ICPSR 28124

Quality Interventions for Early Care and Education (QUINCE) -- Partners for Inclusion, 2004-2007 [California, Iowa, Minnesota, Nebraska, North Carolina]

Description

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Bibliographic Description

ICPSR Study No.: 28124

Title: Quality Interventions for Early Care and Education (QUINCE) -- Partners

for Inclusion, 2004-2007 [California, Iowa, Minnesota, Nebraska, North

Carolina]

Alternate Title: QUINCE - PFI

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Scope of Study

Summary:

The Quality Interventions for Early Care and Education Partnership for Inclusion (QUINCE-PFI) study is one half of a multistate study of two assessment based, individualized on-site consultation models. The Partnerships for Inclusion (PFI) consultation model, was implemented in California, Iowa, Minnesota, Nebraska, and North Carolina and included consultations of child care provider training for providers and teachers in both centers and homes, with a special emphasis on providers in family child care homes, including license-exempt care. The goal of this research was to determine the conditions under which a very specific assessment based, on-site consultation model of child care provider training enhances the quality of the family home or child care classroom and results in positive child change.

The PFI consists of two main components, the assessment tools used to index quality -- The Infant/Toddler Environment Rating Scale-Revised, (ITERS), 2003, The Early Childhood Environment Rating Scale-Revised, (ECERS), 1998, and Family Day Care Rating Scale (FDCRS), 1989, measures developed by Harms, Clifford and Cryer, and the theory-based, collaborative, problem-solving model of consultation developed by Pat Wesley. The model builds on the literature that suggests greater change is possible when individuals are involved in assessing their own needs, receive individualized support over an extended period of time, and have opportunities to apply new knowledge and skills in their own work setting.

The public release of the data files includes only datasets containing summary variables from direct interviews and scale scores. The restricted release contains all data available for release including all direct interview variables, roster information and demographic variables.

Subject Term(s):

ability, caregivers, child care, child development, children, classroom environment, outcome evaluation, program evaluation, school readiness, teachers, training

Geographic Coverage:

California, Iowa, Minnesota, Nebraska, North Carolina, United States

Time Period:

September 2004 - September 2007

Date(s) of Collection:

September 2004 - September 2007

Unit of Observation: Children, Child Care Providers, Consultants

Universe: Child care providers who requested quality improvement assistance

from their local child care resource and referral agency.

Data Type: observational data

survey data

Data Collection Notes:

The Frank Porter Graham Child Development Institute (FPG) at the University of North Carolina-Chapel Hill acted as the coordinating center for the five states evaluating the PFI model. They were responsible for one of the study sites. The other four study sites and their administrative homes were California (University of California-Los Angeles), Iowa (Iowa State University), Nebraska (University of Nebraska-Lincoln) and Minnesota (Child Trends, Inc. and University of Minnesota). Each state partnered with two-five state or community agencies that currently provide training to family and/or center-based child care providers. The agencies committed to allowing their consultant staff to participate in the proposed evaluation, including agreement to random assignment of participating consultants to treatment (PFI) or control conditions.

To protect respondent confidentiality, some verbatim response and full text variables have been blanked. All exact dates have been recoded to the 15th of the month.

Methodology

Purpose of the Study:

The purpose of the QUINCE study was to test two primary focuses, one concerning environmental quality as an outcome and one concerning children's outcomes across different levels of quality. The study aimed to discover whether child care providers (both teachers and FCC home providers) who received services from a consultant trained to implement the PFI consultation model would: (1) provide higher quality child care than those providers who did not receive services from a PFI-trained consultant, (2) provide higher quality care than they provided before receiving the services, and (3) continue to provide higher quality care six months after the PFI-trained consultant services ended.

The study also examined if (4) children who were cared for by providers who received services from a PFI-trained consultant would have better outcomes than children who were cared for by child care providers who did not receive services from a PFI-trained consultant, and if (5) outcomes for children in higher quality care, regardless of the type of intervention their provider received, would be higher than those in lower quality care.

Three secondary focuses concerned possible moderators of the effectiveness of the intervention were also examined: provider education, experience, and level of professional motivation. The study looked at whether (6) the providers' education could moderate the effects of the intervention, (7) if experience could moderate the effects of the intervention such that new providers made greater gains or experienced providers understood more quickly how to integrate new knowledge into their teaching behavior, and (8) if teachers and FCC providers with higher levels of professional motivation would gain more from the intervention.

Two secondary focuses concerned whether selected caregiver and treatment factors would mediate any association between treatment and quality: (9) If the interventions received by teachers and FCC providers would influence their childrearing attitudes and contribute to the changes observed in the quality of their classrooms or FCC homes, and (10) whether teachers and FCC providers who participated in a greater number of on-site consultant visits would make greater gains in child care quality than those who participated very little.

Finally, the conditions under which the PFI model would work were analyzed: (11) Would providers served by consultants who more closely adhere to the procedures of the PFI model show greater benefits of participation in the intervention, and (12) would the PFI model be an effective for improving the quality of child care in both child care centers and family child care homes (regulated and unregulated); with providers from diverse cultural backgrounds; and in settings that serve a range of children with special needs, diverse language backgrounds, or from low-income families.

In short, the study examined if PFI was a child care provider training model that is effective in a broad range of circumstances.

Study Design:

The study design included randomization at two levels, consultants and child care providers (teachers and FCC providers). Consultants who agreed to participate in the study were randomly assigned to either a PFI Treatment group who implemented the PFI model of consultation or a control group who continued to offer quality enhancement activities as typically provided by their agencies. In other words, the controls were conducting "business as usual." The control group was not a no-treatment group. About six months after random assignment of consultants, during which time the PFI consultants were trained on the model for one week of group training in North Carolina and then implemented the model with a pilot site, random assignment of classroom teachers and family child care providers took place in one of two ways. If an agency had both PFI and control consultants, providers were randomly assigned to PFI or control conditions.

