experts and state stakeholders, and a literature review provided minimal guidance on approaches to engaging these types of care providers. However, the FSSA does allow these care providers to participate in PTQ through alternative pathways. For example, registered ministries may go through a Voluntary Certification Program to review health, safety, food and nutrition, and infant and toddler practices. Ministries that opt to complete voluntary certification are eligible to enter PTQ at Level 1. Schools must meet eligibility standards, such as demonstrating the fire safety of the school building and use of health and safety practices in meal preparation.

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18 For example, see [http://www.childcareanswers.com/cca/index.php/marketing-your-business/ministry-vcp-project](http://www.childcareanswers.com/cca/index.php/marketing-your-business/ministry-vcp-project).
19 For more information see [http://www.in.gov/fssa/4926.htm](http://www.in.gov/fssa/4926.htm).
Quality Improvement Subgoal 2: Increase Providers PTQ Ratings

What Do the Literature and National Experts Say About Ways to Improve Quality and QRIS Ratings?

Quality improvement strategies can be divided into four types: (1) ECE workforce interventions, such as education, training, financial incentives, and other supports; (2) program-level interventions that aim to improve the process and structural quality of child care settings through technical assistance and financing; (3) family-level interventions that encourage families to select high-quality programs through consumer education and financial incentives; (4) system-level interventions, such as new models of governance, the use of data systems, the implementation of QRISs (Boller, Tarrant, & Schaack, 2014). Research evidence supporting the efficacy of these strategies varies (Boller, Tarrant, & Schaack, 2014). The evidence base is strongest for specific workforce interventions, namely relationship-based coaching and consultation, curriculum interventions, and the use of child assessment to drive instruction. Some research evidence also supports program-level interventions, especially interventions that lower teacher-child ratios and group size. Strong research evidence is not yet available to support family- or system-level interventions.

Currently, in the ECE field there is widespread attention to the potential promise of program-level interventions that aim to improve teachers’ practices, including targeted high-quality professional development and technical assistance support (Diamond & Powell, 2011; Snyder, Hemmeter, & McLaughlin, 2011; Howard et al., 2013). Coaching is one form of professional development that is increasingly touted as an approach to improving the quality in ECE programs and as a technical assistance support within QRIS (Isner et al., 2011). Coaching is used in many states as a way to help programs increase their QRIS ratings and is a key strategy offered by many national technical assistance centers focused on the improvement of ECE program quality in general (e.g., National Center on Quality Teaching and Learning [NCQTL], the Early Head Start National Resource Center). Head Start offers information on “practice-based” coaching [NCQTL, 2014]. Some models of coaching also include professional learning communities, which allow additional time for reflection on classroom practice and an exchange of ideas with peers.

Empirical evidence also suggests that coaching can have a positive effect across different measures of ECE classroom quality (Isner et al., 2011). Key dimensions of any coaching model include coaching goals (i.e., environment, curriculum, child interactions); types of staff selected for coaching (i.e., teachers, assistants, administrators); coach characteristics (i.e., qualifications, experience); coaching duration (i.e., length of coaching and continuity of coaching over time), coach workload, coach-staff ratio, logistics (i.e., communication methods; frequency), and format for feedback (McGroder, Howard, Fishman, Rankin, & Helsel, 2014). These key dimensions are important considerations for structuring a coaching model, but some of these aspects are overlooked or not well specified in many approaches.
Several national experts and state stakeholders we interviewed supported the use of coaching as a strategy for improving quality. One program director stated that coaching was very important to the quality of their program and their level 3 rating. The director explained, “...everyone knows what they should be doing, so with coaches coming in, it is helpful. The coaches make sure that you’re on the right page and you’re following what’s needed.”

National experts specifically mentioned practice-based coaching as a promising approach. Practice-based coaching is comprised of components that are specific about planning goals, actions steps, engaged and focused observation, and reflection and sharing of feedback about teaching practices that occurs within in a collaborative partnership between the coach and coachee [NCQTL, 2014]. The Ounce Professional Development Initiative (PDI) is a model coaching approach, mentioned by multiple respondents, that further specifies the practice-based approach. The Ounce of Prevention is currently piloting and evaluating the PDI, also referred to as Lead Learn Excel program. The Lead Learn Excel program is an instructional leadership model that builds capacity within programs to implement, improve, and sustain effective instruction over time that is currently being piloted and evaluated as part of the U.S. Department of Education Invest in Innovation Fund. The approach is a program-embedded professional development coaching approach that engages teachers and program leaders.20 The model is based on four- to six-week learning cycles that include a training lab, two coaching cycles, and reflective practice groups aimed at improving teacher-child interactions and the quality of instruction. Coaches also receive support as they participate in a community of practice, which includes weekly meetings with peers to reflect on their coaching practice and to receive supervision.21 See Appendix B for more information about this approach.

What Do Indiana Stakeholders Say About Ways to Improve Quality and PTQ Ratings?

In the state stakeholder interviews, we asked respondents about the most promising strategies and approaches to improve ECE program quality. The top two responses were (1) coaching to ECE program staff and (2) additional education and training to educators. As supported by the research literature, stakeholders also emphasized importance of providing good coaching to providers. More than half of respondents said the coaching offered through PTQ is a valued approach with the potential to improve quality and PTQ ratings. The quality improvement case studies conducted by Transform Consulting Group also underscored the importance of coaching, for each case in their study had a dedicated “expert” to serve as a mentor or coach. Yet, despite

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20 Job-embedded professional development takes place in the work setting, routinely and ongoing, to support teachers and practitioners with acquiring and applying knowledge, skills and dispositions to the implementation and improvement of high-quality, effective practices with young children and families. Job-embedded professional development routines focus on understanding what and how children are learning and developing and on how to address children’s learning and development needs more effectively, including reviewing learning experiences planned and provided and children’s corresponding progress data, as well as collaboratively planning, testing, and adjusting interactional and instructional strategies, formative assessments, and materials based on such data [Ounce of Prevention, Personal Communications, May, 2015].

21 Another approach mentioned by experts was the Mississippi Low-Income Child Care Initiative (MLICCI) Step-Up Program to successfully help providers participate in the QRIS (QRS). Similar to Indiana, Mississippi’s five-tier system required that providers complete the requirements in one level before moving on to the next level. For more information on this program, see Appendix B.
the high regard for current PTQ coaching, stakeholders felt the current coaching model could be improved in order to better support the goals of increasing PTQ ratings. The most frequent recommendation by experts and stakeholders alike was increased training and professional development for the coaches. Fifty-seven percent of the respondents of the survey of PTQ coaches also said that they needed ongoing training to sustain their coaching activities.

