

CONTRASTING CHARACTERISTICS OF CHILDCARE AGENCIES THAT ASSESS  
AND DO NOT ASSESS FOR DEVELOPMENT

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## ABSTRACT

National organizations have indicated that it is best practice to monitor the development of children in childcare agencies. Many childcare agencies do not heed this advice. An exploratory study was completed using mixed methodology with 136 childcare agencies in Hamilton County, Tennessee. Center-based childcare and family/group agencies were examined. These groups were further divided into childcare agencies and family/group agencies that use and do not use assessments.

Quantitative data were gathered via a survey to examine various characteristics of the two types of childcare agencies: number of students in the agencies, participation in the STAR Rating Program and most recent score, funding for agencies, accreditation from national organizations, education of directors, and longevity in the early childhood profession. Additional information was gathered from agencies that do use assessments to identify training procedures and purposes for data collected. Qualitative information was gathered from interviewing directors and direct-line providers in regards to perceptions of advantages and disadvantages of using or not using assessments.

Some patterns were identified. Of the agencies surveyed, center-based agencies are more likely to use an assessment to monitor the development of children. One hundred percent of agencies that were funded by outside dollars (United Way, grants, Department of Education) and accredited by a national organization use assessments. Of the agencies that participate in the

STAR Rating Program, the majority do use assessments. For center-based directors, longevity as a director, increased experience in the early childhood field and a higher educational degree, appeared to be associated with the use of assessments. This was not true for family/group agency directors; use of assessments declined. Interviews that were completed supported many of the statements indicated through the survey. A little discrepancy surfaced among the direct-line staff in their perception of how well they felt they were trained to use assessments. There was agreement that the use of assessments do help when having conversations with parents and planning classroom activities. One recommendation from this study was that an assessment be created that would resonate with the Tennessee Early Learning Developmental Standards and would be free of charge to childcare agencies.

## DEDICATION

This is dedicated to my mother who has forever supported me in becoming. And to my two beautiful girls, although I attempted to model perseverance, they were the ones who encouraged me to persevere.

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# CHAPTER 1

## INTRODUCTION

### **Background to the Problem**

In the past 20 years in the field of early childhood, the desire to provide quality childcare has come to light. Professionals are beginning to understand the vast growth and development of children at an early age. Therefore, the idea of capitalizing on that time frame for children can be of great consequence. Quality childcare is broadly defined as: “The aspects of the environment and children’s experiences that nurture child development” (Layzer & Goodson, 2006, p. 558). The National Association of State Boards of Education (NASBE) states that quality childcare should focus on two different features: (1) the characteristics and behaviors of the teacher and (2) whether or not the environment is a nurturing one where children are respected and interact with both peers and adults. In addition, children must be stimulated intellectually by providing appropriate classroom materials and must be afforded opportunities to learn basic school readiness skills (National Association of State Boards of Education, 2006). Bredekamp & Copple (1999) identify guidelines that have been established for developmentally appropriate practice in the field of childcare. The guidelines are as follows: “1) creating a caring community of learners; 2) teaching to enhance development and learning; 3) constructing appropriate curriculum; 4) assessing children’s learning and development; and 5) establishing reciprocal relationships with families” (p. 16-22). It is largely accepted by practitioners in the

field of early childhood education that all children will benefit from following all of these principles. Children's daily engagement within a positive, caring, developmentally appropriate environment is likely to develop a positive attitude towards the time spent in childcare. This study focuses on childcare agencies and their reasoning behind using or not using a developmental assessment to monitor the development of children in their care.

### **Problem Statement**

There is the perception that appropriate early childhood programs are changing from one of basic care to a more developmentally appropriate framework (Bredenkamp & Copple, 1999). Within the Developmentally Appropriate Practice (DAP) conceptual framework, it is recommended that children be frequently assessed in order to document their progress over time and to implement early intervention, when necessary. Research shows that if an assessment identifies a child with a developmental delay and the child receives early intervention, the delay may be ameliorated (Mindes, 2007). Despite the fact that early childhood care givers are in a key position to screen for developmental delays and recommend additional testing at an early stage, not all childcare agencies implement an assessment program. Thus the question emerges: As important as developmental assessments are to early childhood, are they characteristic of most childcare agencies? In addition, what characteristics differentiate those agencies that do use assessment tools from those agencies that do not?

The focus of this study is to understand the rationale used by childcare agencies regarding the decision to use or not use assessments in the childcare setting. Although research has surfaced in the last 20 years in regards to the development of the brain and the impact quality

childcare has on the development of children (Ramey & Ramey, 2004), there is still limited information about the use of developmental assessments in the childcare setting. This study could add to the literature about the use of assessments in early childcare settings, which will in turn support the importance of quality childcare.

### **Purpose of the Study**

One purpose of this study is to document the percent of centers with formal assessment in a regional area in order to understand more about the overall use of developmental assessments in these childcare agencies. Another purpose is to identify how childcare providers are trained in giving assessments in order to verify that appropriate training is being completed so that the assessments are completed appropriately and as intended. In addition, identifying interventions recommended by childcare providers based on outcomes of the assessment tool utilized is important to see that the information gathered from the completed assessments is being used. The study will also recognize the characteristics between childcare centers that do and do not have assessment programs, and ascertain the reasons centers report they choose or do not choose to use an assessment to monitor the development of children.

### **Overview of the Methodology**

To answer the proposed questions, a survey was completed by center directors. In addition, interviews with groups of directors and direct-line childcare providers was utilized (See Appendix A and B). The survey asked questions to ascertain whether or not the agency uses an assessment tool. If the agency did not use an assessment tool, the directors had an opportunity to explain the rationale behind the choice not to use an assessment tool. In addition, the directors were asked to state the level of training that the direct-line providers receive in regards to using

the assessments. And finally, for agencies that do employ an assessment tool the directors were asked to specify how the information is utilized. Focus group sessions were conducted in order to further investigate how direct-line providers make use of the results of assessment. Moreover, the focus group sessions provided direct-line providers with opportunities to convey their attitudes and beliefs concerning the use of assessments. A full description of how the focus groups were conducted is found in Chapter 3 and Chapter 4.

### **Rationale for the Study**

Within the past ten years, researchers and scholars in childhood development have suggested that developmental assessments are vital to the early detection of delays or possible disabilities and the reduction of the long-term negative outcomes of the findings (Hughes, 2010; Morrison, 2008; Kostelnik, Soderman, Whiren, 2011). In Tennessee, the Department of Human Services has incorporated the STAR Quality Program. This system incorporates the use of four existing rating scales. The Infant-Toddler Rating Scales (Clifford, Cryer, & Harms, 2003), the Early Childhood Rating Scales (Clifford, Cryer, & Harms, 2007) as well as the Family Child Care Environment Rating Scales - Revised (Clifford & Harms, 2007) assess quality indicators in child care agencies and family and group home childcare facilities. (The fourth rating scale focuses on school age children and will not be addressed at this time). Agencies receive ratings based upon compliance with many critical child care factors; however, in this system assessment plays no role in documenting quality. This is despite the fact that child assessment is considered to be criteria for quality childcare (Bredenkamp & Copple, 1999).

A separate issue involves training that child care providers receive in conducting child-based assessments and using assessment information. Such training in the use of assessments



tends to be marginal (Bondurant-Utz, 2002), which results in discrepancies in the validity and reliability of assessment information from center to center. This means that broad differences are likely to exist across centers in the role that developmental assessment plays in program development and delivery. It is likely that agencies that require resources to implement assessment will require evidence-based documentation of centers that use child-based assessment and that have demonstrated more effective programs.

### **Significance of the Study**

The data from this study will be obtained from childcare agencies in Hamilton County, Tennessee. Results from this study could better enable Hamilton County childcare agencies to understand the importance of incorporating developmental assessments into their program procedures. In addition, documentation of the importance of developmental assessment may better enable state administrators to develop rating systems that include developmental assessments as indicators of program quality. Results also could benefit directors of childcare agencies through increased understanding of the importance of using developmental assessments in childcare settings. Moreover, information gathered from direct line childcare providers may increase child care directors' understanding of the providers' need for implementing assessments effectively and efficiently.

### **Research Questions**

Research questions were chosen based on the rationale of why some childcare agencies choose to use assessments and some do not. Within that thinking, attempting to identify additional factors that might shape a director's decision of whether or not to use or not use a

development assessment is explored. And finally, exploring directors' and childcare providers' perception of the effectiveness of developmental assessments is a concept to be addressed.

The specific research questions for this study are:

1. Of the returned surveys, what percentage of childcare agencies in Hamilton County use a developmental assessment?
2. How do the institutional characteristics of childcare agencies in Hamilton County, Tennessee that do and do not use assessment tools differ?
3. What is the relationship between selected demographic variables and the use of a formal assessment in the childcare agency:
  - number of children at the agency;
  - educational background of director;
  - years that the director is employed in the childcare field;
  - years as a director and the use of assessments in the childcare agency;
  - Star-Quality rating score: 1, 2, 3;
4. For agencies that use assessment tools, how are childcare providers trained in the use of the chosen assessment?
5. For agencies that use and do not use assessment tools, what programmatic results emerge from this activity?
6. For agencies that do and do not use assessment, what are the perceived challenges that are associated with completing developmental assessments?

### **Definitions of Terms**

A list of terms is provided for a complete understanding of this research study.

1. Assessment. An ongoing process by which qualified professionals, through standardized tests, criterion-referenced tests and observation look at all domains of a child's development (Early Head Start National Resource Center, 2000).
2. Developmental domains. The areas of cognitive, motor, social-emotional, communication and adaptive areas of development (Mindes, 2007).
3. Early intervention. A variety of services that are provided to children who (birth to five years of age) have been diagnosed with a disability (Mindes, 2007).
4. Screening. A short procedure that determines whether a child's performance warrants more comprehensive testing based on differences in performance according to chronological age. (Notari-Syverson & Losardo, 2004).
5. Star-Quality Child Care Program. A voluntary program for child care providers that encourages and recognizes quality child care programs. Ratings consist of one to three stars. By achieving a three star rating, this indicates that the agency is using developmentally appropriate practice the majority of time (Tennessee Department of Human Services Child Care Services, 2003).

### **Delimitations of the Study**

Delimitations must be considered in this study. This study will be completed using childcare agencies in the Hamilton County, Tennessee area. The surveys will be sent to all 200 agencies in Hamilton County. Once the surveys are returned, in order to complete the qualitative portion of the study, the sampling will be a site selection purposive sample using specific criteria to choose interview groups.

### **Limitations of the Study**

The major limitation of this study is the size of the sample being used to complete this study. This sample may present a reasonable reflection of childcare agencies in the Hamilton County, Tennessee area, but may not be generalizable to other areas of the state or nation. A second limitation is that the study will be limited to the self reports of the agencies by survey and interview methodologies. The accuracy of the supplied data will not be verified by direct observation.

Once the surveys are sent, there is no control over whether or not the directors of the childcare agencies choose to participate and return the surveys. An additional limitation exists if the childcare providers feel threatened by participating and withhold their true thoughts about the use of assessments in the classroom. In addition, the directors may give answers that reflect what they believe should be happening in the classroom rather than what is actually happening in the classroom.

This chapter has described the purpose and rationale of this research study. Understanding the reasons behind the use or non-use of developmental assessments to monitor the development of children in childcare agencies is a primary reason for conducting this research. Chapter Two will address the literature about the use of assessments with children and possible outcomes of using and not using assessments in the childcare agencies. Methodology, the design of the study and analysis of both quantitative and qualitative information will be discussed in Chapter Three. Chapter four will provide the results from the study. Interpretations of the results, implications for practice and future research will be addressed in the final chapter.

## **CHAPTER 2**

### **REVIEW OF THE LITERATURE**

#### **History of childcare**

Childcare has a long history in the United States. In the United States kindergarten classrooms got their start earlier than “nursery schools” (1856 versus 1915). The first nursery school was a Montessori School for young children. Other countries had already implemented education for younger children (Morrison, 2008; Hartzell & Neugebauer, 2010). Many of these organizations began as a means to help impoverished children and children who had been abandoned. As time progressed, many childcare providers began to support mothers who needed jobs. For every dollar spent a mother would earn three dollars (Hartzell & Neugebauer, 2010, p. 34). Some of those same childcare centers are still in existence today. A primary focus of some of these childcare centers was to bathe and feed the children. As time progressed, providing childcare outside the home became very popular during World War II. Prior to the war the majority of families of mid- and high- socio-economic status mothers stayed at home and cared for the children. Once the war began, mothers had to move into the work force. The Lanham Act during World War II provided care for “Rosie the Riveter” mothers (Greenman, 2006). Once the war ended, many mothers returned to staying at home. During the 1950s and 1960s mothers resumed the role as primary childcare provider. As the economy began to change, mothers began to return to the workforce. As they did this, the need for someone to take care of

their children arose. Parents turned to family members first and then to help outside the home (Neugebauer, 2009).

During the rise of day care centers there was also a movement that emerged to observe if early education could produce quantifiable results. Head Start was created with federal money in 1965. These programs were known as child development centers. These programs provide comprehensive child development services to disadvantaged children ages three and four in an effort to break the cycle of poverty. In addition, there is now Early Head Start which serves infants through two years of age.

Model early childhood programs such as the High Scope/Perry Preschool Project (early 1960's) and Abecedarian Project (1972) came into existence to provide care for younger children than those attending kindergarten. One primary focus was for research to be conducted in order to see if there was a payoff for children being educated at younger ages.

Both the Perry Preschool Project and the Abecedarian Project reported long-term effects for the students that attended their programs. Longitudinal studies have been completed on these students through adulthood. Although expensive to operate, for every dollar invested, there was a \$4.00 - \$7.16 taxpayer dollars saved. For the Perry Project, 66 percent of the children graduated from high school. The Abecedarian outcomes indicated that 66 percent of the students attended a four-year college (Morrison, 2008). Some additional results indicated a reduced use of special education, less grade retention; higher IQ scores (Isaacs, 2008). Overall, positive results were noted.

Head Start has shown variable effects. However, positive effects up until the 3<sup>rd</sup> to 5<sup>th</sup> grade have been noted. Due to noted methodological problems during research, some of the outcomes have been questioned. Overall, it appears that the effects of Head Start are evident in

the short term. “Head Start children still lag very far behind national norms after enrollment and there is concern that immediate impacts may fade after a few years of elementary school” (Isaacs, 2008). Improvement in cognitive development and general school readiness of low-income children, compared to the alternative services available in the community has been shown (p. 11).

Although Head Start is free, enrollment is dependent on income levels. Not all children are able to attend Head Start. The face of day care centers, although having been around for quite some time, were beginning to change. These centers were based in a designated building. Parents would bring their children and leave them for extended periods of the day. In addition to center-based childcare, there were some parents who desired to stay at home to raise their own children and began to take in other children as additional income. While these would eventually be called family childcare, kith and kin care, or unlicensed childcare, for children cared for in a private home, additional terms indicate care outside of the home.

During the period of 1950 – 1960, the primary focus of care for children was of a safety mentality. The idea was to keep the children fed, diapered and safe. The children spent the majority of the day in unstructured play. There was no discussion of developmentally appropriate practice or child appropriate environments at this time. Quality was measured only by licensing standards which were very low. In addition, many sites were exempt from licensing standards: family child care, after school programs and church-run childcare (Neugebauer, 2009).

Greenman (2006) gives a good example of the simplicity of the childcare centers:

Good people (AKA nice women)  
+ sufficient toys

+ a space that did not harm (above ground was nice, but optional)

---

= good enough child care (Greenman, 2006, p. 62).

Licensing standards are designed so that childcare providers can meet minimal standards to run a childcare agency. The standards are devised to protect the children in areas of health and safety, enough space available for services to take place and to have adequate staff to child ratios (Harms, 2009). Therefore, there are many childcare facilities that provide adequate care, but not quality care for many children.

In 1926, The National Committee on Nursery Schools was initiated. It is now called the National Association for the Education of Young Children (NAEYC) (Morrison, 2008). NAEYC began as a means to provide guidance and consultant services for educators. NAEYC launched its Early Childhood Program Accreditation project in 1985 (Isaacs, 2008; Neugebauer, 2009). The framework of NAEYC's standards and accreditation system is to focus on best practices in the field and the benefits to the stakeholders; children, teachers, family and community and program administrators. The standards focus on the following areas: relationships, curriculum, teaching, assessment of child progress, health, teachers, family, community relationships, physical environment and leadership and management (NAEYC, 2011). Although incredibly rigorous and costly, many childcare centers have chosen to be accredited by this organization.

### **Brain Development**

In the 1990's information on brain development began to surface. Ramey and Ramey (2004) state that the research indicates that the early years of life are a time of rapid development



and growth. What happens in early development has lasting effects throughout life. Seven types of essential experiences have been identified as essential for optimum growth and development. They are: 1) Encourage exploration; 2) Mentor in basic skills; 3) Celebrate developmental advances; 4) Rehearse and extend new skills; 5) Protect from inappropriate disapproval, teasing, and punishment; 6) Communicate richly and responsively; and 7) Guide and limit behavior (p. 472). It was once believed that providing a child with shelter, food, clothing and a loving, healthy, safe environment would ensure optimum development. However, early experiences can help determine whether or not a child will reach his full potential. “At birth, a baby’s brain is about 25 percent of its approximate adult weight. By age three, a child’s brain has reached 90 percent of its full potential and is twice as active as the brain of an adult” (Moore, Rambo, & Swierk, 2006, p. 17). A human brain grows by making a variety of connections with stimuli in the environment. The connections that are used frequently remain and grow stronger. Those that are seldom used will go through a pruning process, synaptogenesis, at various states of brain development (p. 19).

