KENTUCKY STARS FOR KIDS NOW PROCESS EVALUATION

Evaluation Brief #7

Evaluation of Kentucky's Child Care Resource & Referral System

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Child TRENDS.

The Process Evaluation of Kentucky STARS for KIDS NOW was initiated in October 2010 by the Kentucky Department for Community Based Services, Division of Child Care to provide an examination and assessment of existing STARS components and to provide a basis for recommendations to improve STARS implementation statewide.

Kentucky is unique nationally in its investment in a process evaluation to address a set of comprehensive questions about the functioning of its QRIS after operating for over a decade.

The Evaluation questions and activities focused on five broad, interrelated components of STARS:

- The quality standards and measurement strategies
- The rating structure and process for assigning STARS levels
- The technical assistance provided to promote improvement
- The outreach methods to promote STARS to providers and to parents
- The collaboration, coordination, and administrative processes most supportive for STARS.

The Evaluation was conducted by Child Trends, a nonpartisan research organization located in Washington DC. The Evaluation was supported by funds from the American Recovery and Reinvestment Act provided by the Kentucky Cabinet for Health and Family Services, Department of Community Based Services, Division of Child Care.

A series of Evaluation Briefs were created to provide summaries of the key findings. These Briefs include:

- Executive Summary of the Kentucky STARS for KIDS NOW Process Evaluation
- Kentucky STARS for KIDS NOW Process Evaluation: Overview of Methods
- Providers' Perceptions of the Kentucky STARS for KIDS NOW Rating Process
- Technical Assistance Provided to and Received by Kentucky STARS for KIDS NOW Programs
- Collaboration and Coordination in the Kentucky STARS for KIDS NOW Technical Assistance System
- Alternative Rating Structures for Kentucky STARS for KIDS NOW
- Evaluation of Kentucky's Child Care Resource and Referral System
- Findings from the Kentucky Early Care and Education and School-Age Care Household Survey

CHAPTER VIII. CHILD CARE RESOURCE AND REFERRAL EVALUATION

INTRODUCTION

As part of the Kentucky STARS for KIDS NOW Process Evaluation, the Kentucky Department for Community Based Services, Division of Child Care (DCC) requested an evaluation of the Child Care Resource and Referral (CCR&R) System in Kentucky. The purpose was to provide information about how the CCR&R system serves early care and education practitioners, parents, and stakeholders throughout the state. Data were collected from several sources. Each data source and sample is described before results are presented throughout the chapter. Data sources include:

- Surveys of participants in CCR&R trainings,
- Interviews with CCR&R staff,
- Interview with CCR&R stakeholders,
- Administrative data from the Early Care and Education Training Records and Information System (ECE-TRIS), and
- Secondary data analyses of data collected earlier in the STARS evaluation. Secondary analyses included items from the household survey, STARS provider and STARS Quality Consultants (SQC) interviews, and Professional Development (PD) Counselor surveys.

The evaluation focused on three aspects of the CCR&R System: Provider recognition and use of CCR&R services, parent recognition and use of CCR&R services, and collaboration between the CCR&R and community stakeholders. Each section is informed by multiple data sources, providing a variety of perspectives from the early care and education community. These perspectives allow for conclusions to be drawn and recommendations to be made concerning the CCR&Rs' provision of services to practitioners, parents, and community stakeholders.

Much of the data analyzed here is qualitative. In order to describe the prevalence of particular responses in a consistent way, systematic conventions and terms were used. For example, "a couple" will always be used to refer to two respondents; "a few" will always be used to refer to three respondents, and "many" will be used to refer to 26% to 49% of respondents. For a more detailed description, refer to the table at the end of Chapter 1.

The following key themes emerged from this qualitative analysis and will be discussed in this chapter:

- The service most often provided to child care practitioners by CCR&R agencies is training. Over 12,000 child care practitioners in Kentucky receive training from a local CCR&R agency each year. These practitioners receive, on average, 10.5 hours of training per year from their local CCR&R and the majority of practitioners are satisfied with the training they receive.
- Mentoring, coaching, and other forms of technical assistance are sometimes provided by local CCR&R agencies, but few practitioners report using these services. CCR&R staff would like to provide this service more often.

- CCR&R agencies serve both practitioners and parents by providing parents with referrals to child care practitioners. About 45% of practitioners report benefitting from CCCR&R referrals provided to parents, while less than a third of parents are aware that a referral service is available or which agency provides it.
- Staff members from CCR&R agencies are aware that services for parents are both limited and under-utilized and would like to improve their outreach to parents.
- All interviewed staff members from CCR&R agencies report collaborating with STARS Quality Coordinators, Professional Development Counselors, and Early Childhood Councils. Most reported collaborating with Regional Training Centers, Institutes of Higher Education, Family Resource Centers, Health Consultants and Mental Health Consultants, and Licensing Surveyors. Collaborations with independent trainers and other training organizations, the United Way, and HANDS Home Visitors were less common.
- STARS Quality Coordinators were asked about the extent to which they collaborate with local CCR&R agencies in their work with individual providers. Most reported that, while there are no particular challenges preventing collaboration, they typically do not collaborate with local CCR&R agencies in this capacity.
- Professional Development Counselors reported positive overall relationships with the CCR&R agencies and staff but also reported some challenges to collaboration.
- Although collaborative relationships are generally positive, some challenges have emerged. Such challenges are often attributed to difficulties with communication across agencies, not understanding which agencies offer which services, and competition/duplication between agencies that offer similar services.
- While collaboration can be challenging, stakeholders in the ECE system report that collaboration is beneficial for meeting the needs of practitioners, families, and children.