More than one interview respondent said coaches use a checklist that aligns with the PTQ rating standards to guide the coaching process and that the focus on the checklist limits opportunities for deep reflection on program improvement. In the survey of PTQ coaches conducted by Transform Consulting Group, the wide range of activities that coaches reported they focused on with programs, reinforces the theme that coaches may not be reflecting deeply on specific, focal topics. For example, in the PTQ survey more than half of coaches responded that in a typical month they focus on seven different topics, the most common topics being improving the classroom environment, supporting educators’ education, improving safety and health, improving the quality of staff practice working with children, and business and program operation practices. Thirty-one percent of coaches reported working with two to five staff members per program, and 56 percent of coaches responded that they work with all staff within a program (Lopez, 2015).

**Exhibit 5. Survey of PTQ Coaches: Topics Coaches Focus On In A Typical Month?**

<table>
<thead>
<tr>
<th>Topics for Coaching Activities</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving the classroom environment</td>
<td>89%</td>
</tr>
<tr>
<td>Supporting educators’ continuing education and career development</td>
<td>69%</td>
</tr>
<tr>
<td>Improving safety and health</td>
<td>66%</td>
</tr>
<tr>
<td>Improving the quality of staff practice with children</td>
<td>66%</td>
</tr>
<tr>
<td>Improving business and program operation practices</td>
<td>63%</td>
</tr>
<tr>
<td>Training classroom behavior management</td>
<td>54%</td>
</tr>
<tr>
<td>Supporting administrative staff and supervisors</td>
<td>49%</td>
</tr>
<tr>
<td>Selecting and using a curriculum</td>
<td>43%</td>
</tr>
<tr>
<td>Improving the facility</td>
<td>34%</td>
</tr>
<tr>
<td>Improving teaching of school readiness topics</td>
<td>34%</td>
</tr>
<tr>
<td>Providing training for using assessments</td>
<td>31%</td>
</tr>
<tr>
<td>Improving the quality of staff practice with families</td>
<td>20%</td>
</tr>
<tr>
<td>Improving cultural responsiveness</td>
<td>17%</td>
</tr>
<tr>
<td>Improving family engagement</td>
<td>11%</td>
</tr>
<tr>
<td>Supporting the use of new technology</td>
<td>11%</td>
</tr>
</tbody>
</table>

Source: PTQ Coaches and Raters Survey (Lopez, 2015).

A statewide train-the-trainer process was recommended for all professional development and technical assistance providers, which would include a workforce registry for coaches and a means to approve trainers and training sessions. Respondents said coaches need the knowledge and skills to reinforce the material that providers are learning in higher education programs. They could also benefit from more of a focus on curriculum, especially the implementation of research-based curricula with fidelity, and religious curricula for registered ministries. Finally,
some suggested that program directors should also be included in coaching and training, not just teachers.

Many respondents also recommended greater continuity in the coach-program relationship. Sixty-six percent of the coaches who responded to the survey reported that coaching continuity is what they needed to sustain their activities with programs. Numerous respondents noted that coaches at local child care resource and referral agencies work with ECE programs at Levels 1 and 2, whereas the IAEYC provides coaching and resources to help programs that are at Level 3 achieve accreditation. Stakeholders said this approach creates a disjunction in the coaching services that programs and providers receive just as they are undertaking the very laborious and challenging task of pursuing accreditation. Interview respondents also noted that the dosage and intensity of the coaching (such as the frequency of coach-program contact) diminishes as programs reach Level 3 and move into the self-study process for accreditation. Some respondents also suggested that coaches should discuss accreditation with providers from their very first meeting, even if they are at Level 1, so that providers can think and plan ahead. Interview respondents also said that PTQ coaches and other technical assistance providers (such as inclusion specialist, family engagement specialist, infant-toddler specialist) were not coordinated and gave conflicting recommendations at times. There was a need to have a more coordinated and continuous approach to coaching and providing technical assistance to teachers and other staff within programs.

Workforce education, training, and related supports were the second most commonly mentioned support among state stakeholder to help Indiana providers move up through PTQ. Many pointed to T.E.A.C.H. as a model program and suggested that supplemental funding be offered to expand this program. Suggestions were to expand T.E.A.C.H. to students who would like to take more credits than T.E.A.C.H. currently covers or for those who work fewer hours in an early childhood setting than the minimum required to qualify for T.E.A.C.H. assistance. Interview respondents also suggested that scholarships should be available so that early childhood professionals could receive their education entirely for free. Several respondents called for greater availability of and access to online coursework toward AA and BA degrees. Several respondents pointed to the early childhood administrator credential as an important qualification, which improves the administration of child care programs and increases career mobility for those who have earned the degree. For example, Ball State University and Ivy Tech Community College each offer an early childhood administration certificate program. A master’s degree in early childhood administration is also available through National Louis University, which can be completed simultaneously with a bachelor’s degree.

Directors, program staff, and other stakeholders in telephone and site visit interviews mentioned several supports needed in order for staff to pursue additional education and training successfully. First and foremost, many respondents said staff compensation must be improved in order to attract and retain staff for ECE programs. Respondents also said that providers need paid release time to take coursework. A substitute instructor pool was one recommended approach that would allow ECE providers to find substitutes easily to replace them while they attend classes. Finally, some respondents talked about what does not work. Numerous respondents suggested that professional development for early childhood professionals should avoid workshops that do not include follow-up coaching and technical assistance. The research literature suggests that workshop that is do not include follow-up coaching and supports are not
effective in changing teaching practices or classroom quality (Fiene, 2002; Landry, Anthony, Swank, & Monseque-Bailey, 2009; Ramey & Ramey, 2008).

Stakeholder interview respondents pointed to the Indiana Accreditation Project as a successful support for quality improvement. Some respondents suggested that coaches should take a more hands-on approach to supporting ECE providers through the self-study process for accreditation. Again, as mentioned above, some respondents suggested that coaches should discuss accreditation (the requirement for Level 4 providers) from the first day providers are in the PTQ system, even if they enter the system with a Level 1 rating. Stakeholders also said that financial assistance to cover 100 percent of accreditation fees is a valuable support.

Many of the themes that emerged in state stakeholder interviews echo recommendations that emerged from PTQ evaluations (Elicker et al., 2011). Centers and ministries told Purdue researchers in their evaluation of PTQ that they would like greater continuity in the coach-mentor and program relationship. The respondents in the PTQ evaluation also said they would like more opportunities to network with other programs working on or that had attained the next rating level and better coordination among the various training and technical assistance and regulatory agencies. Elicker et al. (2011) also reported that programs said they would like to receive more credit for teacher in-service training and years of work experience. Finally, centers and ministries in the PTQ evaluation requested improved PTQ promotional materials for parent outreach. Family child care providers also requested the same mentors for different PTQ levels (Elicker et al., 2011). The researchers also found that some family child care providers mentioned that coach turnover had disrupted their relationship with their coach. Family child care providers also asked that paper-work for various state programs be streamlined, including PTQ, the Child Care and Development Fund, the food program, and others. Finally, family child care providers also requested more publicity for PTQ.

What Indiana Programs Moves Up the PTQ Rating Ladder?