Herrod (2007) discusses how research in brain development has surfaced. It is noted that stimulation of the brain in the first years of life has resulted in understanding that good stimulation is vital in the first few years of life. “It is becoming more apparent that early experiences affect not only cognitive but also non-cognitive function and that social and emotional development begins during the same critical time period as cognitive development” (p. 199). Herrod continues on to say many children in early childhood with special needs face additional obstacles in receiving intellectual stimulation, emotional support and in gaining access to many community-based services. For all children, being in a “non-nurturing and non-stimulatory environment” (p. 201) may hurt the chances of the child being ready for school and

create problems for the child in later life. Karr-Morse and Wiley (1997) add to this by saying that emerging neuroscience is demonstrating that the interaction between environmental and physiological factors is shaping brain development. Through assessment and then early intervention, the prevention of some disorders may happen.

### **Quality Rating and Improvement Systems (QRIS)**

A new approach for monitoring quality came into being around the turn of the century. Quality rating and improvement systems is a means of accrediting agencies as a means of identifying highest levels of quality (Neugebauer, 2009). These QRIS help to monitor childcare agencies for minimum to above minimum care for children. During this time, developmentally appropriate practice became synonymous with quality childcare. To ensure that all childcare centers were implementing best practices, in addition to the licensing standards, Tennessee's legislature passed a mandate that all licensed childcare agencies, whether home-based or center-based had to be monitored through the Star Quality Rating Scales. The providers did not have to participate in the entire program, but the assessment must be completed yearly (Tennessee Department of Human Services, 2003).

The assessments that comprise the Star Quality Rating Program were created by Clifford, Cryer, & Harms (2003). The scales assess how well the program is protecting the health and safety of the children; how well they are providing a nurturing social-emotional environment; and if the environment is appropriate for learning to take place. There are separate rating scales for infants and toddlers called the Infant Toddler Environment Rating scale (ITERS-R), preschoolers (ECER-R) and family childcare (FCCERS-R). By following the guidelines in these rating scales, the expectation is that the childcare providers are implementing appropriate

practices on a daily basis. Compliance with the licensing standards and the Star Quality Rating scales helps to check the overall progress of the childcare agency towards implementing developmentally appropriate practices and quality childcare.

With the influence of brain research, it was impressed upon childcare agencies the importance of using developmentally appropriate practices (DAP) (Bredecamp and Copple, 1999, 2009). When using DAP, an early childcare professional follows some general guidelines to ensure optimum learning takes place. Creating a caring community for children and parents that ensure positive relationships is the beginning of ensuring developmentally appropriate practice. Teaching to enhance development and learning by first understanding typical and atypical development will ensure that all children's needs are met. Using a curriculum that encompasses age appropriate goals and expectations, and builds upon what children already know and are able to do is beneficial to brain development. Assessing children's learning and development is essential to making sure children are developing as they should. By using an assessment tool, a childcare provider can either change the way they teach in order to accommodate the child or, if needed, recommend further evaluation (Bredecamp & Copple, 1999).

Bondurant-Utz (2002) supports the idea that training and recommendations for assessors of infants and young children should be complete. The assessors must possess adequate knowledge of typical and atypical child development. Childcare providers must have knowledge of appropriate assessment procedures and techniques. Providers must have a working knowledge of assessments and which assessments will provide the information that is needed. And finally, providers should understand the importance of using a multi-faceted approach.

It should be noted that NAEYC and Head Start's Performance Standards recommend individual assessments be completed on children in order to follow their development. In addition, if one is using developmentally appropriate practice in the classroom, pre-school or otherwise, assessment of all children is to take place. The Tennessee licensing standards or the Star Quality Rating Program do not mention assessing children on an individual basis. This is particularly disconcerting, considering that these systems are designed to assess quality and assessment as an important component of quality.

As DAP is a very important guideline to ensure positive growth and development, looking deeper into the childcare classrooms to see how developmentally appropriate practice translates to children is imperative for this study. One possible way to see if children are developing is through individual assessments. There are a variety of ways to assess children which will be addressed.

### **Types of Assessments**

With the revision of the Individuals with Disabilities Education Act (IDEA) in 1986, Part C was created. The concept of Part C was to create early intervention services for children birth to five years of age. With the creation of IDEA, accountability was recommended through yearly assessments for children receiving intervention. The assessments could and should consist of discussing a child's development with the parents as well as direct observation of a variety of skills. Important growth and development take place during infancy and early childhood. Once a child has been identified through assessment as having a disability, there are many benefits. There is greater potential for the child to benefit from early intervention strategies. Second, families benefit from the support that they receive during this time and

identify additional ways to help their child. And third, the cost factor for schools and communities decrease as children may arrive at school with the necessary skills to be successful and ready to learn (Bruder, 2009).

Assessment is defined by Notari-Syverson & Losardo (2004) as, "...the process of gathering ongoing and comprehensive information about specific aspects of a child's knowledge, behavior, skill level, or personality for the purpose of making evaluative decisions" (p. 72). NAEYC in *Developmentally Appropriate Practice in Early Childhood Programs* (Copple, & Bredekamp, 2009) has outlined what is considered to be sound assessment for birth to the primary grades. They are as follows: a) Assessment is ongoing and used to inform parents of the child's development. In addition, it can be used to improve the teacher's effectiveness; b) Assessment is connected with progress towards age and developmentally appropriate goals; c) A system is in place to guide the teachers to evaluating the data collected from the assessments; d) The choices of assessment used are appropriate for the age and development of the child and takes into consideration the variations of learning experience; e) Assessment takes into consideration what children can do independently as well as with support from teachers and/or peers; f) Assessment gathers information from family members; g) Assessments are used for a specific purpose; h) Multiple sources of assessments are used as needed; i) If a child is identified as having a developmental delay, follow up with parents and other professionals is completed. "Diagnosis or labeling is never the result of a brief screening or one-time assessment" (p. 22).

There has been much controversy about the use of developmental assessments with the birth to five populations. Standardized testing has been deemed as inappropriate for this population and not recommended before grade four. The younger a child is, the more difficult it is to obtain valid results. Performance is affected by a child's emotional state as well as the

conditions of the testing environment (Epstein, Schweinhart, DeBruin-Parecki and Robin, 2004). However, there has been a big push for accountability for all children, not just children with special needs (Guddemi, 2003). Guddemi states, “Therefore, it is critical to understand that both informal and formal assessments, when developmentally appropriate in design and purpose, are a good thing in the early years” (p. 273). Informal assessments consist of obtaining information that come from means other than standardized testing. One could use observation, portfolios, checklists as a few ways to obtain assessment information (Morrison, 2008). Assessment differs for younger children, most importantly, because young children learn differently than adults. Young children learn through kinesthetic, concrete, experiential and interactive ways (p. 274). Children develop in social, communication, cognition, motor, aesthetic, affective, and language domains (Kostelnik, Soderman, & Whiren, 2011). All children develop at a different rate, although there are agreed upon ranges of development for particular skills. No two children learn the same way or develop at the same pace. “A one-size-fits-all assessment will not meet the needs of most children” (Guddemi, 2003, p. 274).

Because young children’s development is idiosyncratic, assessment of young children should be done individually. This information can be gathered through direct observation and/or conversations with the parent. Again, this is very similar to how assessments should be used with children with special needs. The National Education Goals Panel on early childhood assessment, a government appointed committee (Shepard, Kagan, & Wurtz, 1998) states that assessment should:

Bring about benefits for children; be tailored to a specific purpose; be reliable, valid, and fair; bring about and reflect policies that acknowledge that as the age of a child increases, reliability and validity of the assessment increase; be age appropriate in both content and methodology;

be linguistically appropriate because all assessments measure language; and value parents as an important source of assessment information (Shepard, Kagan, & Wurtz, 1998, p. 5-6).

Testing has value for all children. It is a means to determine the most appropriate strategy for each child's ability. For example, results from testing that indicate a child is typically developing could be used for criterion-referenced purposes (Popham, 2006). The childcare providers could use the information for planning purposes that would further the child's development. On the other hand, if a screening is completed and the results came back indicating the need for further testing, additional testing can be scheduled. A child may be identified as needing special help. A child can receive early intervention that may result in being less impaired in the future (depending on the problem) (Mindes, 2007).

For those unfamiliar with assessment, guidelines for screening, assessing and evaluating young children are delineated in the article, *Developmental Screening, Assessment and Evaluation: Key Elements for Individualizing Curricula in Early Head Start Programs* (n.d.). Screening and assessment should be considered as a service offered by the childcare setting. Screening and assessment tools should only be used for their intended purposes. Multiple sources of information should be considered when screening and assessing a child. Using one measure is not sufficient. Assessment should be done on a periodic basis, not just one time. Screening should be viewed as a path to further assessment. The measurements used should be reliable, valid and culturally sensitive. Screenings and assessments should be done in natural and non-threatening environments. Family members should be an integral part of all screenings and assessments. In addition, all those who screen, assess and evaluate young children should be well trained.

There are a variety of assessments that are developmentally appropriate and can be used in the childcare classroom. A brief description of various types of classroom assessments will be presented here. Observations and checklists are two forms of developmental assessment that are effective for the early childhood population. A well-defined checklist which incorporates a variety of tasks for each developmental domain along with good teacher observation is one way to assess young children for development (Mindes, 2007).

Anecdotal records are objective, short description(s) of a child's behaviors and skills. This is most effective when completed over a period of time (Guddemi, 2003). Documentation about what a child is doing in the moment in regards to a specific task or behavior is documented. This can be helpful over time for identifying patterns of behavior and/or to see if a child has mastered a particular skill (Mindes, 2007). Portfolios are a collection of concrete work examples that are gathered over time. This presents the observer with a look at the development of particular skills (Guddemi, 2003).

One of the most common forms of assessment tools is the rating scale (Hughes, 2010). It is a method of determining a child's skill level based on their ability to demonstrate that skill. Using definable criteria, an observer can rate the behavior or skill using a continuum typically from one to five. This judgment and recording of the skill or behavior enables the teachers to determine the next steps necessary for the child to fully develop their potential (Mindes, 2007). An example of a rating scale would be the Ages and Stages Questionnaire (ASQ). The criteria for this scale is "Sometimes," "Never" and "Always." This particular scale is used with children birth to 60 months.

An alternative to the rating scale that would also demonstrate a child's skill level is a portfolio. A portfolio is a collection of the child's work over time. Review of the artifacts



allows the teacher the opportunity to assess the child's growth and development of a targeted skill. This becomes a concrete example of the child's abilities and becomes a performance based assessment. In addition, the use of portfolios allows for greater involvement of the parents and a vehicle for communication with the teacher. An example of developmental progress might be when a child draws a person with just a head and sticks for limbs. As he or she matures, additional body parts are added. This becomes an observable demonstration of development (Mindes, 2007).

Developmental screenings offer an additional form of assessment. By utilizing typical ages of development and comparing a child's skills and abilities, observers can determine a child's progress. While these screenings, based on the developmental continuum are of value, it is important that very young children be screened often. The rapid growth and development of infants necessitates that screenings be done periodically to detect any difficulties. "Periodic screening is important because babies change developmental status rapidly" (Mindes, 2007). To enhance the reliability of the results, screening should take place in a familiar, natural and non-threatening environment that also includes the parents. If the results indicate a potential problem, further testing is warranted (Guddemi, 2003).

Diagnostic assessment is a more focused instrument that targets the suspected area of development. This assessment is typically given after a screening has been given indicating that there might be some special problems. A broader definition of a diagnostic assessment is now considered to be a low stakes assessment and should not be used for accountability, but instead to inform instruction. Standardized assessments are direct measures of children's performance, administered under stringent protocols.

For young children, standardized assessments should mirror classroom instruction. By utilizing the authentic content familiar to the child the results are more likely to be valid. The younger the child, standardized assessments should not be used as the only measurement on which to make high-stakes decisions up until grade three. They become less accurate, and validity and reliability are in question (Guddemi, 2003). The National Association for the State Board of Education (2006) states, “Multiple assessment tools should be used to make sound decisions about teaching and learning, to identify significant concerns that may require focused intervention for individual children, and to help teachers adjust and modify curricula and improve their educational and developmental interventions” (p. 9).

Oldham and Sprague (2008) state that early childcare programs that receive any funding from outside sources will be expected to use child assessment tools as a way to gauge a program’s quality and improve the quality for all the children. These same authors did a study with several United Way funded centers in Massachusetts. They followed several childcare agencies that were taught how to use assessments, the problems and benefits from using these assessments. The benefits that were identified after using the chosen assessments were significant. The programs reported that families were more involved, the staff felt better prepared and more professional, there was an increase in referral to special services for children, the staff were better able to individualize the curriculum to meet the children’s needs, and finally, there was increased information to help with supervision.

Some problems that surfaced within this study were training the childcare providers. Due to turn over rate, once a staff was trained they might leave and new staff would have to be trained. With varying degrees of education, some childcare providers felt comfortable giving the assessment, writing up the observations and reports as well as having parent conferences. There

were several teachers who did not feel confident in completing all of these tasks. Time was another factor that childcare providers found difficult. It was challenging to continue to teach and make time for testing all children (Oldham and Sprague, 2008). Although there may be difficulty implementing the use of assessments into a childcare center, the benefits seem to outweigh the struggles.

Research indicates that pre-service teachers do not feel well-equipped to use assessments in the classroom (Miller & Losardo, 2003; Pianta, 2007). There is some concern that if pre-service teachers are concerned about being prepared, what is happening with childcare providers that have only had limited training, if any, to utilize assessments in the childcare classroom? Although the National Association for the Accreditation of Teacher Education (NCATE) recommends that teachers are trained in inclusive practices, which includes assessment, pre-service teachers rarely feel that they receive adequate education in this area (Miller & Losardo, 2002, p. 315). Pianta (2007) discusses that childcare professionals receive little training in using assessments in working with children. In addition “early childhood teachers describe themselves as alienated from and lacking the supports available in K-12. This creates a fragile and vulnerable system that is increasingly being asked to ameliorate social, economic, and educational disparities” (p. 48). It is of great concern that if pre-service, college-educated teachers are concerned about their training, what then is happening for those who do not have the education, yet who are in the early-childhood classroom and expected to do the same thing? How are they to implement the screenings and assessments without the necessary training?

Assessment alone will not make a difference in a child’s life. However, assessment followed by quality childcare, developmentally appropriate practice in all domains and positive, nurturing relationships will make a difference. Although infancy and early childhood are critical

periods for all children, as we have seen with the brain information, children that have been identified as having a developmental delay or disability will benefit from intervention strategies designed for that child. In addition, communities benefit from early intervention for these children due to a decrease in costs and children arrive at school better able to learn (Bruder, 2009). Unless assessments are completed in the early childhood settings, how will these benefits happen?

One has to remember that not all childcare classrooms are equal in helping children prepare for success in the elementary grades. There are many agencies that subscribe to developmentally appropriate practice. However, this does not always trickle down to the individual classrooms.

The identification of specific classroom transactions or processes that predict the growth in skills that enable children to make a successful transition to kindergarten and first grades is critical to realizing the promise of preschool education. Reliable and valid assessments of important readiness skills and of classroom processes are essential to the overall goal of enhancing children's opportunities to learn (Hughes, 2010, p. 48-53).

In order to answer the question as to whether preschools work, we must take some type of measurement. We can start on a global scale of environmental assessments to see if childcare providers are implementing developmentally appropriate practice and following the licensing rules. But more importantly, we must support our children in identifying if they are making progress. By identifying and addressing the strengths and needs of children through classroom management, curriculum strategies, or specific interventions the effectiveness of schools may be determined.

In summary, we know that all children develop similarly, yet at different rates. We know that all childcare agencies are not the same. Some embrace developmentally appropriate practice and some do not. Within that developmentally appropriate practice framework, some childcare agencies choose to use developmental assessments, either formal or informal, to monitor the development of the children in their classroom. There is no research currently in existence that discusses why some childcare centers use or do not use assessments. This research is designed to question why some childcare centers do use assessments and what factors cause other centers to not use them. In addition, are there any variables that surface that cluster those agencies that use or do not use developmental assessments? In addition, do the childcare providers feel adequately trained to give and interpret the assessment results? Childcare providers should not fear carefully chosen assessments. These formal and informal assessments are essential to establishing a sound early childhood program. “Quality assessments give teachers valuable information about the child’s developing skills and knowledge. They lead teachers to select quality early childhood activities and instruction” (Guddemi, 2003, p. 279). And finally, quality assessments help to ensure that no child will be left behind. It just begins a little earlier than Kindergarten. As the research is completed in this field of early childhood, additional information may surface that can guide the professionals in this field to take additional steps to include developmental assessments into their classroom strategies.

## **CHAPTER 3**

### **METHODOLOGY**

#### **Research Design**

The main objective of this study was to determine the rationale of using or not using assessments in early childcare agencies. Some additional purposes of this study were to: (1) document the number of centers in a regional area that use formal assessment programs; (2) describe the kinds of assessment tools utilized, and training provided; (3) identify interventions they recommend based on outcomes of the assessment tool utilized; and (4) identify the characteristics of childcare centers that do and do not have assessment programs.

The specific research questions for this study were:

1. Of the returned surveys, what percentage of childcare agencies in Hamilton County use a developmental assessment?
2. How do the institutional characteristics of childcare agencies in Hamilton County, Tennessee that do and do not use assessment tools differ?
3. What is the relationship between selected demographic variables and the use of a formal assessment in the childcare agency:
  - number of children at the agency;
  - educational background of director;

- years that the director is employed in the childcare field;
  - years as a director;
  - Star-Quality rating score: 1, 2, 3;
4. For agencies that use assessment tools, how are childcare providers trained in the use of the chosen assessment?
  5. For agencies that use and do not use assessment tools, what programmatic results emerge from this activity?
  6. For agencies that do and do not use assessment, what are the perceived challenges that are associated with completing developmental assessments?