If an agency had only one consultant, whether PFI or control, or assigned providers to consultants within geographic areas where only a PFI or a control consultant was available, consultants received their study providers via random selection. Specifically, providers were randomly selected from lists of those seeking quality enhancement services from the participating agency and were asked to participate in the study. Thus, about 50 percent of study providers were randomly assigned to a consultant and about 50 percent were randomly selected to be in the study.

Sample:

Recruitment of children into the study occurred in the school year just following providers' participation in the PFI or control intervention. The providers helped the researchers recruit children into the study by giving to the parents of eligible children the study description, consent forms and contacts for the research team in each state.

Two cohorts of consultants were recruited and randomized, one in 2004 and one in 2005. At the end of their first year, control consultants in the first cohort were offered the opportunity to continue in the study, receive PFI training, and serve providers in the next year using the PFI model. Because the providers they served were randomly assigned to receive PFI or control consultation, all providers of the crossover consultants are included in the intent-to-treat outcomes analyses and the fidelity analyses. However, in descriptive analyses, these "crossover" consultants are always considered controls.

Altogether, 101 consultants (46 PFI treatment and 55 control), 108 child care teachers (55 PFI, 53 control) and 263 family child care providers (127 PFI, 136 control) agreed to be in the study. A total of 710 children were involved (352 PFI, 358 control).

Mode of Data Collection:

computer-assisted self interview (CASI)

cognitive assessment test

paper and pencil interview (PAPI)

telephone interview

Response Rates:

Of the 76 consultants who were assigned sites, 64 (84.2 percent) completed their planned intervention work with those sites (either PFI or control).

Presence of Common Scales:

1. Infant/Toddler Environment Rating Scale-Revised, (ITERS), 2003

- 2. The Early Childhood Environment Rating Scale--Revised, (ECERS), 1998
- 3. Family Day Care Rating Scale (FDCRS)

Extent of Processing: Created variable labels and/or value labels.

Created online analysis version with question text.

Access and Availability

Note: A list of the data formats available for this study can be found in the summary of holdings. Detailed file-level information (such as record

length, case count, and variable count) is listed in the file manifest.

Some instruments administered as part of this study may contain contents from copyrighted instruments. Reproductions of the instruments are provided solely as documentation for the analysis of the data associated with this collection. Please contact the data producers for information

on permissions to use the instruments for other purposes.

Restrictions: This data collection may not be used for any purpose other than statistical

reporting and analysis. Use of these data to learn the identity of any person or establishment is prohibited. To protect respondent privacy, portions of the data are restricted from general dissemination. Access to parts of this study requires a signed user agreement. To obtain the file(s), researchers must agree to the terms and conditions of the Restricted Data Use Agreement, found via ICPSR's online Restricted Data Contracting System, by clicking the "apply online for access to the

data" link above.

Original ICPSR Release: 2010-09-28

Dataset(s): • DS1: Bracken '03 -- Public Version

• DS2: CIS '01 -- Public Version

DS3: Consultant Goals '01 -- Public Version

DS4: Child Level Scores '03 (English) -- Public Version

• DS5: Child Level Scores '03 (Spanish) -- Public Version

• DS6: Center Teacher Interview '03: Summary Scores -- Public Version

DS7: ECERSE '01 -- Public Version

DS8: ECERSR '02 -- Public Version

DS9: FDCRS '02 -- Public Version

DS10: Family Provider Interview '04: Summary Scores -- Public Version

- DS11: PLS-4 '03 (English) -- Public Version
- DS12: PLS-S '03 (Spanish) -- Public Version
- DS13: Site Type '04 -- Public Version
- DS14: Targeted Child Provider Interview '03 -- Public Version
- DS15: Test Session Observation '03 -- Public Version
- DS16: Bracken '03 -- Restricted Version
- DS17: Child Demographic Data '01 -- Restricted Version
- DS18: CIS '01 -- Restricted Version
- DS19: Consultant Goals '01 -- Restricted Version
- DS20: Consultant Interview -- Restricted Version
- DS21: Child Level Scores '03 (English) -- Restricted Version
- DS22: Child Level Scores '03 (Spanish) -- Restricted Version
- DS23: Center Teacher Interview '03: Summary Scores -- Restricted Version
- DS24: Center Teacher Interview '03 -- Restricted Version
- DS25: Center Class / Teacher Scores '03 -- Restricted Version
- DS26: Center Director Interview '02 -- Restricted Version
- DS27: ECERSE '01 -- Restricted Version
- DS28: ECERSR '02 -- Restricted Version
- DS29: FDCRS '02
- DS30: Family Provider Interview '04: Summary Scores -- Restricted Version
- DS31: Family Provider Interview '04 -- Restricted Version
- DS32: Family Provider Interview '03: Summary Scores -- Restricted Version
- DS33: Parent Demographic Data '02 -- Restricted Version
- DS34: Parent Questionnaire Data '02 -- Restricted Version
- DS35: PLS-4 '03 (English) -- Restricted Version
- DS36: PLS-S '03 (Spanish) -- Restricted Version
- DS37: Roster '03 -- Restricted Version
- DS38: Site Type '04 -- Restricted Version
- DS39: Targeted Child Provider Interview '03 -- Restricted Version
- DS40: Test Session Observation '03 -- Restricted Version