As part of the validation study of PTQ, researchers at Purdue University conducted a follow-up telephone survey with a sample of providers participating in the QRS, six months after their initial contact with providers (Elicker et al., 2011). They gathered information on the advancement rates of providers, by provider type and rating level. Although the sample sizes are small (90 licensed centers and 164 licensed homes), results suggest that licensed centers at Levels 1 and 2 and licensed homes at Level 2 advance at the highest rates. The overall advancement rate of licensed centers was 19 percent, but the advancement rate of Level 1 and Level 2 licensed centers was 42 percent and 30 percent, respectively. The overall advancement rate of licensed homes was 24 percent, but the advancement rate of Level 2 homes was 47 percent (Elicker et al., 2011). Overall, the advancement rate found by Purdue researchers across all provider types was 22 percent.

Using the Purdue data, AIR estimated the number of programs that moved up through the PTQ rating scale during a six month period in 2011. Exhibit 6 shows these estimates. Licensed family child care homes, which comprise the majority of providers in PTQ, also make up the majority of programs that advance through PTQ. Our estimates suggests that a strategy designed to move 400 providers up through the PTQ rating ladder will need to make a substantial investment in supporting the advancement of quality in family child care homes.
What are the challenges in moving up in the PTQ ratings?

The Purdue University researchers who conducted the PTQ validation study found a number of challenges providers encounter in advancing through the PTQ levels (Elicker et al., 2011). Providers in their study reported (1) difficulty completing required education training (16 percent); (2) insufficient funds to meet standards (9 percent); (3) difficulty preparing for and meeting accreditation standards (6 percent); (4) difficulty making required environmental modifications (4 percent); and (5) challenges in developing a curriculum (2 percent).

Additional qualitative research by Purdue provided additional insight into the challenges providers faced moving up to higher PTQ ratings challenges (Ruprecht et al., 2013). For example, in their study they found that licensed centers and ministries reported difficulties meeting teacher qualification standards at Levels 3 and 4 and the accreditation required for Level 4. Centers and ministries also reported challenges in hiring and retaining qualified staff, including motivating staff to obtain additional education and credentials that would help the center move up in their ratings. One director explained in our site visits that reason they have not gone to increase from a level 3 to a level 3 is because of the time required for the paper work, the additional expense, and the need to hire additional assistant teachers with CDAs. For programs

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22 Total number of programs participating is drawn from Office of Early Childhood and Out of School Learning, 2015. Provider advancement rates drawn from Elicker et al., 2011. The number and percent of providers expected to move up one level in six months is calculated by multiplying the number of providers participating in PTQ by the advancement rate. This calculation assumes that the sample of programs participating in the Elicker et al., 2011 study is representative of all programs participating in PTQ statewide and that the advancement rates are therefore generalizable.
that did have staff with additional education and credentials, centers and ministries struggled to adequately compensate them.

Family child care providers reported a different set of challenges than centers that revolved around time constraints. Family homes reported having limited time available to complete the requirements to move up in quality, which lead to an increase in stress handling paperwork, and feeling overwhelmed. Family child care providers felt that the work involved in moving up in PTQ level was too difficult. Providers also noted that they had no time to continue or keep up with the ongoing education requirements. In addition, providers noted long work hours as a home provider as a constraint to achieving higher quality ratings.

In accordance with the Purdue findings, themes from telephone interviews with state stakeholders indicated that providers have difficulty finding and retaining qualified and educated staff. Rural areas face more severe barriers because access to higher education is more limited, and it is therefore more challenging to find qualified staff. Further perpetuating challenges with maintaining highly qualified staff is the fact that low teacher pay leads to staff turnover, and providers find themselves competing with the K–12 school system for employees. Purdue findings were echoed in our interviews and our site visits; workforce issues were repeatedly mentioned as a challenge. A teacher explained in a site visit interview, “Staff retention is already hard; our pay scale does not allow a professional to be here [long-term] unless they have another source of income.”

Several providers noted that more motivated staff may take jobs in the public school system once they have completed their education and training. For example, one director stated in a site visit interview: “A graduate with an early childhood degree can go into the public schools and make twice as much money than what we can pay [in my ECE program]. Finding teachers that have an associate’s degree is very challenging. I’ve been trying to hire someone for 6 months.”

**Strategy Recommendations**

**Support and refine coaching approaches for Indiana ECE providers**

- **Standardize the coaching model for providers and offer professional development to coaches.** Clarify the goals, purposes, and specific approaches for the coaching models in order to avoid a “checklist” approach. Family child care homes may be one group of providers where significant improvements in quality that will lead to increases in quality ratings can be made. Supporting family child care providers to get the additional education and training they need to move up in ratings, as well as supporting the implementation of research-based curriculum, are clear goals and purposes of coaching that an ELI quality improvement initiative could focus on.

- **Offer professional development to coaches.** Begin by clarifying the knowledge, skills, and competencies that coaches must have to effectively support providers moving up in their ratings. Coaches may then be surveyed through an online portal, such as SurveyMonkey, to gather their self-assessments regarding areas of strength and weakness. Professional development sessions should be developed to help coaches strengthen their skills in areas where they need support that will best translate to the help needed for providers. Professional learning communities may also provide coaches with
ongoing support and a forum in which they may exchange ideas and reinforce knowledge learned in the professional development sessions. Also, develop systems to evaluate and assess coaches, drawing on feedback from the providers who have received their services. Finally, we recommend looking at supporting a coaching strategy that will be embedded in practice and involve program staff, from the teacher to the director. We suggest referencing the Ounce PDI model as a potential example of such an approach.

- **Increase continuity of coach-program relationships.** Unify the coaching approach, so that only one coach works with programs from Levels 1 to 4. Currently, coaches at local CCR&Rs work with ECE programs at Levels 1 and 2 to help them move up in the system. Once a program reaches Level 3, IAEYC provides coaching and resources to help programs achieve accreditation, as required for a Level 4 rating. This approach creates a disjunction for programs and providers and disrupts the relationship-based coaching approach just as they are undertaking the very laborious and challenging task of pursuing accreditation.

- **Take a comprehensive, whole-program approach to coaching, especially in centers and registered ministries.** This approach would include directors in the coaching process, in addition to teachers and other program staff. Program directors play a leadership role in guiding pedagogy. Thus, to ensure that coaches’ guidance on curriculum and instructional practice are implemented fully, directors must be included in the coaching process. In addition, program directors have longer tenure in their role, on average, than teachers. Thus, to ensure that changes in program practice are sustained in the long term, director buy-in and engagement is necessary.

- **Target coaching to programs that are ready for change.** Often, coaches are able to effectively assess programs’ level of engagement and willingness to change at the first coaching meeting. In addition, numerous measures are available to measure a program’s readiness for change. For example, the *Stages of Change Scale* is available through the Children’s Institute at the University of Rochester. This tool can be completed by coaches in tandem with teachers or program directors. It measures providers’ perceived readiness to change, including their awareness of how their teaching practices influence children and the need for change. It also measures their confidence that they can make changes, the degree of social support they have, and their professional identity. *An Assessment of a School’s Readiness for Change* is another, similar tool that researchers at the University of Pittsburgh’s SEED Lab have used in a pilot study with Head Start programs (Wanless, 2013). The use of such a measure could increase the efficiency of coaching services by targeting limited technical assistance resources where they can be most effective.