In conclusion, this chapter included information regarding the study design, setting and participants, materials and instruments as well as the data collection and analysis methods used.

### **Setting and Participants**

Initially, a survey was created by the researcher based on the research questions being asked in the study. The questions covered demographic information such as: number of children in the agency, years the director has been a director and in the early childhood profession; whether or not the agency participated in the STAR Quality Program and the most recent score. In addition, questions were directed at agencies that use assessments regarding who trained the direct-line staff in giving the assessments as well as what was done with the information once obtained. And finally questions were addressed at childcare agencies that did not use assessments concerning information needed if they wanted to use assessments.

A panel of experts made up of approximately ten educators and members of the community who have a professional interest in the welfare of children (members of Chattanooga Area for the Education of Young Children) convened. Feedback was gathered as to the value of

the questions on the survey and the interview questions. Content and face validity were determined from this exchange. Changes were made as needed.

All 200 childcare agencies in Hamilton County, Tennessee were sent The Assessment Survey. From the available returned surveys a purposive sample was used to identify focus group participants. From the designated sample, four sets of interview groups were created: directors of childcare agencies that do use assessments and directors of agencies that do not; childcare providers from agencies that do use assessments and childcare providers from agencies that do not use assessments. Interview groups of both sets of directors and direct-line childcare providers were completed by the researcher. The total number of participants was determined to be 25.

### **Materials and Instruments**

This research study was a complementary mixed-method design. McMillan and Schumaker (2006) state that “Quantitative results enhance generalizability while qualitative results help explain context” (p. 404). Descriptive data was first collected about a variety of characteristics of childcare centers. The qualitative portion then focused on gathering additional information through interviews both with directors and direct-line childcare providers as to what childcare providers deemed necessary to use assessments to the fullest extent.

The Assessment Survey was developed based upon the literature and addresses all of the proposed research questions (See Appendix A). After a panel of experts reviewed the survey and gave their feedback, changes were made as designated. The survey gathered quantitative information about the characteristics of each program, e.g., number of students, Star-Quality



Childcare Program score, level of education of each participant and years working in the profession. This part of the survey helped to answer questions one, two, three, four and five. Qualitative information was gathered using semi-structured interviews from the focus groups. The Interview Questions (See Appendix B) were created based upon the research questions. Below is an example of some of the questions from the interviews for directors of agencies that use assessments: If you do use assessment tools within your agency, how do you train your employees? Do you feel that the current assessment tool being used provides your staff with enough information about development? What do you encourage your staff to do with the collected information? What are the pros and cons of using an assessment tool?

For directors of agencies that did not use assessments, an example of some of the interview questions were as follows: If you do not use an assessment tool, what is the reason? What type of information would you like an assessment tool to produce? Do you need help in finding/choosing an assessment tool? When your staff report that they feel a child has a problem, how do you support them? and What are the pros and cons to not using an assessment tool?

Because the direct line childcare providers did not complete the survey, using similar questions that were on the survey provided them an opportunity to discuss their feelings/attitudes about using an assessment tool within their classroom (See Appendix C). A sample of questions asked are as follows: Does using this assessment tool help you in the classroom or not? How are you trained to use the assessment tool? Do you think that it is effective training or do you feel as if you could use more? Do you have any problem using the assessment tool? What do you do with the information that you get from the assessment? What are the biggest pros and cons to using this assessment tool in your classroom?

A sample of questions for direct line providers that do not use assessments were:

Have you ever asked your director to get an assessment tool? Did it happen or not?

If your agency did use an assessment tool, how would you like to be trained? How do you check to see if the children in your classroom are developing appropriately? If you notice a child that might be having a problem in some area of development, what do you do about it? What are the pros and cons to not using an assessment tool to monitor the development of children?

Although an interview protocol was used, additional questions could have been asked as they surfaced. A tape recorder was used to record the interviews and examined at a later date. Both the questions on the survey and the interview questions elicited qualitative information and answered questions four, five and six.

## **Study Procedures**

Following proposal approval by the dissertation committee, an approval application to conduct the study was submitted to the UTC Institutional Review Board. On September 1, 2011, approval was secured from the UTC Institutional Review Board. (See Appendix F)

This study was completed in three phases. Phase One began with the development of the survey and having an expert panel examine the survey instrument and interview questions. Changes were made as needed.

Phase Two: The director of each of 200 childcare agencies in Hamilton County was asked to complete a survey regarding the use of assessments in their childcare agency. A cover letter explained the purpose of the survey (See Appendix D). A stamped addressed envelope was provided to all participants to return the study. A request was made to the agencies to mail the surveys back to the researcher's location of employment. One secretary at that location collected

all surveys and kept them in a locked file cabinet until all were collected. The timeline for collecting all information was one month. At the end of one month, due to the rate of return being low (below 60%), a follow-up survey was sent. And finally, a phone call was then made to the directors to complete the survey. From all surveys returned, quantitative data was collected.

Phase Three: Once the surveys were returned, a site selection purposive sampling was completed (McMillian & Schumacher, 2001). The sampling was based on the criteria of those childcare agencies that do and do not use assessments. In addition, the surveys received were split up into outlying childcare agencies in Hamilton County as well as inner-city childcare agencies. Directors and direct-line childcare providers of the childcare agencies were contacted to participate in separate interview sessions. These groups were divided between directors of center-based agencies that use assessment tools (N = 8) and those that do not (N = 4); family/group agencies that use assessment tools (N = 4) and those that do not (N = 4). And finally, childcare providers that do use assessments (N = 5) and those that do not (N = 0). Although the plan was to interview direct-line childcare providers that do not use assessments, no one showed for the group. It was then decided not to pursue this group of participants because they would have to be interviewed at their workplace. It was felt that interviewing this group of participants at the childcare center might produce biased statements due to being in close proximity to the director.

Although the initial plan was to complete interviews in a group setting, only two interview sessions had more than one person show: Center-based agencies that do use assessments and direct-line childcare providers that do use assessments. Within all of these interview sessions, an

attempt to acquire qualitative information about their personal reasons for using/not using assessments was gathered (See Appendix C).

### **Data Collection and Analysis Methods**

This study used a complementary mixed methods approach (McMillian & Schumacher, 2001, p. 543) using descriptive information to gain the quantitative information and then elaborating and enhancing the results with the qualitative data. Research questions one through five provided information that was analyzed through conventional descriptive statistics (percentages and crosstabs). Questions four, five and six were analyzed through the Consensual Qualitative Research (CQR) method (Hill, Knox, Thompson, Williams, & Hess, 2005).

The CQR method required having a team of researchers with the aim of arriving at a consensus on the meaning of the data collected. The researcher/author asked two other researchers to help with this process. They were trained in the CQR method. The CQR method required three steps to completion. The first step was to segment the data (interview transcripts) into domains which can be coded. After each member does this, a meeting ensued to make sure there was agreement on the identified domains. The next step was to identify core ideas within each domain. The members worked independently to reduce the original ideas of participants in to fewer words. The last step was called “cross-analysis.” At this point, the core ideas were grouped into categories based on similar ideas, resulting in general ideas versus specific ideas (Patten, 2005). Finally, an auditor, who is an outside expert, was asked to review the work of the research team after completion of each step.

## **Researcher Positionality**

This researcher had a Masters in Special Education and was a professional in the early childhood field. After a 25-year career in education, she found her passion to lie in the area of early intervention. As a director of home/based and community services for early intervention for an Early Intervention Resource Agency, for six years she provided services to children who are birth to three years of age. Going into homes and childcare agencies, she has provided feedback to parents and childcare providers on how to help children with special needs continue to proceed through their stages of development.

In addition, as an employee of the Child Care Resource and Referral Center, this researcher has trained childcare providers in quality childcare and best practice for working with children birth through twelve years of age for eight years. Training is done in large groups and one-on-one.

And finally, as an adjunct professor at the higher education level, this researcher taught a course in assessment for the young child. Having taught pre-service teachers about the importance of using assessments, this researcher was very aware of the value assessments play in the field of early childhood.

In providing the above services, many times the researcher experienced childcare providers asking the following question: “How do you tell parents you think their child is not developing on target?” Each time, the response was: “Do you use an assessment tool to monitor the development of children?” Many times the answer has been no. The conversation would follow that it is best practice to use an assessment tool to back up a childcare provider’s assumptions and observations.

Having these various professional experiences, the researcher was intrigued with the use of assessments in the early childhood field. A desire to find out how many childcare agencies use assessments and the reason behind this decision were important issues for this researcher to study. Although this researcher does believe strongly in the use of assessments in the early childhood field bias was addressed early and this researcher worked diligently to keep bias out of all language within this study.

## **CHAPTER 4**

### **RESULTS**

#### **Chapter Introduction**

The overall purpose of this exploratory research was to determine the rationale of using or not using assessments in the early childcare field in Hamilton County, Tennessee. In addition, identifying some characteristics of those agencies that do and do not use assessment was addressed; for those agencies that do use assessments, how staff are trained and how they use the information gained from the assessment; to identify what interventions occur based on outcomes of the assessment tool utilized; and for those agencies that do not use assessments, what prevents them from doing so and what do they need if they chose to use assessments; and finally, what was the perception of early childcare providers as to the pros and cons of using or not using assessments. This chapter includes a detailed description of how the study was carried out along with a presentation of the quantitative and qualitative data analyses used to answer the research questions below. The research questions developed as a result of scrutinizing the overarching question of whether developmental assessments are used in childcare facilities in Hamilton County. Upon reflection, it became clear that within the general questioning of the use of assessments there were several variables that should be considered. The variables included the differing characteristics of centers that may or may not use assessments, the experience and education of the directors, training factors for the staff and the perceived benefits and challenges

of using an assessment. Each of the variables became a question that could enhance and support the original intent of the study. It was hoped that the information could provide insight into why some centers chose not to use assessments even though current literature supports the importance of monitoring a child's development.

### **Research Questions**

As indicated in Chapter One, the following were research questions addressed in this exploratory study. In order to determine basic percentages and other numeric data, quantitative methods were employed. Personal comments and observations by participants were analyzed by using a qualitative approach. These research questions guided the process and direction of this study. Questions one, two, and three were answered through the surveys and quantitative data; questions four and five were satisfied through both quantitative and qualitative data; and question six was met through interviews and qualitative data alone.

1. Of the returned surveys, what percentage of childcare agencies in Hamilton County use a developmental assessment?
2. How do the institutional characteristics of childcare agencies in Hamilton County, Tennessee that do and do not use assessment tools differ?
3. What is the relationship between selected demographic variables and the use of a formal assessment in the childcare agency:
  - number of children at the agency;
  - educational background of director;
  - years that the director is employed in the childcare field;
  - years as a director;



- STAR Quality rating score: 1, 2, 3;
4. For agencies that use assessment tools, how are childcare providers trained in the use of the chosen assessment?
  5. For agencies that use and do not use assessment tools, what programmatic results emerge from this activity?
  6. For agencies that do and do not use assessment, what are the perceived challenges that are associated with completing developmental assessments?

### **Data Collection and Preparation**

#### **First Phase of Study**

This is an exploratory research study employing complementary mixed-methodology (McMillian & Schumacher, 2001). The mixed methodology consisted of collecting quantitative data for questions one, two, three, four and five. Qualitative data were collected in order to support questions four and five. It was the sole measure used for question six in order to gain perspectives of directors and direct-line staff in the childcare agencies.

The study was set up to be completed in three phases. The initial phase was to complete a pilot study in order to help with content and face validity of the survey that was to be sent out. The researcher's aim was to then send out a survey to all of the childcare agencies in Hamilton County, Tennessee (N=200). The projected rate of return was 60%. Once the surveys were returned, the intent was to complete interviews with directors and direct-line staff in order to gain perspectives of the use or non-use of assessments in the agencies that they work for. Both quantitative and qualitative data would then be gathered and analyzed from both the survey and interviews.

After approval from the Institutional Review Board, the first phase began in September, 2011. It was decided that a pilot study would be convened to assist with the content and face validity of the survey. In addition, one other motive for this pilot study was to see if they could complete the survey in the time designated in the Consent Form. Members of the governing board of the Chattanooga Area Association for the Education of Young Children were asked to assist. Ten adults volunteered. Their backgrounds included trainers of early childhood professionals, teachers in the early childhood profession, and one director of a Mother's Day Out program. None of the participants were affiliated with programs that would be part of the study. The professionals were asked to participate as representatives of the various aspects of the early childhood education community. With their knowledge and expertise they could objectively review the language of the survey and its applicability to the target population. A focus group interview was then conducted. The participants of this focus group reviewed the survey and the interview questions prepared by the primary researcher. Feedback was given as to the language used and possible misunderstanding of the questions.. Some changes were made in order to reduce ambiguous language and to facilitate meaning. Two specific changes were made. They were to change "STAR rating score" to "assessment report score" and the director of one agency that this researcher works for, wanted to make sure that there was a clear distinction in the Consent Form that separated this study from the organization. The members of the focus group did take time to answer the questions as if they were true participants. The changes did not affect the overall content or intent of the survey. The changes were made as needed.

## **Second Phase of Study**

A revised consent form that indicated willingness to participate in the study and the revised survey were mailed to directors. The directors had the option to be anonymous and to not be re-contacted to participate in interview groups. By signing their name and the name of their agency, permission was given to re-contact them.

The survey addressed the research questions being asked. During the second phase, the revised surveys were sent to directors of center-based and family/group home childcare agencies. The questions were to be answered by directors of childcare agencies that use and do not use assessments to monitor the development of children.

On September 27, 2011 the first round of surveys were sent to 200 childcare agencies in Hamilton County, Tennessee. One month was the designated time frame before the second set of surveys was resent. Thirty (30) surveys were returned. On November 2, 2011 the second round of surveys was resent. A message was included on these surveys requesting that the surveys be returned by November 12, 2011. Thirty-one (31) surveys were returned.

Of the surveys that were returned by mail, 40 (65%) consented to further contact. 21 (34%) did not sign their name to the consent form. Therefore, they remained anonymous. On November 21, 2011 the researcher began calling the remaining 135 agencies. This process took two weeks to complete. Completion of the survey was done over the phone for those who would participate. Of the 200 agencies, it was found that a total of fourteen had been closed for business. Fifty agencies chose not to participate. A total of 136 childcare agencies chose to participate either via the mail-in survey or over-the-phone survey. This is a participation rate of 73%. Of the surveys completed by phone, there were three centers that consented to further contact.

The returned surveys went to the secretary of the primary researcher's place of employment. She held all of the first round surveys in a locked filing cabinet. Upon receipt, the surveys were then separated from the consent form. They were each given a number starting at 001. Both consent form and survey were given the same numbers. The consent forms were logged in order to re-contact those that were interested in continuing with the survey. The same was done with the second round of surveys.

Although each survey had an identifying number on top, there was no identifying information about the name of the center or family/group home agency on the form. This reduced the possibility of any bias occurring as the data were collected from each survey. Once all surveys were returned, the use of SPSS for all descriptive aspects of the study was completed.

### **Third Phase of Study**

The third phase involved interviewing the agencies that consented to participate in this section of the study. A combination of purposive sampling strategies was utilized. Once consent forms and surveys were separated, comprehensive sampling strategies (McMillan and Schumacher, 2001, p. 320) were employed to identify a cross-section of center-based and family/home based agencies to participate in interview groups. Due to the center-based agencies having a larger pool than the rest of the groups to choose from, site selection purposive sampling was employed to choose directors from a variety of centers that logistically covered the entire Hamilton County area. In addition, directors were chosen from agencies that were associated with the Department of Education, church-based agencies, funded by grants, Head Start agencies and independent agencies.

For family/group agencies that do use an assessment tool, of those who agreed to be interviewed the sample size was small to begin with. This researcher contacted all family/group participants and only four chose to participate further. Of the directors of family/group home agencies that do not use assessment, only four committed to participating in the interview groups or being interviewed via telephone. One director had a death in her family and had to excuse herself from the study.

Of the directors of center-based agencies that do not use assessments, a total of four committed to being interviewed. Lastly, for directors of center-based agencies that do use assessments, eight directors were willing to participate in interviews.

From the returned surveys signed by directors consenting to participate in the interview process, the interview groups were divided into six different groups: (1) Directors of center-based agencies that do use assessments; (2) Directors of center-based agencies that do not use assessments; (3) Directors of family/group home agencies that do use assessments; (4) Directors of family/group home agencies that do not use assessments; (5) Direct-line childcare providers of center-based agencies and family/group home agencies that do use assessments; and (6) Direct-line childcare providers of center-based and family/group home agencies that do not use assessments. The reason behind this separation was that center-based agencies typically have more staff and funds than family/group agencies. It was believed that there would be more freedom of expression between the groups and not as much of a “comparison” mentality.

The only compensation offered to participants was dinner. It was during this time that the majority of interviews were attempted. It was a very relaxed and informal environment for conversation to take place. There were some participants who were unable to come to dinner at the researcher’s house. For some directors, interviews were completed at lunch at a restaurant, at

their childcare agency or over the phone. Lambert and Loiselle (2008) believe that the dialog within groups is richer because of interactions within the group. Although this type of interview was attempted (N = 8), more interviews were completed individually (N = 17). Although these same authors felt that individual interviews are widely used, sometimes there can be problems that arise due to the interviewee wanting to maintain a “preferred self-image” (p. 229) and may not represent their true reality. Joining focus-interview groups and individual interviews may produce “complementary views of the phenomenon generated (p. 230).”