**Work with workforce strategy leaders (INAEYC) on education, training, recruitment, compensation, and retention approaches.**

- **Increase supports for the workforce to pursue continuing and higher education.** Strategies may include the following: (1) Expand T.E.A.C.H. and offer supplemental funding for those who wish to enroll in more credit hours or work fewer hours while they

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23 In a recent survey of Indiana child care workers, 11% of program directors and 18% of lead teachers reported that they planned to leave the field within 3 years (IAEYC, 2010).
go to school. (2) Increase online access to higher education coursework. (3) Offer additional academic counseling and support to early childhood professionals enrolled in community college courses, especially those who speak English as a second language. Consider employing a cohort model to increase degree completion rates. (4) Support articulation projects to align degree requirements between associate’s and bachelor’s degree programs and Indiana community and four-year colleges. This approach may be begun as a pilot in just one region of the state, rather than beginning as a statewide effort. (5) Develop partnerships with local organizations, businesses, funders, and other entities to explore the potential for establishing a wage supplement program, such as a Child Care WAGE$, to incentivize additional education and reduce turnover.

24 In September, 2014 IAEYC and the Higher Education Forum sponsored an “Early Childhood Higher Education Articulation Summit.” An articulation project may have been a result of this convening. ELI may want to learn more about IAEYC and the Higher Education Forum’s work and how they may be supportive of it as part of the workforce strategies selected as part of this initiative.
Quality Improvement Subgoal 3: Use PTQ to Influence Parental Child Care Choices

How Do States Engage Families in QRIS?

Most states with QRISs share information with families through a website (Tout et al., 2010). The second most common approach to engaging parents is the distribution of written outreach materials through partner organizations, such as resource and referral agencies. For example, IACCRR has the Hispanic Outreach Program, which includes a Spanish-language web site, materials, and Spanish outreach coordinators. A more limited number of states use mailings to reach families, or post information at doctors’ offices or other public locations. Unlike many other states, Indiana’s QRIS administrators include marketing activities in their budget (Tout et al., 2010). QRIS researchers point to the childcareindiana.org website as a model approach to family outreach (Swanson, 2013). The website advises parents who are searching for care on child care quality and the questions they should ask potential providers. It also includes videos with information on the PTQ system and interactive search features that allow parents to look for care by location and PTQ rating level.

How Do Indiana Parents Define Quality and Choose Child Care?

As detailed at the start of this paper, ECE quality may be defined differently depending on who is asked. Research suggests that parents may consider a range of factors account when defining quality and selecting a provider to care for their child (Barbarin et al., 2006; Johansen et al., 1996). During ECE provider site visits, we talked to family members (which included parents, grandparents and other relative caregivers) of children who attended that program to define high-quality child care. The following themes emerged in our parent/relative caregiver focus group interviews related to definitions of quality care:

1. **Academic preparation:** Many respondents talked about the importance of the learning environment and their desire that their care provider would help prepare their child for kindergarten. One respondent said, “She’s 21 months, and she’s putting sentences together now and that’s all because of the work [this provider] do with her.” Another respondent said, “I talked to kindergarten teachers who had kids that came out of here and they said never had a problem with any of the kids.”

2. **Safety:** Knowing that their child is in safe environment is an important aspect of quality for many families. As one respondent said, “Having in mind that your child is safe…”

3. **Trust in the caregiver:** Respondents feel it is important that they can trust their care provider: “Quality care starts with trust.”

4. **Caring staff:** Respondent say a high-quality provider will engage with their child, know their child well, and help the child feel loved and happy.

5. **A focus on developmental needs:** Some respondents mentioned that a high-quality program helps children grow socially, emotionally, and developmentally: “They were so focused on young children and their developmental needs.”
6. **Accreditation/quality ratings:** Only three respondents out of the 44 (7 percent) specifically mentioned the importance of an accredited or a high PTQ rating as important in their definition of quality.

When we asked parents and relative caregivers what factors were most important in their ECE choice, responses included:

1. **Affordability:** Fourteen respondents noted the importance of cost, especially at the Head Start center where 100 percent of parents agreed cost is a key consideration. At one site, a respondent stated, “There must be a balance between affordability and [quality] care.”

2. **Convenience of location and hours:** Many respondents also mentioned location and hours. One mother noted the later hours that she worked; another stated, “I want something on my way to work,” and another said she required year-round care for her child.

3. **Quality:** Respondents said they search for quality programs, which they defined by the factors previously mentioned: safety, caring relationships, a focus on developmental needs, and preparation for kindergarten. They also mentioned some other aspects of structural and process quality, such as an appropriate number of children in a classroom for the classroom size; an authentic, engaging classroom; regular communication with parents; and a diverse group of children.

4. **Other:** Some respondents said they selected care settings that could address the specific needs of their child. These needs included anxiety disorder, sensory disorder, autism, emotional issues, and dietary needs. Family respondents sought out programs with staff experienced in these areas or programs that were willing to make accommodations for the children’s needs.

**What Do Parents Say About PTQ?**

Parents have a relatively low awareness of PTQ and its potential benefits. In statewide random public surveys and interviews with PTQ parents conducted by Elicker et al. in 2011, only 14 percent of parents of preschoolers in Indiana had heard of PTQ. Rates of general public parent awareness were highest in the two regions of the state where PTQ began: Fort Wayne (35 percent) and Evansville (43 percent). Even among parents whose children were actually enrolled with a PTQ provider, only 37 percent reported they had heard about PTQ.

Among the parents already using PTQ providers who were aware of PTQ, their own child care provider was the most common source of information (Elicker et al., 2011). In the general public surveys, parents who knew about PTQ also identified their own child care provider as the most common source of information, 57 percent in 2010 and 67 percent in 2011. Beyond providers, sources of PTQ information also included church, work, library, stores, children’s fairs, school (both children’s school and college courses) friends, signs, posters, bookmarks, brochures, newspaper, magazines, television, radio, yard signs, websites such as Carefinder, Facebook or YouTube, and community events were all mentioned. However, child care providers remained by far the most common source for parents.
The site visit data suggests that parents and other family members caring for young children are more aware of PTQ than they were in 2011, but still only about half of the respondents in our focus groups reported that they had heard of PTQ. None of the parents at one participating Head Start program had heard of PTQ, even though the site participated in the rating system and had a large sign on their door advertising their PTQ rating. Stakeholders we interviewed over the telephone and during site visits reported that parents do not understand or place enough value on the quality of their care arrangement. Some respondents said parents are not aware of the PTQ system or do not ask about PTQ ratings, and that lack of awareness has an influence on PTQ participation and for programs to invest in moving up the PTQ ratings. One teacher explained in a site visit focus group interview:

I don’t know if the parents know enough about each [PTQ] level to make a decision about “I am only looking for level 3 or level 4?”....that goes back to what’s the point of us having it [a high PTQ rating] if the parents don’t know about it and [they] don’t know what to look for? I bet if you take a poll of our families they don’t even know what level 3 means. They probably don’t know we’re on level 3. So I think some education has to come, what the levels mean.