All interviews which took place in my home were tape recorded. In addition, a scribe took back-up notes on all conversations. By having a scribe take notes, the primary researcher was able to facilitate and keep the flow of conversation going. Information from the audio recordings and the scribe was transcribed and used for the qualitative findings. Of all interviews that were done out of the home, this researcher took notes on all answers given by each participant and then transcribed. A tape recording was not used in the one-on-one interviews as the researcher was taking notes as the interviewee spoke. It was believed that due to meeting directly with one person at a time and writing down verbatim what was said, there was little room for error, therefore, no need to audiotape. In both group interviews and individual interviews, all questions were asked in the same order which kept the protocol the same.

At each of the interview groups, the directors were asked to provide at least two names of staff members willing to participate in a focus-group interview. A focus-group interview for direct line childcare providers that do not use assessments was scheduled for January 9th, 2011. Another focus-group interview for direct line childcare providers that do use assessments was held on January 12, 2011. Again, the participants of the interview groups were offered dinner at

my house. It is to be noted that no one attended the interview group for direct-line child care providers of centers and family/group home agencies that do not use assessments. Direct-line providers from agencies that do use assessments did attend the interview group on January 12th, 2012.

Consensual Qualitative Research (Hill, Knox, Thompson, Williams, & Hess, 2005) method (CQR) was used to analyze the qualitative data. The basic components of the CQR are the use of (a) open-ended questions typically completed during an interview; (b) the use of several researchers to provide multiple perspectives; (c) consensus on the parts of the researchers about the meaning of the data; (d) an auditor to participate and check the work of the researchers and to “minimize the effects of groupthink” ( p. 2); and (e) from the data identified develop domains, core ideas and implement a cross-analyses (Hill et al, 2005).

Once all interviews were completed and information was transcribed, two additional researchers and an outside auditor were obtained to assist with analyzing the qualitative data as described in the CQR method. The additional researchers were trained on CQR. This training was audio-taped and given to the auditor for review. These researchers and auditor were given information on CQR and requested to study this methodology. A meeting was held to discuss all parts of the CQR method and further questions were identified and answered. The researchers and auditor were then given audio tapes and written transcription of interview tapes.

As described in the literature on CQR (Hill et al, 2005), in the initial meeting with the researchers, we discussed biases in regards to this study. As the additional researchers have longevity as professionals in the field of early childcare, they do see the importance of using assessments in order to monitor the development of children. This was a bias held by all three researchers and openly discussed. As the bias was recognized, the three researchers made an

open and concerted effort to not let these beliefs influence the interpretation of data as it was collected and organized.

At the initial meeting we discussed the CQR process of how the interviews were set up and conducted over a four (4) week period. The researchers were given a copy of the survey questions. In addition, they were given a copy of all interview transcripts as well as a CD of the taped interviews. The process of creating “Domains,” “Core Ideas” and “Cross-Analysis” (Hill et al, 2005, pg. 10 -13) was described. Discussion and clarification ensued about all the concepts.

An example was given of potential domains and core ideas through the CQR method. The researchers were asked to take the information, evaluate it and determine if there were additional domains and core ideas. The researchers reconvened one week later to compare possible changes or additions to the domains and core ideas. Once discussed and analyzed, consensus was attained on identified domains and core ideas. A consensus was reached by all three researchers as to the domains and core ideas for the directors’ groups (See Appendices F – K). After the focus-group interviews were completed with the direct-line providers, the information was again typed and the researchers were provided with an audio-tape of interviews. This information was delivered to them four days prior to the meeting. Due to having the experience of identifying domains and core-ideas, one meeting was sufficient to have extensive discussion and consensus reached. The domains were developed from both the interview questions and the initial research questions. From the domains, core ideas were identified. “Core ideas should remain as close to the data (i.e., the participants’ perspective and explicit meaning) as possible, be free of assumptions or interpretations, reduce redundancy, be created



independently by researchers with the exact wording and then argued through to consensus” (Hill et al, 2005).

Once domains and core ideas were recognized, the researchers met to begin cross-analysis. The CQR method was discussed as to how to develop frequency labels. The researchers debated the possible frequency labels that could be used. Frequency labels were then created to characterize data: General, typical, and variant. Although the CQR Method made suggestions for frequencies, the three researchers came to consensus through discussion to change the frequencies. General applies six to eight (6 to 8) cases. Typical applies to three to five (3 to 5) cases. Variant applies to one to two (1 to 2) cases. Because there were many individual statements that did not fall into the rare category, this descriptor was deleted (See Appendix L, M and N). The CQR method recommends that findings applying to single cases are placed in a miscellaneous category and not included in results/tables (p. 24). However, it was decided by the researchers that even though a finding fell into the category of miscellaneous, if the statement was a very strong statement, it might still be considered as an integral part of the findings.

The external auditor was engaged to follow this process from beginning to end. He was informed of the process and was given all audio tapes and all transcripts. Meetings were held with the auditor to ensure that the researchers were progressing correctly.

## **Results**

The information in this section will be prioritized according to the sequence of the research questions. In the case of questions that consist of both quantitative data and qualitative data, the quantitative will be presented first.

**Research Question 1: Of the returned surveys, what percentage of childcare agencies in Hamilton County uses a developmental assessment?**

Descriptive statistics were utilized for question one. Tables 4.1 addresses the frequencies and percentages of childcare agencies that do and do not use assessments and breaks down the agencies into center-based agencies and family/group home agencies. Another category was included for those agencies that returned their surveys anonymously and are included as “unidentified agencies.

Table 4.1  
Overall Participants that Use or Do Not Use Assessments

Type of Agency	Use Assessments		Do Not Use Assessments		Total	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Center-Based Agencies	67	49.3	23	16.9	90	66.2
Family/Group Agencies	9	6.6	16	11.8	25	18.4
Unidentified Agencies	9	6.6	12	8.8	21	15.4
Total	85	62.5	51	37.5	136	100

When all agencies are combined of those that participated in this study, the overall usage of assessments in childcare agencies is 62.5%. It was reported via the surveys that a variety of assessments were used throughout the county. No one assessment is utilized consistently across

the county. Of agencies, both center based and family/group agencies, 37.5% do not use any type of assessment.

**Research Question 2: How do the institutional characteristics of childcare agencies in Hamilton County, Tennessee that do and do not use assessment tools differ?**

The characteristics addressed were: number of children served in the agencies; whether or not the agencies participate in the Star Quality Program; if the agency receives funding from any outside sources; and if agencies are accredited by NAEYC or any other national organization. Tables 4.2, Table 4.3, Table 4.4, Table 4.5 correspond respectively to the appropriate narratives below.

Table 4.2 addresses the characteristic of number of children served in the agency. It is to be noted that Family Childcare Agencies can only have 5-7 children enrolled; group agencies can have up to 15 children enrolled. Center based agencies can have over 100 students enrolled. The majority of center-based agencies use assessments regardless of the number of students enrolled (49.3 %). For both family/group home agencies, they are more inclined to not use assessments regardless of the numbers of students enrolled (11.8%).

The characteristic of participation in the STAR Quality Program is depicted in Table 4.3. The question was addressed as to whether they do or do not participate in the STAR Quality Program. Of the 136 respondents, 108 (79.4%) participate in the STARS Quality Program. 28 (20.6%) research participants do not participate. It should be noted that many of the participants were followed by the Department of Education or were associated with private schools. It is not a licensing requirement for childcare agencies to participate in the STARS Rating Program.

Examination of the characteristic of funding from outside sources is displayed in Table 4.4. Of those who received funding, 100% use an assessment tool to follow the development of children. Of all the agencies that receive funding, 100% of them were center-based agencies. No family/group agencies receive funding from outside sources. There was one unidentified agency that did receive funding from an outside source.

Accreditation by any national organization (Example: National Association for the Education of Young Children) was represented in Table 4.5. From the surveys returned, a total of eight (8) centers (5.9%) were accredited by a national organization. Of the eight, all of these centers use assessments in their agencies. There are 78 agencies that are not accredited and do assess for development.

**Research Question 3: What is the relationship between selected demographic variables and the use of a formal assessment in the childcare agency?**

- Number of children at the agency;
- Educational background of director;
- Years that the director is employed in the childcare field;
- Years as a director;
- Star-Quality rating score: 1,2,3;

For the first bullet of the number of children at the agency and the use of assessments in the childcare agency, see Table 4.2.

Educational background of director and the use of assessments in the childcare agency is one characteristic identified. The data suggests that the use of assessments tends to increase as the center-based directors' education increases. Of directors that have either a Bachelors or

Masters degree, use of assessments is 77.4% and 91.3% respectively. Of those that have a high school/GED degree, they have the highest percentage rate for not using assessments (34.8%).

Family/Group agencies indicated that for those who have a high school/GED degree, there is a higher frequency of not using assessments to monitor the development of children. The highest degree identified was an Associate's Degree. Given the frequency, it appears that the higher the degree, the more prevalent the use of assessments. However, a Child Development Credential (CDA) consists of more education than a high school degree. The data shows that more directors do not use than do use assessments with this certification (Use 33.3% vs. do not use 66.7%). For those unidentified agencies, the higher the degree attained by the director, the lower the level of usage of assessments (See Table 4.6).

The characteristics of the director's longevity in the field of early childhood was illustrated in Table 4.7. For the center-based directors, it appears that those who have had more experience in the field of early childhood, the more likely they are to use assessments (N=46, 49.2%) as compared to family/group directors which as their longevity increased, the number of those that use assessments decreased (N=13, 62%). For those unidentified agencies, for those with 10+ years, it was evenly split and half use and half do not use assessments.

Table 4.8 considers the time as a director in the childcare field and the use of assessments. With center-based agencies, as directors have more time in the field acting as a director, there is an increase in the use of assessments. It should be noted that the two (2) participants with less than two (2) years, had only been in the role as a director for two weeks. Both of the participants indicated that assessments were already being used.

For directors of family/group agencies, increased time as a director did not yield an increase in the use of assessments. For those who have 11+ years as a director (N=25), 68% do

not use assessments. As with the unidentified agencies, again an increase in longevity as a director does not correspond with an increase in use of assessments. Of the participants with 10+ years, (N=21), 57.1% do not use assessments.

The final characteristic addressed was the STAR Rating Score as seen in Table 4.9. Centers are able to receive a 1, 2, 3 rating score based on their participation with the STARS Rating Program. It is believed that if a center receives a score of 3, they are demonstrating quality services to children (Clifford, Cryer, & Harms, 2003). The participation in the STAR Quality Program is optional. Of the 136 Hamilton County agencies that are participating in this study, 105 have received a score on the STAR rating scale. For center-based agencies, participants that have a 3 STAR rating (N=66), 72.7% use assessments; 27.3% do not use assessments. Of the Family/Group agencies surveyed (N=6) and who received a 2-STAR rating, 83.3% did not use assessments. For those that received a 3 STAR rating (N=18), 55.6% did not use assessments. And lastly, with the unidentified agencies (N=15) that received a 3 STAR rating, 53.3% did not use assessments.

**Research Question 4: For agencies that use assessment tools, how are childcare providers trained in the use of the chosen assessment?**

This research question addresses those agencies that do use assessments. The directors were addressed via the survey to identify their perception of how the direct-line providers were trained on the use of assessments. Quantitative data were collected via the survey. In addition, qualitative information was collected from both directors and direct-line childcare providers to supplement the quantitative data.

The directors were able to circle as many statements in regards to how their staff is trained that applied to their agency. Of the participants who responded that use assessment (N=85), 78.8% are trained by the director of the agency. 38.8% of directors that responded indicated that someone in the community trains the providers on some assessments used in the center. The directors did believe that coworkers and leaving the staff to learn the assessment on their own was not used as much.

In interviews completed with the directors of center-based agencies, they spoke about a variety of ways in which staff is trained. The interviews corroborated the surveys. The interviewed directors added that they have their staff “look at a video,” “use the training guides” and “read the instructions.” At times, they have had “team leaders” help complete training. Family/group directors indicated that they are the only ones who do the testing. They stated they either receive training from the community or read it and learn the assessment on their own.

In speaking with direct-line providers in an interview setting, several of them stated that their training was minimal. One provider stated that she had professional training done by the test publisher. One provider stated that she had received no training at all on any assessments which she was giving to her students. She had been given the assessment manuals and learned how to use them on her own. Although the returned surveys indicated that all personnel were trained to use assessments, there was a small discrepancy in that a direct-line provider indicated that she had not been trained at all (See Table 4.10).

Table 4.2

## Characteristic One: Students in Agency

Students In Agency	Center-Based Agencies				Family/Group Agencies				Unidentified Agencies				Total	
	Use		Don't Use		Use		Don't Use		Use		Don't Use		N	%
	N	%	N	%	N	%	N	%	N	%	N	%		
1-10	2	66.7	1	33.3	4	33.3	8	66.7	1	50.0	1	50.0	17	12.5
11-25	23	82.1	5	17.9	5	38.5	8	61.5	1	50.0	1	50.0	40	29.4
26-45	8	61.6	5	38.4	0	0.0	0	0.0	0	0.0	1	100.0	16	11.7
46-75	7	58.3	5	41.7	0	0.0	0	0.0	3	37.5	5	62.5	21	15.4
76-100	11	73.3	4	26.7	0	0.0	0	0.0	3	75.0	1	25.0	19	14.0
101+	16	84.2	3	15.8	0	0.0	0	0.0	1	25.0	3	75.0	23	17.5
Total	67	49.3	23	16.9	9	6.6	16	11.8	9	6.6	12	8.8	136	100.0



Table 4.3

Characteristic Two: Participation in STAR Quality Rating Program

Participation	Center-Based Agencies				Family/Group Agencies				Unidentified Agencies				Total	
	Use		Don't Use		Use		Don't Use		Use		Don't Use		N	%
	N	%	N	%	N	%	N	%	N	%	N	%		
Yes	49	69.2	20	30.8	9	36.0	16	64.0	8	44.4	10	55.6	108	79.4
No	22	88.0	3	12.0	0	0.0	0	0.0	1	33.3	2	66.7	28	20.6
Total	67	49.2	23	16.9	9	6.6	16	11.8	9	6.6	12	8.8	136	100.0

Table 4.4

Characteristic Three: Receive Funding from Outside Sources

Receive Funding	Center-Based Agencies				Family/Group Agencies				Unidentified Agencies				Total	
	Use		Don't Use		Use		Don't Use		Use		Don't Use		N	%
	N	%	N	%	N	%	N	%	N	%	N	%		
Yes	36	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	36	28.0
No	31	57.4	23	42.5	9	36.0	16	64.0	9	42.9	12	57.1	100	72.0
Total	67	49.3	23	16.9	9	6.6	16	11.8	9	6.6	12	8.8	136	100.0

Table 4.5

Characteristic Four: Agencies with National Accreditations

Accreditation	Center-Based Agencies				Family/Group Agencies				Unidentified Agencies				Total	
	Use		Don't Use		Use		Don't Use		Use		Don't Use		N	%
	N	%	N	%	N	%	N	%	N	%	N	%		
Yes	7	100.0	0	0.0	0	0.0	0	0.0	1	100.0	0	0.0	8	5.9
No	60	73.2	23	26.8	9	36.0	16	64.0	8	40.0	12	60.0	128	94.1
Total	67	49.3	23	16.9	9	6.6	16	11.8	9	6.6	12	8.8	136	100.0

Table 4.6

Educational Degree of Director and Use/Non-Use of Assessments

Educational Degree	Center-Based Agencies				Family/Group Agencies				Unidentified Agencies				Total	
	Use		Don't Use		Use		Don't Use		Use		Don't Use		N	%
	N	%	N	%	N	%	N	%	N	%	N	%		
Highschool/GED	15	65.2	8	34.8	4	26.7	11	73.3	3	33.3	6	66.7	47	34.6
CDA	0	0.0	3	100.0	2	33.3	4	66.7	3	100.0	0	0.0	12	8.9
AA	7	70.0	3	30.0	3	75.0	1	25.0	1	50.0	1	50.0	16	11.8
BA	24	77.4	7	22.6	0	0.0	0	0.0	2	40.0	3	60.0	36	26.4
MA+	21	91.3	2	8.7	0	0.0	0	0.0	0	0.0	2	100.0	25	18.3
Total	67	49.3	23	16.9	9	6.6	16	11.8	9	6.6	12	8.8	136	100.0

Table 4.7

Years Directors Employed in the Childcare Field and Use/Non-Use of Educational Assessments

Years In Field	Center-Based Agencies				Family/Group Agencies				Unidentified Agencies				Total	
	Use		Don't Use		Use		Don't Use		Use		Don't Use		N	%
	N	%	N	%	N	%	N	%	N	%	N	%		
1-3 Years	6	85.8	1	14.2	0	0.0	0	0.0	0	0.0	1	100.0	8	5.9
4 – 7 years	8	89.0	1	11.0	0	0.0	3	100.0	0	0.0	0	0.0	12	8.8
8 – 10 years	7	87.5	1	12.5	1	100.0	0	0.0	0	0.0	2	100.0	11	8.1
10 + years	46	69.7	20	30.3	8	38.0	13	62.0	9	50.0	9	50.0	105	77.2
Total	67	49.2	23	16.9	9	6.6	16	11.7	9	6.7	12	8.9	136	100.0

Table 4.8

## Years as a Director and Use/Non-Use of Educational Assessments

Years As Director	Center-Based Agencies				Family/Group Agencies				Unidentified Agencies				Total	
	Use		Don't Use		Use		Don't Use		Use		Don't Use		N	%
	N	%	N	%	N	%	N	%	N	%	N	%		
< than 2 years	2	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	1.7
2-5 years	13	65.0	7	35.0	1	25.0	3	75.0	5	50.0	5	50.0	34	28.3
6-10 years	13	88.7	2	13.3	3	42.8	4	57.1	0	0.0	2	100.0	24	20.0
11+ years	23	62.2	14	37.8	4	28.5	10	71.4	4	44.4	5	55.5	60	50.0
Total	51	68.9	23	31.0	8	32.0	17	68.0	9	42.8	12	57.1	120	100.0

Table 4.9

STAR Quality Rating Score and Use/Non-Use of Educational Assessments

STAR Rating	Center-Based Agencies				Family/Group Agencies				Unidentified Agencies				Total	
	Use		Don't Use		Use		Don't Use		Use		Don't Use		N	%
	N	%	N	%	N	%	N	%	N	%	N	%		
1	1	50.0	1	50.0	0	0.0	0	0.0	0	0.0	0	0.0	2	1.9
2	2	33.3	4	66.7	1	16.7	5	83.3	1	33.3	2	66.7	15	14.3
3	40	72.7	15	27.2	8	44.4	10	55.6	7	46.7	8	53.3	88	83.8
Total	43	41.0	20	19.0	9	8.6	15	14.3	8	7.6	10	9.5	105	100.0

Table 4.10  
Training for Providers Using Assessments

Training Provided To Direct-Line Staff	Yes		No	
	<i>N</i>	%	<i>N</i>	%
Director trains	67	78.8	18	21.2
Co-worker trains	9	10.5	76	89.4
Learn on own	7	8.2	78	91.7
Someone from community trains	33	38.8	52	61.2
No one trains	0	0	85	100.0

**Research Question 5: For agencies that use and do not use assessment tools, what programmatic results emerge from this activity?**

Table 4.11  
Use of Assessment Information

Use of Information	Yes		No	
	<i>N</i>	%	<i>N</i>	%
Talk with parents	81	95.3	4	4.7
Refer for further testing	59	69.4	26	30.6
Use to guide instruction	66	77.6	19	22.4
Put into a file	59	69.4	26	30.6



The directors were asked via the survey what is done with the information that is captured on the assessments that are completed with children. Again, they had the opportunity to circle as many answers as applied. This question was again asked during the interviews with directors and the direct-line providers.

Table 4.11 shows that a large percentage (95.3%) of directors felt that the use of the results of the assessments were helpful when speaking to parents during conferences. Many directors felt that the direct line providers did use it to guide their instruction. Both using the information to refer students for further testing and putting the information into a file were results (69.4%), but at a decreased rate.

During the interviews of directors that use assessments, one director stated that the results of the assessments can “help a direct-line provider to look ahead to the next level (of development)” and “individualize” for each student. The interviewed directors did unanimously agree with the surveys that talking to parents was a good use of assessment results. One director acknowledged that it helps the direct-line provider “become more sensitive to the needs of the child.”

In interviews with the direct-line providers, they unanimously supported the directors’ statements of using the information gained from the assessments to share with parents and to help guide their instruction. They also stated that they use the information to help write Individualized Education Plans (IEP) and to monitor the progress of the child.

Another outcome that is of interest is once children are assessed or not, how many referrals are being made for additional evaluation. The question was asked via surveys (See Appendix A) of how many referrals were made for 2008 and 2009. Tables 4.12 and 4.13 examine this information.

The data reflects that in 2008 60 agencies, whether they used assessments or not, did not refer anyone for further evaluation. However, for center-based agencies that do use assessments, they referred more often than not (78.7%). Family/Group agencies had the highest referral rate (1-3 children) comparatively at 80.0% (N=10). In 2009, again 50 agencies did not make any referrals for children to be further evaluated. Centers that do use assessments do have a higher rate of referral for further evaluation than centers that do not use assessments (1-3 children 75.0% vs. 25%; 4-6 children 83.3% vs. 16.7%). Yet again, family/group agencies that do not assess have a higher rate of referral than those that do assess (N= 11, 78.6% vs. N= 3, 21.4%). For the unidentified centers, it appears that they too have a higher referral rate when assessments are not used (N=8, 57.1% vs. N=6, 42.9%).

During interviews both center-based and family/home agencies that do not use assessments were asked if they saw a problem with a child what did they do about it. The majority stated that they would first speak with the parent. Only one director stated that she would refer the child for additional evaluation. Several directors made statements that they would call someone in the community to come and look at the child and then make further recommendations after the child was seen by an outside source. Additionally comments were made that suggested that the directors were “not trained to make judgments” about the child needing further help. One director stated, “I’m not a doctor.” And finally, one director stated that she “did not know how or when to address an issue.”

**Research Question 6: For agencies that do and do not use assessment, what are the perceived challenges that are associated with completing developmental assessments?**

During the third phase of this study, directors and direct-line providers were interviewed. There were several questions that addressed this research question (See Appendix B). For directors and childcare providers that use assessments, the questions were asked, “What are the pros and cons of using assessments?” and “Did the staff have any problems using the assessment?”

For directors of childcare agencies that do not use assessments, the question was asked, “What are the pros and cons of not using assessments?”; “What is the primary reason for not using assessments?”; and “What types of information do the directors need to have in order to use assessments if choosing to do so in the future.”

The direct-line providers who work in agencies that do not use assessments did not come to the interview groups. It was believed that going on the agency site would not yield honest answers due to being so close to the director, therefore, the researcher made the decision to not pursue this group of participants any further.

Using the CQR method, after the interviews were conducted, three researchers selected domains which linked to the research questions (See Appendix H). For center-based and family/group agencies that do not use assessments, examples of domains are: Primary reason for not using assessments; What are the pros and cons of not using an assessment; if a problem is noted with the development of a child, what do they do about it; would the director like help finding an assessment and if so, what kind of information would they like the assessment to yield.

Table 4.12  
2008 Referrals for Evaluation

Referrals	Center-Based Agencies				Family/Group Agencies				Unidentified Agencies				Total	
	Use		Don't Use		Use		Don't Use		Use		Don't Use		N	%
	N	%	N	%	N	%	N	%	N	%	N	%		
None	24	64.9	13	35.1	6	40.0	9	60.0	3	37.5	5	62.5	60	44.1
1-3 children	37	78.7	10	21.3	2	20.0	8	80.0	6	46.2	7	53.8	70	51.5
4-6 children	4	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	3.0
7-10 children	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11+ children	2	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	1.5
Total	67		23		8		17		9		12		136	100.0

Table 4.13  
2009 Referrals for Evaluation

Referrals	Center-Based Agencies				Family/Group Agencies				Unidentified Agencies				Total	
	Use		Don't Use		Use		Don't Use		Use		Don't Use		N	%
	N	%	N	%	N	%	N	%	N	%	N	%		
None	24	70.6	10	29.4	4	40.0	6	60.0	3	50.0	3	50.0	50	36.8
1-3 children	36	75.0	12	25.0	3	21.4	11	78.6	6	42.9	8	57.1	76	55.9
4-6 children	5	83.3	1	16.7	0	0.0	0	0.0	0	0.0	1	100.0	7	5.1
7-10 children	0	0.0	0	0.0	1	100.0	0	0.0	0	0.0	0	0.0	1	.7
11+ children	2	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	1.5
Total	67	49.2	23	17.0	8	5.9	17	12.5	9	6.6	12	8.8	136	100.0

For center-based and family/group agencies that do use assessments, the domains identified by the three researchers were: What are the pros and cons of using assessments; are their problems encountered with using assessments; and do the assessments that are being used give the provider enough information (See Appendix I). For direct-line providers, the domains selected were: Are the assessments used useful; are there any problems with using the assessments; and what are the pros and cons of using assessments to monitor the development of children.

After the domains were established, core ideas were drawn from the interview responses. Again, all of the researchers came to consensus in regards to this information. From there, a cross-analysis was completed to identify descriptors of most commonly used responses. For example, “General” was used if a question yielded 6-8 responses; “Typical” if a question yielded 3-5 responses; and “Variant” for 1-2 responses. Overall, the majority of statements fell into the variant category.

For the center-based agencies and family/group agencies that do use assessments, the question of “Did the staff have any problems with using an assessment?” was asked. The directors had free reign to express their ideas and thoughts about this subject. A typical response was that no problems were encountered. Some variant comments were “it is not a good testing environment,” “checking the results was time consuming,” getting the staff to use the assessment correctly, and there appeared to be some problem with the direct-line providers giving feedback to parents without the director’s knowledge. Family/group directors unanimously stated that they had no problems with the use of assessments as they are the ones who give the assessments.

Direct-line staff responses all fell into the variant category. Some said they did not have any problems with giving the assessments. One indicated that it was “frustrating” and one stated that it was “challenging.”

When addressing the question of “What are the pros and cons,” the responses were broken down into “cons” and “pros.” Cons will be addressed first. The majority of responses fell in the variant category with the exception of one statement. Several center-based directors were concerned with the loss of validity and reliability of the assessments. One director stated, “There are a lot of assumptions when not done correctly.” Many of the agencies use the Ages and Stages Questionnaire which is primarily a parent report. They stated that they do have a difficult time getting parents to complete the form and return it. One response from the family/home agency directors fell into the typical response which was “lack of time.” Some additional cons were that by using assessments, it takes time away from other children and keeping up with paperwork was difficult.

All responses in regards to cons of using assessments to monitor the development of children from direct-line providers of agencies that do use assessments all fell into the variant category. Some comments were, “It is time consuming,” “overwhelming,” the assessment “may not assess what the teachers need assessed” or sometimes the assessments are “too specific.”

When focusing on the pros of using assessment tools in childcare agencies, directors of center-based agencies that receive outside funding stated that by using assessments, it helps to keep their funding sources. Again, responses that fell in the typical category were that by using assessments, it helps with conversations with parents; and it helps to “catch delays.” Some responses that fell in the variant category are: “Shows where a child is functioning,” “shows progress of the child,” “validates the teacher’s opinions,” “helps the staff understand

development better,” “justifies the importance of early education,” “helps with accountability,” and “helps teachers look at instruction.”

The directors of family/home agencies were in agreement with center-based directors in that it does help to talk with parents. In addition some comments made from the variant category were: “It helps the child get additional help,” “It helps to know if what I am doing is working,” “It helps to see how the child has progressed,” “It helps the staff to understand development and when to modify curriculum,” “It zeros in on the problem” (that a child is having), and “it helps to raise children’s confidence.”

For agencies that do not use assessments to monitor the development of children, one of the questions asked, “What are the pros and cons of not using an assessment?” The responses of directors of center-based agencies all fell into the variant category. Some statements in regards to cons were: “Kids may slip through our fingers that really do need help; “I could be a better teacher,” “It could give kids tools to reach their potential,” “I’m not able to see continual development,” and “I do not have a clear history of the child.”

Some pros as identified by directors of center-based agencies as to not using assessments are: “It saves time and money,” “It lets kids be kids,” “I am not locked in to results” and one director indicated there were no pros to not using assessments. The interviewed family/home directors stated: “I would not have to confront parents with unpleasant things,” “It saves time not doing them” and again, one director indicated that there is “no pro” in not using assessments.

When asked during the interview, “What is the primary reason you do not use an assessment tool to monitor the development of children?” directors of center-based agencies state they have “limited staff and limited funds,” “lack of knowledge about assessments” and one response was “I have never thought about it.” The same question was posed to directors of



family/home agencies. Again all responses fell into the variant category. Some of the responses are: “I have never been trained,” “I haven’t been provided one,” “I have done this long enough, I do not need to do one,” “I have never been sat down and taught how to use one” and “Time.”

When asked the question, “Would you like help in finding an assessment tool” all interviewed providers of both center-based and family/home agencies that do not use assessments overwhelmingly stated “yes.” When asked what kind of information would they like to gain from assessments if they chose to use them, directors stated, “To see if a child is reaching his/her developmental milestones,” “I would like to know for sure if a child is having a problem,” and “If they are not normal, how far off are they?”

In summary, of the surveys studied, a higher percentage of agencies use assessments than do not. Various characteristics of childcare agencies that do and do not use assessments were examined. It appears that there are some differing characteristics of directors that are from center-based agencies than those that work in family/group agencies. The qualitative information gathered does support the majority of quantitative data gathered from the directors. The interpretation of this data will be discussed in Chapter 5.

## **CHAPTER 5**

### **SUMMARY, DISCUSSION, AND IMPLICATIONS**

#### **Chapter Introduction**

This chapter will present an overview of the study, the purpose and significance, and the methodology and limitations. It will summarize the findings of this study. And finally, it will offer conclusions from the research, implications for practice and recommendations for future research.

#### **Statement of the Problem**

Although national organizations, such as NAEYC (National Association for the Education of Young Children, 2011) and Head Start (Early Head Start National Resource Center, 2000) indicate that assessing the development of young children is ideal and considered to be best practice in the field of early childhood, in Tennessee it is not a requirement either for licensing regulations or for participating in the STAR Quality Program. The brain is developing at a rapid pace from birth to 10 years of age in all developmental domains (Moore, Rambo, & Swierk, 2006) and educators need to be aware of the changes. It has been shown that if typical developmental patterns are not evident, identification of the issue is necessary (Mindes, 2007). Early intervention can be cost effective as that monies spent now can be less than those spent for later remediation. Therefore, identifying why some childcare centers choose to monitor the

development of children and some do not, may help to find better ways to assist those that do not use assessments.

### **Purpose**

The initial purpose was to identify what percentage of childcare agencies use and do not use assessments to monitor the development of children in their care. In addition, some key reasons for completing this study were to examine characteristics of childcare agencies that do and do not use developmental assessments. And finally, analyzing any problems that directors and direct-line providers experience when using an assessment tool was completed. Additional information was gathered to determine the type of information directors of childcare agencies would need in order to choose an assessment.

### **Significance of the Study**

The significance of this study was to examine a variety of variables that may possibly influence whether or not a childcare agency may or may not use assessments to monitor the development of children. Various characteristics of childcare agencies that do and do not use assessments were acknowledged. For those that do use assessments, identifying how well the direct-line providers are trained and what is done with the information gained from using assessments will be discussed. For those who do not use assessments, identifying what deters them from using assessments and the information they need to begin using them will be addressed. And finally, ascertaining the pros and cons to using and not using assessments as perceived by the directors and the direct-line providers will be addressed. There are very few studies that address the opinions and perceptions of the directors and direct-line providers that use and do not use assessments (Oldham & Sprague, 2008; Epstein, A., Schweinhart, L.

DeBruin-Parecki, A., & Robin, K., 2004). By completing this study, it may reveal some prohibitive factors of using assessments and what can be done for providers to alleviate those factors.

### **Methodology and Limitations**

This study was completed within Hamilton County, Tennessee's early childcare community. It was completed in three phases. A focus group comprised of individuals in the early childhood profession was assembled to review the survey and interview questions. Feedback was given to the researcher as to the content and wording of the survey. Changes were made as necessary.

In the second phase, surveys were sent out to 200 childcare agencies in Hamilton County, Tennessee. 15% of surveys were returned during a one month period. The surveys were resent and another 15% were returned. At this time, the remaining childcare centers were contacted via phone and those who chose to participate did. A final completion rate of 73% was achieved. Both quantitative and qualitative information were gathered from the surveys.

Once the information was gathered and consent forms were separated from surveys, interviews were scheduled to complete the third phase of the study. Interviews were completed with directors of center-based agencies that do use assessments; directors of center-based agencies that do not use assessments; family/group home agencies that do use assessments; and family/group home agencies that do not use assessments. In addition, there were interviews set up for two groups of direct-line childcare providers that do and do not use assessments. Interviews were initially designed to take place in my house. Dinner was served for all participants. No monetary compensation was given. The participation rate for all interview

groups at my house was considered to be very small. Interviews were also conducted with directors at restaurants, at childcare centers and over the phone.

The directors of these agencies were asked to choose two of their staff to participate in the interview groups. This was done to decrease the potential for undue influence by the primary researcher as many direct-line providers have had a connection with me in a different work setting. No staff from the centers that do not use assessments participated. It was determined that no further effort would be made to contact these direct-line providers as there was concern about going to the childcare center to complete the interview. The proximity of the directors and the fear of reprisals could have been mitigating factors in receiving honest responses. Therefore, the initial idea of comparing direct-line childcare providers of agencies that use and do not use assessments had to be abandoned. Five (5) direct-line childcare providers of agencies that do use assessments did come for the interviews. It is believed that they spoke freely and openly about their experiences with using assessments in the childcare center.

The quantitative statistics were analyzed using the Statistical Package for the Social Sciences (SPSS). Questions 1, 2, 3 produced quantitative data for analysis. For questions 4 and 5 both quantitative and qualitative data were utilized. Question 6 was answered using the Consensual Qualitative Research (CQR) (Hill, Knox, Thompson, Williams, & Hess, 2005). It is to be noted that all qualitative data were analyzed using the CQR method.

In discussing limitations, it is important to first address the delimitation of this study. Choosing only Hamilton County, Tennessee in which to complete this study narrowed the results such that generalizing the results to a larger population is not possible.

When completing the survey by phone, many participants discussed their difficulty with understanding the Consent Form or rationale for the study. This same factor may have

contributed to many others choosing not to participate (N=50). Therefore, lack of understanding the reason behind the study could be another limitation of this study.

During the interview phase of the study, groups were designed so that directors and childcare providers could discuss openly their perspectives about using or not using assessments in their childcare agencies. Of six potential groups, two groups had no one show up at all and two groups only had one participant show each time. All other interviews were completed on the phone or in a different setting (restaurant or childcare agency). Responses could have been different based on the setting that the interview occurred.

Due to the volatility of the economy, many childcare centers have closed in the last year. This reduced the potential sample size by 14 agencies. And finally, due to the progression of the study, the interviews fell during the Christmas season. Several participants indicated that due to family, church, or other obligations, they could not participate in the interviews.

## **Interpretation of Findings**

### **Extent of Usage of Developmental Assessment in Hamilton County**

The findings indicate that of the childcare agencies that chose to participate in this study, more childcare agencies use assessments than do not use assessments (62.5% use vs. 37.5% do not use). This was an unexpected, but pleasant finding. It would be ideal to know what the other 50 programs do. This study was initiated due to the numbers of agencies that responded “no” when asked if they used an assessment during other settings. Therefore, it is nice to see that of the 136 agencies surveyed, there are more that do use assessments than those that do not.