Directors and teachers in their site visits interviews also echoed the themes that emerged from the parent and relative caregiver focus groups about parents’ definition of quality and the PTQ. As one director said, “There is not much of an incentive to linked to PTQ because parents look at the bottom line…how much does it [child care] cost?....Parents look at location, cost, and hours of operation.”

**Strategy Recommendations**

**Increase families’ awareness of and access to quality**

- **Create marketing strategies to increase awareness of the PTQ system.** A fairly low-cost activity that ELI could support is local community forums about the importance of quality ECE programs. There are always new families in need of ECE services, so raising awareness of the importance of ECE quality is an ongoing process. Additional strategies for increasing awareness of the PTQ system would be to support continuous marketing and public service announcement campaigns, including providing materials (such as flyers and brochures), to hospitals as part of “new baby welcome” packets, at doctor offices, community centers, libraries, churches, grocery stores, and other outlets to reach families within their community. The use of television, radio advertisements, and social media outlets may be additional outreach strategies to increase families’ awareness of PTQ. According to a report conducted in Tout et al. (2010), Indiana reported that it spent $100,000 per year on marketing. ELI could work in partnership FSSA, IACCRR and local CCR&R agencies to determine how to best support various and ongoing marketing approaches within targeted communities.

- **Develop a scholarship fund for low-income families.** Create a scholarship fund for families who are on the child care subsidy wait list or who are above the eligibility threshold for subsidies but cannot afford quality child care. Eligibility for this fund should be targeted to regions of the state where high-quality providers report large numbers of vacancies and families report the greatest difficulty accessing care. To build
the scholarship fund, leverage business and foundation funding. Businesses that employ parents in low-wage jobs may be particularly ripe for involvement in this strategy; the argument can be made that increasing access to quality child care would improve employee reliability and loyalty. This fund could be administered through local CCR&Rs, who may also counsel parents on their eligibility for child care subsidies, tax credits, and program-based scholarship options.
Additional Strategies for Consideration

Two other strategies to support quality enhancement initiatives were mentioned in the literature and by a few national experts, but not by Indiana state stakeholders. It is important to note that these strategies may not directly relate to improving the quality ratings of providers as defined and measured by PTQ. However, these strategies may approaches to enhance quality by expanding the definition of quality, and increasing the types of providers participating in the PTQ system.

Revisit PTQ Rating Criteria

- **Create early learning quality score cards.** The relationship between program quality and child outcomes is not consistent and the size of the effect is small, especially when more proximal family variables, such as parent involvement in the home or other community factors, are considered (Downer & Pianta, 2006; Mashburn et al., 2008). For these reasons, measuring climate—which includes factors relating to the home, the community, and the interaction between the two—has been suggested to be important in understanding the landscape of ECE quality and how to make improvements in it. A project in Detroit, Michigan, led by Excellent Schools Detroit (ESD) was created in order to share more complete information about the quality of ECE programs. See Appendix B for more information about ESD.

- **Develop partnerships with public schools using prekindergarten through third grade alignment strategies.** Currently, not many public schools are enrolled in the PTQ system. However, a new pathway for their participation was recently articulated, and ELI has interest in exploring partnerships with public schools that chose to participate in PTQ. As such, in addition to focusing attention to family and center-based childcare centers, ELI may want to consider developing partnerships with public schools. Prekindergarten through third grade (PK–3) initiatives aim to align standards, curricula, instruction, and student assessment between the preschool years and the early elementary school years. In so doing, the expectation is that children will experience greater continuity in their educational experience and easier transitions from grade to grade, especially at the transition from preschool to kindergarten (Halpern, 2013). Approaches to PK–3 programming may include the development of “in-house” preschool or prekindergarten programs that operate within public school buildings or partnerships between schools and other public or private ECE providers. Some authors have argued that the PK–3 approach could help sustain the effects of high-quality preschool or other early intervention programs, thereby reducing preschool “fade-out” (Bogard & Takanishi, 2005; Kauerz & Coffman, 2013; Halpern, 2013). These partnerships provide an opportunity to support continuous quality improvement of ECE because involvement with the public school system provides an opportunity to revisit instructional practices in collaborating ECE programs. A focus on developing partnerships with elementary preschool programs that participate in PTQ may support ELI’s goals.

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25 See Appendix A for a case study describing Montgomery County Public Schools’ PK-3 initiative.
Additional Guidance

In this section we provide additional guidance for ELI’s consideration related to the costs and funding strategies related to their quality improvement goals and targeting their initiative to geographic locations.

Funding ECE Programs to Increase Their PTQ Quality Level

ELI’s primary goal is to increase the level of quality among 400 ECE providers. To examine the cost of achieving this goal, we estimated the cost to meet requirements for the highest PTQ level (Level 4), comparing the operating costs of Level 3 private center-based programs to Level 4 private center-based programs that participated in our site visits (unfortunately, centers rated at Level 1 or 2 and family child care homes were not part of the site visits)\textsuperscript{26}. Based on the reported expenditures of these centers, a Level 4 center may spend approximately $1,475 per child more than a Level 3 center.\textsuperscript{27} In addition to this increase in operating costs, an average-sized program would need to pay a one-time fee of $1,945 to cover the four steps of NAEYC accreditation. Spreading these onetime accreditation fees over time, we estimate each Level 3 program would need to increase their ongoing annual operating expenditures approximately $1,500 per child to reach Level 4.

As of March 2015, there were 309 child care providers in Indiana (private, family, and ministry-based) already at Level 4 of the PTQ program (FSSA, 2015). We estimate that these providers serve approximately 11,000 children in Indiana. There are 75 licensed child care centers participating in the PTQ system with quality ratings at Level 3. We estimate that these centers serve approximately 2,800 children. The estimated cost to upgrade these 2,800 licensed child care slots to Level 4 quality is at least $4 million per year when all slots are upgraded. Such an investment is large not only in terms resources as defined by monetary value, but also in terms of time value. Staff will need time to obtain the educational credits required for a Level 4 rating, and centers will need time to plan for new materials, staff recruitment, and training. None of the Level 2 providers participated in the site visits, so we were unable to collect cost information from that level. However, we safely assume the costs would be even greater for providers with lower PTQ ratings to advance to Level 4. However, the investment needed to move a center from Level 1 to 2 or Level 2 to 3 will likely be less than it will take to move all programs to Level 4.