Many agencies do use an assessment tool that parents complete (16.9%). Some comments made by the interviewed participants were that it was difficult to get the

questionnaires returned. Therefore, it is unsure how effective this tool is for the direct-line providers in the classroom. If they do not see the results of this assessment (completed by the parent) or get to use one that is more applicable to the classroom setting, the value of that tool is diminished. Although an assessment which gets buy-in from the parents is a good thing, it may not be the most effective tool to measure the development of children in a classroom setting. To continue with buy-in and participation from the parents, perhaps an alternative assessment could be used in conjunction with the ASQ and then the outcomes of the two assessments could be discussed at a conference.

### **Distinguishing Characteristics of Child Care Agencies that Do and Do Not Use Assessment Tools**

The first characteristic examined was the number of children enrolled in the agency. Centers with large numbers of children (46+) had a higher percentage rate of usage. These centers usually have more staff enrolled. Therefore, it could make it easier to free up teachers to complete the assessments. Family/group home agencies with lower populations seem to have a decrease in the use of assessments. By nature, family/group homes have only one, maybe two staff members at all times with up to 15 children. Therefore, it could be assumed that these providers have a more difficult time doing all they need to do in a day's time and assess children.

The second characteristic addressed was whether or not agencies participate in the STAR Quality Program. The question was based on "yes" and "no" responses. This program is optional for all childcare providers. According to licensing regulations, agencies must be assessed one time a year however; they do not have to receive a yearly rating. Also, those programs that are connected with elementary schools or are licensed by Department of Education

are not required to participate. Of the agencies that participated in this research study, 108 participated in the STAR Quality Program. Based on the percentage rates, it did not appear to have a significant impact on whether or not these programs use assessments.

The third characteristic surveyed is if the agency receives any funding from outside sources. If a center did receive funding from grants, the federal government, United Way, state funding or was supported by an educational institution (elementary school), 100% of these centers use assessments to monitor the development of children. It is believed that for accountability reasons and to maintain funding, the agency has to prove its effectiveness. One way to do this is to monitor the development of the children and show the developmental gains being made on a yearly basis. Of the agencies studied, there are agencies that do not receive outside funding, but do assess (49%). However, of the 100 agencies that do not receive additional funding, 51% do not assess.

The last characteristic addressed is to identify agencies with national accreditations (e.g., NAEYC). Of the 136 agencies that participated only seven were nationally accredited. Of these seven, 100% did use assessments. Again, one would lean towards accountability as a primary motivator. The process of accreditation can be very difficult and costly to agencies. It is known that to be accredited by NAEYC, it costs over \$1000.00 to go through the accreditation process. There is no compensation for using assessments. However, one would not be accredited if they did not use assessments. Due to low numbers of enrollment, family/group home agencies do not budget for this type of expense.



## **Impact of Demographics on the Prevalence of Formal Assessments**

The first variable is the number of children enrolled in the agency. Again, the results are noted in the discussion above for Research Question 2. In this particular study, it was found that the most experienced directors were using assessments routinely. However, for family/group agencies, the number decreases. Again, this may come from an increase in staff for licensing reasons (maintaining ratios). Although there are ratios to be maintained in family/group agencies, the numbers enrolled are minimal and one person can usually maintain the ratios.

The second variable is the educational background of the director. This information yielded interesting results. For center-based agencies, the highest educational degree attained was a Masters+. For family/group home agencies, the highest degree was an Associate Degree. The data demonstrated that with the increase in education level, there was a tendency for center-based agencies to utilize assessments to a greater extent. This remained to be true with the increase in degree in family/group agencies. The use of assessments with young children is a core topic in curricula in teacher preparation programs and additional degrees. Therefore, exposure to this information, understanding the importance of assessments and the value behind using assessments may carry in to the childcare agencies.

The third variable examined was the number of years of the director in the childhood profession. Again, with center-based agencies, the longer a director had been in the field, the more likely they were to use assessments. However, this was not true for family/group providers. The longer they had been in the field, the less they used assessments. One thought is that with longevity in the field of early childcare, one sees a wide variety of children with a vast array of abilities. Center-based agencies will see more children over time than will a family/group provider, just due to sheer numbers alone. Therefore, this experience with a wide

variety of children, their abilities and disabilities, directors with longevity in the field may recognize the importance of using assessments to monitor the development of children in their care. In addition, the path that it takes to become a director may lend itself to multiple and varied experiences of children that they dealt with when they were teachers/providers in the classroom. That previous classroom experience enhances the likelihood that the director has seen the need for assessments. For family/group providers, directors of family/group agencies are typically the only adult present. Several directors of family/group home agencies cited “time” as a huge factor as the rationale for not using assessments.

The fourth factor addressed was years as a director in the early childhood field and the use of assessments. These results were very similar to the above. For those with increased time as a director in center-based agencies, the use of assessments increased. However, with the family/group agencies, with increased time as a director, the number doubled as to those that do not use assessments from those that do. As a director, cost can be a huge factor for many agencies. In the qualitative analyses, several directors mentioned cost as a reason that they do not use assessments. There is typically more money available to agencies with larger numbers of children, so there may be some discretionary funds to be spent on assessments. In addition, many of the center-based agencies receive outside funding, making it possible to afford the cost of assessments. It is possible that for family/group agencies this monetary cost is a hindrance to using them. Some directors of both center-based and family/group agencies stated that they did not know what kind of assessment to use, they had never been taught how to use one or one person stated that she had “been doing this long enough, she did not need one.”

The last variable examined was that of the STAR Quality rating score received and the use of assessments. Of the 136 agencies that participated in this study, 105 participate with the

STAR Quality Program and received a 1, 2, or 3 STAR rating. These ratings are intended to reflect differences in quality care in the center/family/home agency. Center-based agencies that did receive a 3-STAR rating were more inclined to use assessments. This was not true of Family/Group agencies. There was an overall decrease in the use of assessments the higher the rating. Initially the thought was that if agencies participated with the STAR Rating Program and received a 3-STAR rating they would be more inclined to use assessments as a 3-STAR rating is indicative of quality care. Part of quality care, as stated by national organizations is the use of assessments to monitor the development of children (National Association for the Education of Young Children, 2011). The use of assessments has no bearing on licensing requirements or receiving any rating in the Hamilton County area. It is believed that if this was made a requirement, more children would benefit in many ways (instructionally, identifying delays, being more in-tune with each child).

### **Professional Development Practices Among Agencies that Use Assessment**

This question was intended to explore if the people who are giving the assessment are trained in implementation. Both the surveys returned and interviewed participants indicated that the director does the majority of the training on the assessments used within center-based agencies. The majority of directors in home/group agencies give the assessments. The next way in which people are trained are by having someone in the community provide instruction on the assessment. As reported by the directors, very few direct-line staff are left to train themselves, or received no training at all. However, during the interviews with direct-line providers, it was reported by one direct-line provider that she received no training. Some of the other staff stated that they received very little training. It is one thing to use an assessment; it is another thing to

use it correctly. There does appear to be some effort on the directors' part to ensure training occurs for the staff. It may not be to the extent that the direct-line providers need. One would need to determine the longevity of the direct-line staff in the childcare field to possibly determine how much or how little training needs to be completed. Follow-up to see what the direct-line staff need is imperative for the successful implementation of an assessment (Miller, S., & Losardo, A., 2002).

### **Programmatic Results from the Use and Non-use of Assessments**

Raised was the topic of completed assessments and what is done with the information received from the assessment? The majority of responses from both the directors via the survey and the interviews were that the results are best used to talk with the parents. The next highest percentage of responses indicated that the staff use it to guide instruction. The direct-line providers corroborated this and stated that they use the information to help guide their instruction and to have a greater understanding of the child.

Quantitative data were gathered as to how many referrals for further evaluation occurred in the year 2008 and 2009. Center-based agencies made the highest number of referrals in both 2008 and 2009. This could be due to sheer numbers of children enrolled in childcare. However, based on percentages, family/group agencies that do not use assessments have the highest percentage of referrals for both 2008 and 2009 (80.0% and 78.6% respectively). Due to large numbers of children enrolled in center-based agencies, this may account for the increase in referral rate. However, add the fact that they also assess and can pick up potential red-flags about development, the numbers may rise. The large numbers of family/group agencies that

don't assess, but have larger numbers of referrals for additional evaluation may be a result of noticing a difference in development, but lacking concrete data.

### **Perceived Challenges with Using and Not Using Assessments**

This question focused on both agencies that use assessments and those that do not. There was a desire to find out if those agencies that did not use assessments perceived pros and cons to not using them. For those agencies that do use assessments, are there pros and cons to using assessments which might help them to continue using them? In addition, the directors of centers/family/group agencies that do not use assessments were asked what they would need if they were going to change their minds and use an assessment.

For directors of agencies that do not use assessments, some of the responses in regards to the positive aspects of not using an assessment were: "It saves time" and that "saving money" occurs by not having to buy an assessment. Two providers did acknowledge that there is "no pro" to not using an assessment. One director stated that she did not want to be "locked in" to the results of the assessment and by not using assessments, "kids can be kids." Some of the negative aspects of not using an assessment presented by the directors were that children might slip through the cracks and not be caught early if they did have a problem. Some of the responses indicate a lack of understanding about assessments and the purpose behind them. Kids can still be kids – even if their development is monitored. The benefits of assessing children and recognizing where they are developmentally may enlighten the staff as to the needs of a child on any given day.

For directors of agencies that do use assessments, the pros and cons were addressed. Some pros for direct-line providers and directors that give assessments, is that it validates what

they do in the classroom, it validates their judgment if they see a red-flag, it helps to see if their children are progressing from one developmental level to the next. One statement made is that it helps the staff understand development better.

Some of the cons of using an assessment were “time” and the classroom is not always a good testing environment. For some direct-line providers it appeared to be “challenging” and “overwhelming.”

Using assessments has the potential to be all of the above because of the quality of training received to give the assessments. However, by receiving good training the direct-line provider can learn to give the test and identify ways to build it in to the classroom curriculum and lesson plans. It can be manageable and done well. When done correctly, it can produce information about a child that is far reaching.

And finally, for those agencies that do not use assessments the interviewed directors overwhelmingly stated that they would like help in choosing an assessment. The surveyed responses supported that many would like help in finding an appropriate assessment tool. Because of the multitude of assessments available and the inherent cost, it would be a very difficult challenge for any one agency to say they have the perfect assessment. Most agencies need a cost-effective tool; they need to understand the purpose of using an assessment and some kind of training to use it. The one tool that is being recommended by the United Way is the Ages and Stages Questionnaire. Although this is a good measure for parents, it is not believed by this researcher to be an adequate measure for direct-line providers in the classroom. Directors do need support in helping to find a solid measure that will provide the results needed in an early childhood classroom.

## **Implications for Practice**

There is an immense drive for all childcare agencies to use developmentally appropriate practices. Some of the nation's largest childcare advocates such as NAEYC and Head Start, and recommend that part of providing appropriate care consists of using an assessment tool in order to follow the development of children (Early Head Start National Resource Center, 2000; National Association for the Education of Young Children, 2011). There are many advantages in using an assessment tool to monitor the development of young children. As cited earlier, the brain is developing at a rapid rate. It is best practice to monitor this development for delays and for typical development. If delays are identified early, intervention may ameliorate the effects of the delay. In addition, if used appropriately assessments can also be used to guide a teacher's instruction in planning for classroom activities.

Tennessee's Star Quality Rating Scale does have a component that requires childcare agencies to have knowledge of child development. Licensing does this by requiring that all childcare providers have training on the Tennessee Early Learning Developmental Standards. However, the STAR Quality Program does not have an evaluation component within it that requires childcare agencies to utilize a developmental monitoring assessment. It is suggested that in order to get a rating of 3 STARS, use of an assessment tool of some nature be required of all childcare agencies.

Many directors of agencies that do not use assessments to monitor the development of children stated that they would like help in finding a cost-effective assessment that is appropriate to use with the children they serve. In addition, they stated they would like to receive training on the implementation of an assessment. If addressed by the Department of Human Services, the Department of Education and the Child care Resource and Referral Centers, these issues would

improve the monitoring of children's development throughout the state with the incorporation of assessments.

On a large scale the Department of Human Services, Department of Education and the Childcare Resource and Referral Centers could collaborate on creating a comprehensive assessment tool that would mirror the TN-ELDS. Because the childcare providers are required to have training on the TN-ELDS as part of the STAR Quality Program, they could potentially quickly become familiar with this tool. Therefore, having a checklist that correlates with the TN-ELDS may be a quick, comprehensive and developmentally appropriate method of assessing the developmental of all children in the state of Tennessee. Cost could be a factor that could be alleviated by placing the assessment on a website that directors of agencies could access free.

As some of the direct-line providers did indicate that the training they received was not completely sufficient or that it was non-existent, if a comprehensive assessment was developed, training would be critical. It is suggested that a checklist that would correlate with the TNELDS be created. The directors and direct-line providers would need training on all parts of completing a checklist (observation skills, direct test, understanding development).

While TECTA was designed to support this process, limited funding and sustainability must be considered. The State of Tennessee may want to reflect on what other states are doing to either supplement childcare providers' salaries or look at helping them to return to school. This would encourage the more highly educated teachers to remain in the early childcare field, support those who are starting their journey in childcare, and enable them to maintain longevity in this field.

Mentoring programs between agencies that use and do not use assessments could be formed. By creating a program such as this, both directors and direct-line providers might gain



positive insights from being taught by another colleague and might be motivated to increase the use of assessments. A collaborative effort could be made for several agencies to gain training for a chosen assessment from the test publisher or a member of the community.

And finally, due to the fact that childcare providers must be trained on the TNELDS, creating a brochure that gives a brief description of these standards as well as the importance of assessing children's development would be ideal. If an appropriate assessment tool is created (as indicated above), it could be publicized via this brochure.

### **Implications for Future Research**

As this study was done on a very small scale (in one county of Tennessee), it is suggested that a study completed on a larger sample of childcare agencies in the state of Tennessee or across the nation be completed. Again, early childhood national organizations recognize using an assessment tool to monitor the development of children and consider this to be part of best practice. Therefore, this study could be replicated on a larger scale across the state of Tennessee or across the nation. By acquiring solid data, the government at both state and federal levels may see that the early childhood profession is an important profession and warrants more attention than it is given. In addition, it may educate government officials about the importance of development in the early years and how this may have a profound effect on learning at later stages of development.

Possible studies could be completed on a larger scale with the directors of childcare agencies, both center-based and family/group. Although we know that directors of some center-based agencies have more direct-line support, which better enables them/their staff to complete assessments, continuing to identify the needs of all directors and what would encourage and

support them to engage in assessing children. Very often, it begins with the director and/or top line management. If they are not committed, then very few others in the organization will be.

A specific research study involving direct-line childcare providers could investigate opinions and perceptions on how they feel about the use of assessments; comfort level in using assessments; and if they feel they have the skills necessary to discuss assessment results with the parents. In addition, asking these providers if the assessment results would change their approach in dealing with children.

Potential studies could direct attention to direct-line childcare providers with longevity and limited time in the early childhood field. By focusing on these participants and their experience or lack of experience with use of assessments, more information could be gained in order to see what direct-line providers believe they need to be successfully monitoring the development of children in their care.

With the thought that this study could be replicated on a national level, one component of the study could be to compare those states that use assessments to monitor the development of the children and the monetary costs for education in the later years. In addition, a comparative study could be completed for those states that do not require assessing young children and those that do in order to determine if there is a difference between the amounts the states spend on education in the subsequent years.

Some childcare providers indicated that many parents lack understanding of the importance of development in the early years of a child and do not become really interested in a child's development until it is time for them to go to Pre-K or Kindergarten. Many agencies use an assessment tool that the parents are required to complete. For a myriad of reasons, many parents do not return these assessments. Research with parents to identify what they would like

to know about their child's development is indicated. In addition, research asking parents about their perceptions of being told their child might need further evaluation and may be exhibiting a delay from childcare providers with varying educational degrees would be an interesting study. The outcomes would be beneficial when training childcare providers on how to discuss outcomes of assessments with parents.

It is believed that a checklist which correlates with the Tennessee Early Learning Developmental Standards should be created and a pilot study organized. Research to support the use and effectiveness of this assessment is warranted. To identify an appropriate developmental assessment that could be used across the state as a cost-effective measurement is suggested. Directors of agencies that do not use an assessment could be the focus. Gathering data on the effectiveness and ease of implementation could be beneficial.

### **Summary of Study**

In the early childhood profession, it is believed by national organizations that one measure of quality care is monitoring the development of children (National Association for the Education of Young Children, 2011). However, at a local level, nowhere in the licensing regulations or the standards for increased quality care does it address using assessments to monitor the development of children. Therefore, this study was created to examine the different characteristics between childcare agencies that do and do not use assessments. The childcare agencies were divided into center-based agencies that do and do not use assessments; family/group agencies that do and do not use assessments. Another group surfaced for data purposes that were unidentified agencies that do and do not use assessments. This group became apparent due to choosing to be anonymous when they returned their survey and consent form.

The decision to separate the groups into center-based and family/group agencies was based on how the two types of agencies function. The dynamics and often funding sources are very different for the two groups. This researcher did not want either group to feel uncomfortable in a group setting.

Within the groups of use and do not use, two other groups were created: direct-line providers of center-based/family/group agencies that do and do not use assessments. These groups were divided based on their use of assessments or non-use assessments. The intent was to hear from both groups on their experiences of either using or not using assessments and compare their responses. However, the group of direct-line providers that do not use assessments did not participate in the interview. Therefore, the focus changed as to the comparison of these two groups.

The study was completed in three phases: focus group to study and give feedback on survey; surveys via mail and phone completed; and interviews completed with directors and direct-line providers. Analysis of all data was then completed using SPSS for quantitative information and CQR for qualitative information.

The findings of this study revealed that center-based agencies and family/group agencies differ in their use of assessments in a number of different categories: number of students enrolled, funding from outside sources, accreditation by national organizations; participation in STAR Quality Program; the STAR rating; longevity in the field of early childhood; and longevity as a director. In regards to the different categories, a pattern developed of center-based agencies typically using assessments more often than family/group agencies. This pattern was based on percentages.

The qualitative focus was primarily on perceptions of childcare directors and direct-line providers and the pros and cons of using and not using assessments. The concept was to discover what directors and direct-line providers perceived as positive and negative aspects of using assessments. For those agencies that do use assessments, qualitative information was gathered regarding the training of direct-line providers and what is done with the information. Finally, information was gathered from directors of agencies that do not use assessments to identify what types of information they would like to have in order to make an informed decision regarding future implementation of an assessment.

It is believed that in order to provide children the best opportunities in early childhood, at a time when the brain is rapidly developing and so much change is taking place in all the developmental domains, it is important to follow a the progression of a child's development using an assessment tool of some nature. There are many existing assessments. Some are very expensive. Some are better than others. Some measure specific areas of development and others measure overall development. Some have better reliability and validity than others. It is no wonder why some childcare providers become overwhelmed when wading through the plethora of information regarding assessments. Sometimes the question might be where do I begin?

In conclusion, in order to provide good quality care, assessment should be part of this process. When trained appropriately, the assessor can gather information in regards to a child that can be used for a variety of reasons: talking with parents, making sure the child is developing appropriately, helping to get a child referred for further evaluation if needed, and use the information to guide instruction. The implications have long lasting affects as well: if identified early, the cost of education may go down for a child demonstrating a disability; the

children may have a better chance of being ready for Kindergarten; and the child may have an even better chance for long-term academic success (Isaacs, 2008).

Although studies have been done that reflect the importance of assessing children, future studies are indicated and necessary to continue to understand the benefits of using assessments in the early childhood field.

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APPENDIX A  
THE ASSESSMENT SURVEY



**A developmental screening tool is designed to provide a global index of developmental delay or normality.** (Examples of this tool are: The Denver Screening Tool; The Ages and Stages Questionnaire, The Battelle Developmental Screen, etc.)

**A formal diagnostic level measure is more time-consuming and in depth. It is designed to provide more specific information about a child's profile of abilities and disabilities.** Examples of these assessments are: Brigance Diagnostic Inventory of Early Development, The Learning Accomplishment Profile (LAP or E-LAP), The Battelle Developmental Inventory, etc.).

**Please circle the answers that apply:**

- 1. Does your center use a screening or formal assessment tool to monitor the development of children?    Yes    No**
  
- 2. What is the name of the assessment tool your center uses?**  
\_\_\_\_\_
  
- 3. If you do use a screening/formal assessment tool, how often during the year is it used?**  
1 time a year      2 times a year      3 times a year      4 times a year
  
- 4. If your staff use a screening/assessment tool, who trains them on how to use it?**
  - a. Director
  - b. Co-worker
  - c. No one
  - d. Read and learn to do it on their own
  - d. Someone from the community trains them
  
- 5. If you do use a screening/assessment tool, what is done with the information?**
  - a. Talk with parents
  - b. Refer for further testing
  - c. Put in a file
  - d. Use it to guide your instruction
  
- 6. If your agency used an assessment tool in the year 2008, how many children were recommended to the parent for further evaluation?**  
  
1-3 children      4-6 children      7 -10 children      11+
  
- If your agency used an assessment tool in the year 2009, how many children were recommended to the parent for further evaluation?**  
  
1-3 children      4-6 children      7 -10 children      11+
  
- 7. What were the primary types of delays you noticed? \_\_\_\_\_**
  
- 8. If you had concerns about a child, but did not make a recommendation, explain what prevented you from expressing your concern:**

**9. If you do use a screening/assessment tool, do you get parental input?**

Yes                      No

**10. Circle all types of assessment that are used in your childcare agency:**

Observation	Parent Report/Information
Formal Assessment	Anecdotal notes
Screening tool	Checklists
Questionnaires	

**If your agency does NOT use an assessment tool, please answer the following that refers to you:**

**1. Did you make a recommendation to parents to have their child evaluated for any developmental concern in the year 2008?**

1-3 children              4-6 children              7 -10 children              11+

**2. Did you make a recommendation to parents to have their child evaluated for any developmental concern in the year 2009?**

1-3 children              4-6 children              7 -10 children              11+

**3. What were the primary types of delays you noticed?**

\_\_\_\_\_

**4. If you had concerns about a child, but did not make a recommendation, explain what prevented you from expressing your concern:**

\_\_\_\_\_  
\_\_\_\_\_

**5 If you do not use an assessment tool in your agency, what information would be valuable to you? Circle all that apply**

- Information about the value and importance of monitoring the development of children
- Information about cost-effective assessments
- Information about how to give an assessment
- Do not ever want to assess a child for development
- Other information needed:

APPENDIX B  
INTERVIEW QUESTIONS – DIRECTORS

**Appendix B**  
**Interview Questions – Directors**

**Centers that do use assessment tools...**

1. Do you use assessment tools, if so, which one(s) do you use?

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2. If you do use assessment tools within your agency, how do you train your employees?

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3. Do you feel your staff need additional training to use the assessment tool?

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4. Do you feel that the current assessment tool being used provides your staff with enough information about development?

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5. What do you encourage your staff to do with the collected information?

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6. Do you support your staff in talking with parents about seeking additional input from doctors/TEIS/HCDE?

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7. What is the most common developmental problem you see within your agency?

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8. How does using a developmental assessment help you, your staff and your agency in the long run?

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9. Have you had any problems with your staff using the assessment? If so, what are the problems you have encountered?

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10. What are the pros and cons of using an assessment tool?

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**Centers that do not use assessment tools....**

1. If you do not use an assessment tool, what is the reason?

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2. What type of information would you like an assessment tool to produce?

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3. Do you need help in finding/choosing an assessment tool?

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4. How would you like your staff to be trained? And by whom?

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5. When your staff report that they feel a child has a problem, how do you support them?

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6. When your staff report that they feel a child has a problem, do you participate in the meeting with the parents?

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7. Do parents ever request more information about the problem the staff is noticing?

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8. What are the pros and cons to not using an assessment tool?

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APPENDIX C

INTERVIEW QUESTIONS - CHILDCARE PROVIDERS

## Appendix C

### Interview Questions - Childcare Providers

#### Centers that do use assessment tools -

1. Do you use an assessment tool to monitor the development of the children in your care?  
If so, which one?

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2. Does using this assessment tool help you in the classroom or not?

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3. How are you trained to use the assessment tool? Do you think that it is effective training or do you feel as if you could use more?

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4. Do you have any problem using the assessment tool?

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5. What do you do with the information that you get from the assessment?

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6. What are the biggest pros and cons to using this assessment tool in your classroom?

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#### Centers that do not use assessment tools

7. Have you ever asked your director to get an assessment tool? Did it happen or not?

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8. Have you heard other people talk about using assessment tools? Did they say positive or negative things about it?

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9. You're your agency did use an assessment tool, how would you like to be trained? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. How do you check to see if the children in your classroom are developing appropriately?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. If you notice a child that might be having a problem in some area of development, what do you do about it? Are you allowed to talk with the parent? Does your director help you with this?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. What are the pros and cons to not using an assessment tool to monitor the development of children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPENDIX D  
INFORMED CONSENT FORM

## **Appendix D**

### **Informed Consent Form**

You are invited to participate in a study of early childhood education in Hamilton County. In fulfillment of the University of Tennessee at Chattanooga Doctoral Program in education, I am completing a research study in the area of early childhood education. This research study is examining the use of developmental assessments within childcare agencies. Your decision to participate in this research or not will have no impact on your future associations with the Child Care Resource and Referral Center or the University of Tennessee at Chattanooga. We anticipate no risk to you for participating in this research.

As a participant in this research, you will be asked to complete a short survey and/or a group interview session focusing on the use of developmental assessments. Center Directors will be asked permission to invite their staff to participate in the group interview sessions. The interview sessions will last approximately one hour. The survey will take approximately 15 minutes to complete and contains questions concerning basic demographic information about your program (such as the number of children served, the age of children, the number of staff). The survey is then split for those agencies that use a developmental assessment and those that do not. Please fill out the portion that is applicable to your center and return with this consent form in the enclosed stamped envelope at your earliest convenience. All information that is received will be stored in a locked filing cabinet and will be viewed only by the primary researcher.

Your participation in this study is voluntary. At no time will any participant's name or the name of any facility be used in the written portion of this research study. If you decide not to participate or to withdraw from the study at any time, there will be no

penalty. You will not be asked to participate in any further research activities without your further consent. You and your center will remain anonymous in any report or research findings and results for individual participants will not be discussed. No identifying information about children or families you serve will be obtained. All data will be destroyed at the completion of this study. Your privacy is important to us and will be protected to the maximum extent allowable by law.

If at any time during the study you have questions about your rights as a research subject, you may contact Dr. Bart Weathington, Chair of the University of Tennessee at Chattanooga Institutional Review Board (IRB) at (423) 425-4443. The results of this study may be published, but your name will not be used. This research has been approved by the UTC IRB.

If you have any questions concerning this research study or your participation in the study, please call me at (423) 834-3549 or you can email me at [Michele-Valadie@utc.edu](mailto:Michele-Valadie@utc.edu) or call Dr. Darrell Meece at (423) 425-4372 or email him at [Darrell-Meece@utc.edu](mailto:Darrell-Meece@utc.edu)

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE IN THIS STUDY. YOUR SIGNATURE INDICATES YOU HAVE VOLUNTARILY DECIDED TO PARTICIPATE, HAVING READ THIS INFORMATION PROVIDED ABOVE.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

APPENDIX E

MEMORANDUM - IRB

## APPENDIX E

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### MEMORANDUM

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TO: Michele Valadie **IRB # 11-113**  
Dr. Darrell Meece

FROM: Lindsay Pardue, Director of Research Integrity  
Dr. Bart Weathington, IRB Committee Chair

DATE: September 1, 2011

SUBJECT: IRB # 11 – 113: Contrasting Characteristics of Childcare Agencies that Do  
and Do Not Assess for Development

The Institutional Review Board has reviewed and approved your application and assigned you the IRB number listed above. You must include the following approval statement on research materials seen by participants and used in research reports:

***The Institutional Review Board of the University of Tennessee at Chattanooga (FWA00004149) has approved this research project # 11-113.***

Please remember that you must complete a Certification for Changes, Annual Review, or Project Termination/Completion Form when the project is completed or provide an annual report if the project takes over one year to complete. The IRB Committee will make every effort to remind you prior to your anniversary date; however, it is your responsibility to ensure that this additional step is satisfied.

Please remember to contact the IRB Committee immediately and submit a new project proposal for review if significant changes occur in your research design or in any instruments used in conducting the study. You should also contact the IRB Committee immediately if you encounter any adverse effects during your project that pose a risk to your subjects.

For any additional information, please consult our web page <http://www.utc.edu/irb> or email [instrb@utc.edu](mailto:instrb@utc.edu)

Best wishes for a successful research project.



APPENDIX F  
CENTER AGENCIES– DO USE ASSESSMENTS  
CQR: DOMAINS

APPENDIX F  
CENTER AGENCIES – DO USE ASSESSMENTS  
CQR: DOMAINS

DOMAIN I: Training for staff

DOMAIN II: Problems encountered using the assessment tool?

DOMAIN III: Does the assessment tool provide enough developmental information for the staff?

DOMAIN IV: What does the staff do with the information?

DOMAIN V: Pros of using an assessment to monitor the development of children

DOMAIN VI: Cons of using an assessment to monitor the development of children

DOMAIN VII: Reasons behind not telling a parent about concerns for a child's development

FAMILY AGENCIES – DO USE ASSESSMENTS  
CQR: DOMAINS

DOMAIN I: Training for staff

DOMAIN II: Problems encountered using the assessment tool?

DOMAIN III: Does the assessment tool provide enough developmental information for the staff?

DOMAIN IV: What does the staff do with the information?

DOMAIN V: Pros of using an assessment to monitor the development of children

DOMAIN VI: Cons of using an assessment to monitor the development of children

DOMAIN VII: Reasons behind not telling a parent about concerns for a child's development

APPENDIX G  
CENTER AGENCIES – DO NOT USE ASSESSMENTS  
CQR DOMAINS

APPENDIX G  
CENTER AGENCIES – DO NOT USE ASSESSMENTS  
CQR DOMAINS

- DOMAIN I: Primary reason for not using an assessment to monitor the development of children
- DOMAIN II: If a problem is noted, how do the directors support their staff (in the absence of the use of an assessment)
- DOMAIN III: What type of information is needed to choose an assessment tool (if desired)
- DOMAIN IV: Is there a desire to have help in finding an assessment tool?
- DOMAIN V: Pros of not using assessments to monitor development
- DOMAIN VI: Cons of not using assessments to monitor development
- DOMAIN VII: Reasons behind not telling a parent about concerns for a child's development

FAMILY AGENCIES – DO NOT USE ASSESSMENTS  
CQR DOMAINS

- DOMAIN I: Primary reason for not using an assessment to monitor the development of children
- DOMAIN II: If a problem is noted, how do the directors support their staff (in the absence of the use of an assessment tool)
- DOMAIN III: What type of information is needed to choose an assessment tool (if desired)
- DOMAIN IV: Is there a desire to have help in finding an assessment tool?
- DOMAIN V: Pros of not using assessments to monitor development
- DOMAIN VI: Cons of not using assessments to monitor development
- DOMAIN VII: Reasons behind not telling a parent about concerns for a child's development

APPENDIX H  
DIRECT-LINE CHILDCARE PROVIDERS THAT DO USE ASSESSMENTS  
CQR DOMAINS

## APPENDIX H

### Direct-Line Childcare Providers that do use assessments

#### CQR Domains

DOMAIN I: Use of assessments in the classroom, helpful or not?

DOMAIN II: Was the training that you received to complete the assessment effective?

DOMAIN III: Do you have any problems using the assessment tool?

DOMAIN IV: What is done with the information once the assessment is completed?

DOMAIN V: What are the pros to using an assessment tool to monitor the development of children?

DOMAIN VI: What are the cons to using an assessment tool to monitor the development of children?

### Direct-Line Childcare Providers that do not use assessments

#### CQR Domains

DOMAIN I: Is there a desire to use an assessment tool to monitor the development of children?

DOMAIN II: Have you ever heard positive or negative remarks about the use of assessments to monitor the development of children?

DOMAIN III: If your agency were to use an assessment tool, how would you like to be trained?

DOMAIN IV: What do you currently do to see if children are developing appropriately?

DOMAIN V: If a problem is observed with a child, what do you currently do about it?

DOMAIN VI: Does your supervisor help you to talk with parents about problems that you might see?

DOMAIN VII: What are the pros to not using an assessment tool to monitor the development of children?

DOMAIN VIII: What are the cons to not using an assessment tool to monitor the development of children?