Given the resources of ELI, the high costs to support licensed child care centers to high quality, and the relatively low number of licensed child care centers compared to licensed family homes, a reasonable strategic plan should focus on (1) highest-need communities; (2) 41 licensed centers programs at Level 2 to move them to Level 3 quality; (3) and licensed family homes moving from Level 1, to 2 or 3. The greatest pool of providers with the most potential to move up in quality ratings is among licensed family homes, with about 1,257 at Level 1 and 155 at Level 2. Although we did not collect estimates on the costs of licensed family homes, the costs of running these ECE programs by their definition (fewer staff, fewer children, lower facility costs) are

\textsuperscript{26} Level 2 programs were selected to participate in the site visits for this project, but unfortunately all Level 2 providers contacted declined to participate.

\textsuperscript{27} Operating costs typical relate to staffing and facility costs.
estimated to be substantially less than a center. Given the prominent number of family homes, focusing on this provider type could be a key strategy for ELI in achieving the target quality improvement goals.

Potential Funding Sources and Strategies

There are two options for leveraging the Lilly Endowment grant and expanding funding for quality improvement efforts: (1) aligning investments with other public resources, such as the Child Care Development Fund (CCDF) and other funding streams administered by state agencies; and 2) raising additional private monies from businesses and/or other foundations.

Aligning Investments with Other Public Resources. There are multiple ways to align investments with other public resources, including CCDF funding, other federal funds, public education funds, blending and braiding funds with multiple funding sources, and targeting funds to specific types of ECE providers.

- **CCDF funding:** The majority of states rely on CCDF to fund their QRIS and related quality improvement activities. The changes to the CCDF quality set-aside mandated in the recent federal reauthorization create an opportunity to engage the FSSA in a conversation about how state dollars are targeted. States will be required to set aside an increasing proportion of their CCDF funding for quality activities, and monies must also be set aside to build the quality and supply of infant-toddler care. The total quality set aside starts at 4 percent in 2015 and will be at 12 percent by 2020 (Matthews et al., 2015). Under the federal law, allowable activities including training and professional development, QRIS implementation, funding for CCR&Rs, monitoring health and safety, evaluating the quality of child care, accreditation support, development of physical and mental health standards (Matthews et al., 2015). The infant-toddler earmark (currently set at 3 percent) may also fund training and professional development, coaching by infant-toddler specialists, early intervention specialists, consumer education, and QRIS, licensing, or learning standard guidelines for infants and toddler care (Matthews et al., 2015).

- **Other federal funds:** In addition to CCDF, other states have used federal funding from the American Recovery and Reinvestment Act, Race to the Top, and State Early Childhood Advisory Councils, according to the National Center on Child Care Quality Improvement (NCCCQI, n.d.). Other potential public funding streams recommended by the NCCCQI include:
  - Temporary Assistance for Needy Families
  - Social Security Block Grant
  - Head Start
  - Title IVB Child and Family Services
  - Individuals with Disabilities Education Act, Part B & C
  - State general funds
  - State sin taxes (e.g., tobacco)
• State lotteries
• Local government revenues.

States may also choose to spend workforce development funds or funds for high-need populations (e.g., for rural regions) on QRIS-related activities.

- **Public education funds:** Working with the Indiana Department of Education to encourage school districts to offer prekindergarten could increase the availability of high-quality early education programming. Districts may fund prekindergarten by increasing local Title I allocations for preschool, applying for On My Way Pre-K, and administering Head Start programs. With the addition of an alternative pathway for school-based programs to participate in the PTQ system, outreach will be necessary to encourage school-based programs to become part of the system. District administrators will need to see the value of engaging in PTQ from the perspective of their core mission: Providing high-quality education in the early grades so that students meet achievement benchmarks in their first round of standardized testing in third grade.

- **Blending and braiding of funds:** Blending and braiding funds across multiple federal and state funding sources—including subsidy contract funding, state prekindergarten, Head Start, and Title I preschool—can be a very effective strategy for quality improvement and capacity building. Federal and state program regulations and guidance determine the ease with which providers can blend and braid these funding streams. For example, administrative guidance from the FSSA indicates that On My Way Pre-K funds and Title I funds may be braided in the same school and used for professional development, facilities updates, additional support staff, or other quality improvement costs. Cost allocation may be required when funds are braided (Wallen & Hubbard, 2013). For example, the costs of personnel, instructional supplies, and classroom equipment may be allocated on the basis of the percentage of children who are eligible for each funding source. ECE programs may blends funds to serve more children, that is, a school district may increase enrollment in its Title I-funded prekindergarten program by blending On My Way Pre-K funding. Programs may also blend funds to transform part-day slots into full-day slots or part-year slots into full-year slots. For example, an early learning program may fund the morning hours with Title I funding and the afternoon hours with On My Way Pre-K funding.

- **Targeting funding:** A potential strategy to increase the efficiency of current expenditures is to target merit awards and training and technical assistance to a limited group of ECE programs, using criteria such as (1) initial rating level, (2) the program’s stated interest in advancing through PTQ, and the (3) program’s readiness for change, as assessed with a formal rating instrument. Implementing this approach will require considerable political will because it would require that some programs participating in PTQ no longer receive the benefit of coaching. IAEYC, IACCRR, and CCR&R partners, who implement the coaching program, must be involved in conversations about the feasibility of this approach.

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- **Raising additional private monies from businesses and/or other foundations:** An ongoing public-private funding partnership would provide a sustainable source of funding to leverage the investments in Partnerships for Early Learners. There are many examples and formats for public-private partnerships that pool public, private, and/or philanthropic funds through a nonprofit state-level entity. The goals and intended uses for the partnership funds may vary, but generally, they are developed in order to have dependable resources to seed innovations and supports to improve early childhood education and care. Public and private funding commitments range in size (public commitments $1 million to more than $200 million and private range from $2 million to $30 million). The grants and funding provided to early childhood initiatives may range from $25,000 to $500,000 annually (Lovejoy & Daily, 2008). At least 11 states have such public-private partnerships; a few states focused on similar objectives as Indiana related to quality and capacity building for children birth to five years old mostly in early childhood care settings (verses in school-based preschool settings), including Nebraska and Oklahoma (Lovejoy & Daily, 2008; Horm et al., 2009). See Appendix B for details on these two states’ public-private funding approaches, which fund grants to programs for quality improvement projects.  

### Geographic Targeting

Several data elements from the IELNA report (2015) could be useful to ELI in targeting the Partnerships for Early Learners initiative in particular geographic areas of Indiana. Two key pieces of information from the IELNA report include (1) the percentage of children enrolled in high-quality care in each county, with high-quality care defined as care rated at Levels 3 or 4 in the PTQ system or that are in an accredited program, and (2) The IELNA report provides information about a variety of child-level risk factors from which we created a composite risk score (see Appendix C for more information). The counties ranked high based on the proportion of children 0–5 not in high-quality programs, their child-level risk score, and finalists in the competition for On My Way Pre-K pilot funding (which also required counties to indicate risk and need in their application) are listed in Exhibit 7. The counties that may be targeted, based on this analysis are noted with an asterisk. Since Vigo and Wayne counties were also finalists in the competition for On My Way Pre-K pilot funding, they may be two key communities for ELI’s immediate consideration for targeting their efforts.