APPENDIX I

DOMAINS/CORE IDEAS – CENTERS THAT DO NOT USE ASSESSMENTS

APPENDIX I

DOMAINS/CORE IDEAS – CENTERS THAT DO NOT USE ASSESSMENTS

Primary reason for not using	If problem noted – what do you do?	What type of info do you need from assessment	Want help finding assessment	Pros	Cons	What prevents talking with parents?
1.Limited staff 2.Limited funds (II) 3.Lack of knowledge about assessments 4.Never thought about it	1.Refer child to outside source 2.Talk to parent come up with a plan (II) 3. Make sure staff have realistic expectations 4.Talk to CCRR	1.To see if child is reaching developmental milestones (II) 2.How to handle children better 3. Would like to know for sure if a child is having a problem	1.Yes (IIII)	1.Time 2.Get to save money 3.Able to let kids be kids 4. Not sure 5. Not locked into results	1.Kids may slip through our fingers that really do need help (II) 2. Could be better teachers and a better school 3. Could give kids tools to reach their potential 4. Not able to see continual development; do not have clear history of child	1.Not trained to make judgments 2.Feel funny about giving feedback to family 3.I'm not a doctor 4.Hard to talk to parents 5. Interactions with kids 6. Hesitant that parents are reluctant/step on toes/insult them 7.Parents not receptive (II)

DOMAINS/CORE IDEAS – FAMILY/GROUP HOMES THAT DO NOT USE ASSESSMENTS

Primary Reason for not using	If problem noted with child – what do you do?	What type of info do you need from assessment?	Want help finding assessment?	Pros	Cons	What prevents talking with parents
1.Never been trained 2.Havent' been provided one 3.Done it long enough – do not need one 4.Never been sat down and taught how to use one 5.Time	1.Talk with parent (II) 2.Call Signal Center and get help.	1.Show what is normal for age 2. If not normal, how far off are they 3.Developmental milestones and what kids should be doing. How to solve issues; creative solving	1.Yes (III)	1.Would not have to confront parent with unpleasant things 2.There is no pro 3.Saves time not doing them	1.Children can be caught earlier and have better outcomes. 2.If someone was not familiar with normal behavior they might miss something 3.Wouldn't have anything to back up your thoughts and concerns. 4. Not knowing where a child is developing.	1.Young girls with attitudes 2.Not knowing how or when to address an issue



APPENDIX J

DOMAINS/CORE IDEAS – CENTERS THAT DO NOT USE ASSESSMENTS

APPENDIX J

Domains/Core Ideas – Centers that Use Assessments

Training for Staff	Problems Encountered	Enough Information	What is done with Info	How does it help staff, etc.	Pros	Cons	Reasons do not tell parents
<ol style="list-style-type: none"> <li>1. Professional Development (II)</li> <li>2. Discussion</li> <li>3. Done internally by director (III)</li> <li>4. Done by outside trainers(II)</li> <li>5. Look at video</li> <li>6. Training guides</li> <li>7. Team leader</li> <li>8. Read the instructions (II)</li> </ol>	<ol style="list-style-type: none"> <li>1.Results not true and accurate</li> <li>2.Not good testing environment</li> <li>3.Checking results – time consuming</li> <li>4.No (III)</li> <li>5.Observations – getting staff to observe daily and write down – not later</li> <li>6. Teachers giving feedback to parents</li> <li>7. Hesitancy to use – teachers lack self-confidence to use the tool.</li> </ol>	<ol style="list-style-type: none"> <li>1. In part</li> <li>2. Do not explain the whole child</li> <li>3.Establish a baseline</li> <li>4. Info for funding sources</li> <li>5. No (II)</li> <li>6. “Quite a bit”</li> <li>7. Yes – not too sophisticated</li> </ol>	<ol style="list-style-type: none"> <li>1.Talk with parent(IIIIII)</li> <li>2.Develop skills – help child who is not doing well in a particular area</li> <li>3.Helps look ahead at the next level</li> <li>4.Individualize</li> <li>5. Lesson planning</li> <li>6. Become more sensitive to the needs of the child.</li> </ol>	<ol style="list-style-type: none"> <li>1.Keeps funding sources (III)</li> <li>2.Shows where a child is</li> <li>3. Show progress of child</li> <li>4. Validates opinions</li> <li>5. Focuses our attention</li> <li>6. Helps to communicate with parents</li> <li>7. It gives red flags.</li> <li>8. Helps staff understand development better.</li> <li>9. Gives the teachers more confidence</li> <li>10. Child is able to get the services</li> </ol>	<ol style="list-style-type: none"> <li>1.Justifies importance of early education</li> <li>2. Helps with accountability</li> <li>3. Helps w/conversations with parents (III)</li> <li>4. Gives teacher concrete information (II)</li> <li>5. Helps us look at our instruction</li> <li>6. Catch delays (II)</li> <li>7. Build on child’s knowledge (II)</li> <li>8.Curriculum based – don’t have to spend money on other assessments.</li> <li>9. With curriculum based assessments have the freedom to set the environment</li> <li>10. Helps staff know developmental stages</li> <li>11. Staff have a better understanding of why they do what they do</li> </ol>	<ol style="list-style-type: none"> <li>1. Miss teachable moments</li> <li>2. Lose validity and reliability (III)</li> <li>3.Time to focus on one child</li> <li>4. Getting sufficient information from parents</li> <li>5. A lot of assumptions when not done correctly.</li> <li>6.Parents use assessment tool to remain in denial</li> <li>7.May be personal observations</li> </ol>	<ol style="list-style-type: none"> <li>1.Parent not willing to participate (III)</li> <li>2. If don’t want to acknowledge problem, back off.</li> <li>3. Lack of depth of assessment</li> <li>4. Waiting for maturity, readiness and more clues</li> <li>5. Parents don’t want to hear</li> <li>6. Would give feedback one time</li> <li>7. Lack of knowledge</li> </ol>

APPENDIX J (Cont)

Domains/Core Ideas – Family/Group Homes that use Assessments

Training for Staff	Problems Encountered	Enough Information	What is done with Info	How does it help staff, etc.	Pros	Cons	Reasons do not tell Parents
1.Done on the fly  2. Director –only employee – trained thru Leadership Academy  3.Director Trains (II)	1. No problem (IIII)	1. Lets us know where we are and what to do with child.  2. No  3. Yes (III)	1.Share with parents (III)  2.See what areas I need to beef up  3. See progress  4. Staff discuss  5. Do not allow staff to talk with parents (II)  6. Use it as a learning tool	1.Help the child get help when needed.  2. See where I need to help the child more (II)  3.To know if what I am doing is working (II)  4.Helps to communicate with parents  5. To see how the child has progressed (II)  6. Helps staff understand development	1.Lets us know when we need to modify curriculum  2. Zeros in on problem  3. Helps talk to parents (III)  4.Provides me with more info about each child (III)  5.helps me to prepare kids for Kindergarten  6.Helps to raise children’s confidence  7. Helps me to learn as a teacher (II)	1. Lack of time (III)  2.Takes time from other children (II)  3. None  4. Keeping up with paperwork	1. Lack of confidence in my ability to know if there is a problem and also how to relay to the parents.  2.Attitude of parents (II)

APPENDIX K

DOMAINS/CORE IDEAS – DIRECT-LINE PROVIDERS OF CENTER AND HOME BASED  
AGENCIES  
THAT DO USE ASSESSMENTS

APPENDIX K

Domains/Core Ideas – Direct-line providers of Center and Home Based Agencies  
that do use Assessments

Assessments Useful	What type of training	Any problems using assessment	What is information used for?	Pros	Cons
1.Sometimes (II) 2.Sometimes waste of time 3.Use for lesson plans 4. Helps parents 5. Helps me to know strengths and weaknesses 6. Keeps me on track 7. Doesn't help with planning	1.Given a printout and told to read about it. (III) 2. National trainers come in to train 3.Training in other jobs – no training currently	1.No (II) 2.Frustrating 3.Challenging – not sure if I can add to it (II)	1.Talk with parents (III) 2.Put info in the computer and give them to lead teacher 3.Progress monitoring. 4. Use it for IEP 5.Helps with lesson plans (III)	1.Accountability to self, parents, supervisors 2.Builds confidence 3.Having written information to review 4.Tracks where kids are 5.Document that children are learning (II)	1.So busy, hard to focus 2.Time consuming (II) 3.Research doesn't acknowledge teacher accountability 4.Overwhelming 5. Question reliability of some of the assessments. 6.Assessments may not assess what we need assessed. 7.Child attendance effects the outcomes of the assessments. 8. Too specific

APPENDIX L

CROSS ANALYSIS – DIRECTORS OF CENTER AGENCIES THAT DO NOT USE  
ASSESSMENTS

APPENDIX L

Cross Analysis – Directors of Center Agencies that Do Not Use Assessments

Domain	General (6-8 Responses)	Typical (3-5 Responses)	Variant (1-2 Responses)
Primary reason for not using			<ul style="list-style-type: none"> <li>Limited staff</li> <li>Limited funds (2)</li> <li>Lack of knowledge about assessments</li> <li>Never thought about it</li> </ul>
Problems noted – what do you do			<ul style="list-style-type: none"> <li>Refer child to outside source</li> <li>Talk to parent to come up with a plan (2)</li> <li>Make sure staff have realistic expectations for child</li> <li>Talk to CCRR</li> </ul>
Type of info desired from assessment			<ul style="list-style-type: none"> <li>To see if child reaching developmental milestones (2)</li> <li>How to handle children better</li> <li>Would like to know for sure if a child is having a problem</li> </ul>
Want help finding assessment		<ul style="list-style-type: none"> <li>Yes (5)</li> </ul>	
Pros			<ul style="list-style-type: none"> <li>Time</li> <li>Get to save money</li> <li>Able to let kids be kids</li> <li>Not sure</li> <li>Not locked into results</li> </ul>
Cons			<ul style="list-style-type: none"> <li>Kids may slip through our fingers that really do need help (2)</li> <li>Could be better teachers and a better school</li> <li>Could give kids tools to reach their potential</li> <li>Not able to see continual development</li> <li>Do not have clear history of child</li> </ul>
Reasons do not tell parent about concerns			<ul style="list-style-type: none"> <li>Not trained to make judgments</li> <li>Feel funny about giving feedback to family</li> <li>I'm not a doctor</li> <li>Hard to talk to parents</li> <li>Interactions with kids</li> <li>Hesitant that parents are</li> </ul>

			<ul style="list-style-type: none"> <li>reluctant/step on toes/insult them</li> <li>Parents not receptive to information (2)</li> </ul>
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Cross Analysis – Directors of Family/Group Home Agencies that Do Not Use Assessments

Domain	General (6-8 Responses)	Typical (3-5 Responses)	Variant (1-2 Responses)
Primary reason for not using			<ul style="list-style-type: none"> <li>Never been trained</li> <li>Haven't been provided one</li> <li>Done it long enough – do not need one</li> <li>Never been sat down and taught how to use one</li> <li>Time</li> </ul>
Problems noted – what do you do			<ul style="list-style-type: none"> <li>Talk with parent (2)</li> <li>Call Signal Center and get help</li> </ul>
Type of info desired from assessment			<ul style="list-style-type: none"> <li>Show what is normal for age</li> <li>If not normal, how far off are they</li> <li>Developmental milestones and what should be doing</li> <li>How to solve issues</li> </ul>
Want help finding assessment		<ul style="list-style-type: none"> <li>Yes (3)</li> </ul>	
Pros			<ul style="list-style-type: none"> <li>Would not have to confront parent with unpleasant things</li> <li>There is no pro</li> <li>Saves time not doing them</li> </ul>
Cons			<ul style="list-style-type: none"> <li>Children can be caught earlier and have better outcomes</li> <li>If someone was not familiar with normal behavior, they might miss something</li> <li>Wouldn't have anything to back up your thoughts and concerns</li> <li>Know knowing where a child is developing</li> </ul>
Reasons do not tell parent about concerns			<ul style="list-style-type: none"> <li>Young girls with attitudes</li> <li>Not knowing how or when to address an issue</li> </ul>



APPENDIX M

CROSS ANALYSIS – DIRECTOR OF CENTER AGENCIES THAT DO USE  
ASSESSMENTS

Appendix M

Cross Analysis – Director of Center Agencies that Do Use Assessments

Domains	General (6-8 Responses)	Typical (3-5 Responses)	Variant (1 – 2 Responses)
Training for staff		<ul style="list-style-type: none"> <li>• Done internally by director (3)</li> </ul>	<ul style="list-style-type: none"> <li>• Professional development (2)</li> <li>• Discussion</li> <li>• Done by outside trainers (2)</li> <li>• Look at video</li> <li>• Training guides</li> <li>• Team leader</li> <li>• Read the instructions (2)</li> </ul>
Problems encountered		<ul style="list-style-type: none"> <li>• None encountered (3)</li> </ul>	<ul style="list-style-type: none"> <li>• Results not true and accurate</li> <li>• Not a good testing environment</li> <li>• Checking results – time consuming</li> <li>• Observations – getting staff to observe and document daily</li> <li>• Teachers giving feedback to parents</li> </ul>
Does tool provide enough developmental information			<ul style="list-style-type: none"> <li>• In part</li> <li>• Does not explain the whole child</li> <li>• Helps to establish a baseline</li> <li>• Information for funding sources</li> <li>• No (2)</li> <li>• Quite a bit</li> <li>• Yes</li> </ul>
What is done with information	<ul style="list-style-type: none"> <li>• Talk with parents (7)</li> </ul>		<ul style="list-style-type: none"> <li>• Helps to focus on child not doing well in a particular area</li> <li>• Helps look ahead a the next level</li> <li>• Helps to individualize</li> <li>• Helps with lesson planning</li> <li>• Helps to become more sensitive to the needs of the child.</li> </ul>

Pros of using assessment		<ul style="list-style-type: none"> <li>• Keeps funding sources (3)</li> <li>• Helps with conversations with parents (4)</li> <li>• Helps to catch delays (3)</li> </ul>	<ul style="list-style-type: none"> <li>• Shows where a child is functioning</li> <li>• Shows progress of a child</li> <li>• Validates teacher opinions</li> <li>• Helps staff understand development better</li> <li>• Justifies the importance of early education</li> <li>• Helps with accountability</li> <li>• Gives concrete information (2)</li> <li>• Helps teachers look at instruction (2)</li> <li>• Helps teacher build on a child's knowledge (2)</li> </ul>
Cons of using assessment		<ul style="list-style-type: none"> <li>• Lose validity and reliability (3)</li> </ul>	<ul style="list-style-type: none"> <li>• Miss teachable moments</li> <li>• Focus is on one child</li> <li>• Getting sufficient information from parents</li> <li>• A lot of assumptions when not done correctly</li> <li>• Parents use assessment tool to remain in denial</li> </ul>
Reasons do not tell parent about concerns		<ul style="list-style-type: none"> <li>• Parent not willing to participate (3)</li> </ul>	<ul style="list-style-type: none"> <li>• If the parent doesn't want to acknowledge the problem, just back off (2)</li> <li>• Lack of depth of assessment</li> <li>• Waiting for child to mature</li> <li>• Parents do not want to hear the information</li> </ul>

APPENDIX M (Cont)

Cross Analysis for Family/Group Agencies that Do Use Assessments

Domain	General (6-8 Responses)	Typical (3-5 Responses)	Variant (1-2 Responses)
Training for staff		<ul style="list-style-type: none"> <li>Director trains (3)</li> </ul>	<ul style="list-style-type: none"> <li>Done on the fly</li> <li>Director trained through Leadership Academy</li> </ul>
Problems encountered		<ul style="list-style-type: none"> <li>No problems (5)</li> </ul>	
Does tool provided enough developmental information		<ul style="list-style-type: none"> <li>Yes (3)</li> </ul>	<ul style="list-style-type: none"> <li>Lets us know what to do with child</li> <li>No</li> </ul>
What is done with information		<ul style="list-style-type: none"> <li>Share with parents (4)</li> </ul>	<ul style="list-style-type: none"> <li>See where I need to beef up</li> <li>See progress</li> <li>Staff discuss</li> <li>Use it as learning tool</li> </ul>
Pros of using assessment		<ul style="list-style-type: none"> <li>Helps to talk with parents (4)</li> </ul>	<ul style="list-style-type: none"> <li>Helps the child get additional help</li> <li>Helps to know if I what I am doing is working</li> <li>Helps to see how the child has progressed (2)</li> <li>Helps staff to understand development (2)</li> <li>Lets us know when we need to modify curriculum</li> <li>Zeros in on problems (2)</li> <li>Helps me to prepare kids for Kindergarten</li> <li>Helps to raise children's confidence</li> </ul>
Cons of using assessment		<ul style="list-style-type: none"> <li>Lack of time (4)</li> </ul>	<ul style="list-style-type: none"> <li>Takes time from other children (2)</li> <li>None</li> <li>Keeping up with paperwork</li> </ul>
Reasons do not tell parent about concerns			<ul style="list-style-type: none"> <li>Lack of confidence in my ability to know if there is a problem and also how to relay to the parents.</li> <li>Attitude of parents (2)</li> </ul>

APPENDIX N

CROSS-ANALYSIS – CORE IDEAS

APPENDIX N

Cross-Analysis – Core Ideas

Domains	General (6-8 responses)	Typical (3-5 responses)	Variant (1-2 responses)
Assessment Useful			<ul style="list-style-type: none"> <li>• Sometimes (2)</li> <li>• Waste of time</li> <li>• Use for lesson plans</li> <li>• Helps parents</li> <li>• Helps me to know strengths and weaknesses</li> <li>• Keeps me on track</li> </ul>
Training to use Assessments		<ul style="list-style-type: none"> <li>• Given a printout/left up to self to read and complete(3)</li> </ul>	<ul style="list-style-type: none"> <li>• Training in other jobs</li> <li>• National trainers</li> <li>• No training currently</li> </ul>
Problems using Assessment			<ul style="list-style-type: none"> <li>• No (2)</li> <li>• Frustrating</li> <li>• Challenging (2)</li> </ul>
What is Information used for		<ul style="list-style-type: none"> <li>• Talk with parents (3)</li> <li>• Helps with lesson plans (3)</li> </ul>	<ul style="list-style-type: none"> <li>• Put info in the computer and give them to lead teacher</li> <li>• Progress monitoring</li> <li>• Use it for IEP</li> </ul>
Pros			<ul style="list-style-type: none"> <li>• Accountability to self, parents, supervisors</li> <li>• Builds confidence</li> <li>• Having information to review</li> <li>• Tracks where kids are</li> <li>• Document that children are learning (2)</li> </ul>
Cons			<ul style="list-style-type: none"> <li>• Hard to focus</li> <li>• Time consuming</li> <li>• Research doesn't acknowledge teacher accountability</li> <li>• Overwhelming</li> <li>• Questions reliability of some of the assessments</li> <li>• May not assess what teachers need assessed</li> <li>• Child attendance effects the outcomes</li> <li>• Assessments too specific</li> </ul>

## VITA

Ms. Valadie has been a lifelong resident of Chattanooga, Tennessee. She is the daughter of Catherine Valadie and the late Joe Valadie. She is the youngest of four siblings. She graduated from Notre Dame High School in 1977. She attended Loyola University in New Orleans, LA. She graduated with a Bachelor's Degree in 1981. She received a Masters Degree from the University of Tennessee at Chattanooga in 1990. She completed her Doctorate Degree in Education from the University of Tennessee at Chattanooga in May, 2012.

Ms. Valadie has been teaching in the field of early childhood since 1988. Currently Ms. Valadie works at Signal Centers, Inc. She is the Director of the Homebased/Community Program for Early Intervention. Also, she trains early childcare providers in best practices for quality childcare for the Childcare Resource and Referral Agency. In addition, she acts as a behavior consultant for childcare agencies.

Ms. Valadie is also an adjunct professor at The University of Tennessee at Chattanooga. She has worked as an adjunct professor for six years in the Education Department. Additionally, Ms. Valadie works as a trainer for the Hamilton County School System.

She has had one article published in 2008: *Are early childcare providers ready for inclusion?* This was published in <http://www.cyc-net.org/cyc-online/cyconline-december 2008.html>