These data provide initial information that could guide decisions about targeting the geographic locations in the state for the Partnerships for Early Learners initiative. We suggest that ELI use indicators such as the availability of high-quality programs and the degree to which children experience risk factors as these for selection criteria. In addition, we suggest ELI consider other criteria such as whether local funding partners in that geographic region—such as for-profit business, other nonprofits (e.g., United Way, advocacy organizations, schools, ministries), and local philanthropic organizations—would be interested in investing in the region, and whether

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29 See Lovejoy & Daily, 2008 for more detail on each of the 11 states with early childhood private-public partnerships.

30 IYI suggested an approach that would examine the average PTQ rating of participating programs by county, which is not in the current IELNA report. This type of analysis ELI may want to consider as they move forward with their detailed strategic and implementation plans.
the county is represented by legislators who may be allies in a legislative advocacy campaign. Ability to partner with a local, community-level champion for early childhood education and childcare quality will be important for success of achieving ELI’s goals in selected geographic regions.

**Exhibit 7. Top Counties With No High-Quality Enrollment, With High Child Risk Factors, or Awarded or Finalist for On My Way Pre-K**

<table>
<thead>
<tr>
<th>Top 11 Counties With No Children Ages 0–5 Enrolled in High-Quality Care</th>
<th>Top 12 Counties for Child Risk Factors</th>
<th>Top 18 Counties Awarded or Finalist for On My Way Pre-K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown</td>
<td>Blackford</td>
<td>Allen***</td>
</tr>
<tr>
<td>Clinton</td>
<td>Cass*</td>
<td>Bartholomew</td>
</tr>
<tr>
<td>Cook</td>
<td>Fayette*</td>
<td>Delaware</td>
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<tr>
<td>Crawford</td>
<td>Fulton</td>
<td>Elkhart</td>
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<tr>
<td>Jasper</td>
<td>Jay</td>
<td>Grant</td>
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<tr>
<td>Newton</td>
<td>Owen*</td>
<td>Howard</td>
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<td>Rush*</td>
<td>Randolph*</td>
<td>Jackson***</td>
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<td>Switzerland</td>
<td>Lake**</td>
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<td>Warren</td>
<td>Vigo</td>
<td>Lawrence</td>
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<td>Wells</td>
<td>Wabash</td>
<td>Madison</td>
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<td>Wayne</td>
<td>Marion***</td>
<td>Noble</td>
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<td>Tippecanoe</td>
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<tr>
<td>Vigo</td>
<td>Vanderburgh***</td>
<td>Wayne</td>
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Note: *Counties that are in the top 20 counties for child risk factors; **Counties with fewer than a quarter of children aged 0-5 in high-quality care; ***Counties awarded On My Way Pre-K.
Summary

Summary of Strategy Recommendations

The purpose of this paper is to provide ELI a broad overview of strategies that can support their quality improvement goal for 400 child care programs statewide to advance their levels of quality, as measured by the PTQ rating system, in addition to enhancing PTQ and supporting continuous quality improvement activities among ECE programs. The information in this report, in addition to other information ELI will gather from other initiative strategy papers, as well as other sources and their own knowledge base will inform their detailed strategic plan and implementation strategy.

In summary, overarching strategies we recommend in this paper, based on the information we gathered through literature, interviews and surveys with national experts and stakeholders are listed in Exhibit 8. The distribution of the costs of each strategy, related to ELI’s target budget of $6,000,000, is illustrated in Exhibit 9. We also propose an implementation timeframe for each strategy.

Exhibit 8. Recommended Subgoals, Strategies, Approaches, Estimated Costs and Timeframe

<table>
<thead>
<tr>
<th>Subgoals</th>
<th>Strategies</th>
<th>Approaches</th>
<th>Estimated Costs</th>
<th>Implementation Timeframe</th>
</tr>
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| Increase Engagement of Providers in PTQ | Support provider engagement in the PTQ through information, incentives, and technical assistance. | 1. Develop and support community forums and statewide summits.  
2. Develop and support financial incentives.  
3. Provide program-level technical and financial assistance. | $109,500\(^{31}\)  
$100,000 three-year incentive pilot.\(^{32}\)  
3. $500,000 | 1 Year |

\(^{31}\)Assumes one statewide summit and 10 regional forums in each of the states’ 10 CCDF intake regions a year for three years. These estimated costs exclude the labor/staffing costs to organize and manage these events. Costs vary depending on invitee size and cost-sharing with other organizations. Assumed community summits costs of $2,500 per community but may be more or less depending on materials, food, number of invitees, room rental fees, speaker honorariums travel, and travel fees for some guests. State summits estimate about $11,500 based on grants provided to NGA state submits sponsored by NGA and converted to 2015 dollars. However, some state summits had corporate sponsors and state partners to cover additional costs beyond the NGA grant. Variable costs that may change estimates include size, room rental fees, food, honorariums, travel costs, and materials.

\(^{32}\)$100K investment in a three-year pilot program to serve 20 participants, based off costs from other initiatives.
<table>
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<th>Estimated Costs</th>
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</thead>
</table>
| Increase Providers PTQ Ratings | Support and refine coaching approaches for Indiana ECE providers.             | 4. Standardize the coaching model for providers.  
5. Offer professional development to coaches.  
6. Increase continuity of coach-program relationships.  
7. Take a comprehensive, whole-program approach to coaching, especially in centers and registered ministries.  
8. Target coaching to programs that are ready for change | ▪ $3,600,000 for three years ($4,000 per teacher per year)³³ | 1-3 Years |
| Work with workforce strategy leaders (IAEYC) on education, training, recruitment, compensation, and retention approaches. | 9. Expand T.E.A.C.H.  
10. Establish a wage supplement program, such as a Child Care WAGE$.  
11. Increase online access to higher education coursework.  
12. Offer additional academic counseling and support to early childhood professionals through a cohort model.  
13. Support articulation projects to align degree requirements between associate’s and bachelor’s degrees. | ▪ $320,000³⁴ | 1-3 Years |

³³ This figure assumes 25 percent of the 400 programs per year would be involved in additional intensive coaching, with three classrooms per program. If programs of focus are family child care centers, this number could be less. Systematic data reporting the costs of coaching programs is sparse. From AIR’s own work on evaluating and estimating the development of coaching models, we learned that costs range widely depending on number of factors, such as salaries, coach training, dosage, curriculum, teacher costs, facilities, and management. (McGroder et al., 2014; Howard et al., 2014). Head Start programs, which have a federal requirement to provide professional development and technical support to teachers to support quality, typically have available and use approximately 1.5 percent to 1.9 percent of their total operating budget for all technical assistance and professional development activities. Using these estimates along with Head Start coaching grants (the Early Learning Mentor Coach Initiative), the cost of a coach per teacher is $3,000–$5,000 per year. For estimating the costs of a coaching model focused on improving teacher-child interactions in the classroom to improve quality aspects that will relate to language development, we estimated $4,000 per classroom (Howard et al., 2014).

³⁴ Cost varies depending on strategy and target number of teachers served. We suggest that a portion of the quality budget does focus directly on workforce issues. See the ELI’s workforce strategy paper by IAEYC for costs and recommendations. Based on other case studies, WAGE$ may cost $100K investment in a three-year pilot program to serve 20 participants.
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<tbody>
<tr>
<td>Use PTQ to Influence Parental Child Care Choices</td>
<td>Increase families’ awareness of and access to quality.</td>
<td>14. Create marketing strategies to increase awareness of the PTQ system.</td>
<td>▪ $100,000 statewide marketing[^35]</td>
<td>1 Year</td>
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<td>15. Develop a scholarship fund for low-income families.</td>
<td>▪ $500,000[^36]</td>
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<tr>
<td>Developing Partnerships in Communities and Schools</td>
<td>Other strategies of ELI interest</td>
<td>16. Create early learning quality score cards.</td>
<td>▪ $320,000[^37]</td>
<td>2-3 Years</td>
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<td>17. Develop partnerships with public schools using prekindergarten to third grade alignment strategies.</td>
<td>▪ $450,000[^38]</td>
<td></td>
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</table>

Exhibit 9. Total Costs of Proposed Strategies and Proportion of ELI’s $6M Budget

[^35]: According to a report conducted in Tout et al. (2010), Indiana reported that they spend $100,000 per year on marketing.
[^36]: Assumes costs over a three-year period, serving at least 50 families and raising matching funds.
[^37]: Based on AIR’s estimated costs to develop and refine an early learning quality card for Excellent Schools Detroit.
[^38]: Costs are variable depending on the program, the number of schools served, consultant salaries/benefits, and available funds from other sources (e.g., partner schools budgets). $150,000 per year, for three years assumes an individual consultant was hired to work with three or four schools on PK–3 alignment strategies.
“Pathways to the Goal”: A Strategy Decision-Making Tool

We propose that ELI prioritize those strategies that are directly related to supporting the ECE workforce, including training, education, and compensation. We also suggest ELI prioritize efforts related to supporting and refining coaching approaches, which are supportive of workforce needs. However, to achieve the Partnerships for Early Learners initiative’s overarching quality improvement goal, it is important for ELI to select the most appropriate and realistic pathways for a potential strategy to which realistic implementation plans can be developed and put into action. To do that, ELI will need to make a set of decisions dependent on their organization’s mission, their organization’s internal environment (i.e., leadership, initiative staffing, board, public image, philosophy, and resources), state external environment (i.e., needs, resources, other quality state and local initiatives, social-political factors including windows of opportunities, and available partners). To provide guidance to ELI in deciding upon the strategies presented in this paper as they move into their next phase of formulating actionable implementation plans, we recommend the use of a strategy decision-making tool that uses a set of criteria to calculate the viability of different quality improvement strategies.

The selection criteria used in the decision-making tool should take in consideration of ELI’s organizational mission, internal environment, and the external environment. Selection criteria relate to mission, cost and resources, feasibility within the project timeline, level of risk, and long-term sustainability. Potential criteria are provided in Appendix C, but ELI may have additional criteria they would like to consider in selecting approaches and developing a pathway to reach their goals. ELI may also weight the importance of criteria based on their perceptions and knowledge of the internal environment at ELI and the external environment of the state of Indiana. Numeric scores can then be summed to generate a total numeric score that ranks the strategies and leads to a decision.

Using this “Pathways to the Goal” strategy decision-making tool will result in a score for each strategic approach proposed for the Quality Improvement component initiative, and the tool can also be used for other strategies proposed in other Partnerships for Early Learners initiative components to help guide the decision-making process about priority strategies and the allocations of resources. The tool is designed to aid with the process of prioritizing the various approaches based on both the evidenced-based and subjective perspectives of ELI staff, as well as other partners that may be engaged in creating specific strategic plans of the initiative. Appendix B provides a list of potential criteria and a decision-making tool template that ELI can complete for each of the proposed strategies.

Challenges

The top challenge for advancing ECE programs through the PTQ levels relates to the ECE workforce. We understand that there is a strategy paper focused on workforce issues, led by IAEC. We encourage ELI to work with the workforce strategy leaders on education, training, recruitment, compensation, and retention challenges. In addition to workforce challenges, as currently defined, ELI’s quality improvement goal will require substantial focus on increasing the quality of family child care providers because they are the majority care type in the state and are most prevalent in the QRIS system. A challenge in focusing quality improvement efforts on family child care homes is that this sector of the market is unstable: Family child care homes go out of business more frequently than other types of child care providers and settings. Ministries and public schools may be other organizations to focus on, but as of now they represent a smaller
number of organizations in PTQ. One alternative approach is to recast the quality improvement goal in terms of the number of children served and including the number of new programs enrolling in the PTQ system, rather than simply the number of programs. For example, the goal could be stated as:

- “A strategy to increase the number of new and existing early childhood programs participating in PTQ, the state’s quality rating and improvement system, in order to increase the quality of child care for 10,000 children. Also, to enhance PTQ and support continuous improvement of programs.”

Recasting the quality improvement goal in terms of number of children also aligns with Partnerships for Early Learners aim to ensure that more of Indiana’s children, from birth to five, are connected with a high-quality program by 2020 and initiative’s intended outcome that 75 percent of Indiana’s children who are enrolled in child care and preschool are in high-quality programs.

Another challenge is the political and policy environment. It is important to realize that the state is the primary child care policy actor with influence over ECE providers and the PTQ system. Without an advocacy strategy or substantial engagement from the state through other means, quality improvement efforts may be only on a small scale or unsustainable. In particular, Indiana’s tiered reimbursement policy coupled with large-scale increases in program quality will lead to the availability of fewer subsidized child care slots. Also, the state has its own procedures, strategic plans, and strategies related to improving ECE quality, helping programs increase their PTQ ratings, and proving quality improvement supports. Various political and policy factors may be at play in Indiana from the multiple perspectives of ELI and other key policy actors in the state, such as FSSA, Indiana Department of Education, IACCRR, and the local CC&RR networks to understand the potential for achieving their strategic goals in collaboration with other state activities and in light of policy changes under the reauthorization of the federal Child Care Development Block Grant. There were concerns raised by national experts and stakeholders about the alignment and integration of goals and resources across key child care state policy actors. There were also concerns about the cohesion, integration and collaboration among the multiple actors, including ELI as a relatively new player in the statewide landscape.

An additional challenge posed by the focus on quality as rated by PTQ is that this strategy may not ultimately affect child developmental and educational outcomes. As discussed previously, the validation study of PTQ indicates that the QRIS ratings are not linked to child outcomes, albeit through a weak research study design.
References


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