SERVICES AND SUPPORTS FOR CHILD CARE PROVIDERS

To understand what services and supports are being offered to and received by child care providers, findings were drawn from four data sources: an online survey of child care providers, telephone interviews with the directors/lead providers of programs with STARS ratings, the Early Care and Education Training Records Information System (ECE-TRIS), and interviews with staff at local Child Care Resource and Referral agencies. Findings are presented by data source and then synthesized at the end of this section.

ONLINE SURVEY OF CHILD CARE PROVIDERS

An online survey was developed to collect feedback from child care providers about the supports and services offered by CCR&Rs. A list of 12,292 individuals who attended training in the state of Kentucky was obtained from the ECE-TRIS data system on August 31st, 2011. From this list, a random sample of individuals in each ADD region (Audobon, Child Care Council, 4C, Comprehensive Community, Eastern KY CCC, Licking Valley, Northeastern KY, Purchase, and WKU) were invited via email to complete the survey. The first batch of invitation emails (15 per

region) were sent on September 10th, 2011. Because the response rate was low, additional invitations were sent over the next several weeks. Ultimately, between 186 and 206 individuals in each region were invited to complete the survey. For each batch, a reminder email was sent one week later. As of October 18th, 2011, 111 individuals had answered at least one survey question. The sample of respondents was then limited to only providers who had consented to participate in the survey and had answered at least two questions. Of the 89 providers that met these criteria for inclusion, 84.3% reported working with a CCR&R. Because of the topic of the survey, it may be that providers who did not work with a CCR&R were less likely to complete the survey. Therefore, this rate of CCR&R use may be overstated. The analyses below are based on the 75 respondents who consented to participate, reported working with a CCR&R and answered at least two survey questions.

Characteristics of Survey Respondents
Before discussing practitioner perceptions of CCR&R services and supports, it is important to understand the characteristics of the child care practitioners who completed the survey.

Table 8.1 provides an overview of which CCR&R agencies respondents designated as the primary one with which they work.

Table 8.1. Distribution of respondents across CCR&Rs

CCR&R	Percent of respondents (N=75)
Western Kentucky University CCR&R	16.0%
Purchase Area CCR&R	5.3%
Northeast Kentucky Area Development Council, Inc.	8.0%
Eastern Kentucky Child Care Coalition	9.3%
Community Coordinated Child Care (4C)	13.3%
Audubon Area CCR&R	14.7%
Buffalo Trace CCR&R/Licking Valley C.A.P., Inc.	5.3%
The Child Care Council of Kentucky	16.0%
Community Coordinated Child Care	1.3%
Eastern Kentucky Child Care Coalition R&R – Lake Cumberland	1.3%
4C of Northern Kentucky	4.0%
Eastern KY Child Care Coalition (Berea Satellite)	0.0%
Other	4.0%

 Source: Online survey of child care practitioners in Kentucky, Fall 2011.

Respondents represent at least 11 CCR&Rs, with strongest participation by child care practitioners that work with the Child Care Council of Kentucky, Western Kentucky University CCR&R, Audubon Area CCR&R, and Community Coordinated Child Care (4C).
Table 8.2 provides the distribution of respondents providing care across facility types. The majority of respondents (85%) provide care in a licensed Type I Center.

Table 8.2. Distribution of respondents across facility type

Facility type	Percent of respondents (N=75)
Licensed Type I Center	85.3%
Certified Family Child Care Home	5.3%
Licensed Type II Center	2.7%
Registered Family Child Care Home	2.7%
Other/Unknown	4%

Source: Online survey of child care practitioners in Kentucky, Fall 2011.

As shown in Table 8.3, about half of all respondents self-identify as a Director, Assistant Director, Owner, or Site Coordinator of a center-based program, and about one-third of respondents self-identify as a lead or assistant teacher in a center-based program. About 10% self-identify as family child care providers. Those who selected "other" (9.3%) were asked to describe their position. Responses ranged widely in this group.

Table 8.3. Positions held by survey respondents

Position	Percent of respondents (N=75)
Director, Assistant Director, Owner, or Site Coordinator of a center-based program	49.3%
Lead teacher in a center-based program	24.0%
Assistant teacher in a center-based program	8.0%
Family child care provider	9.3%
Other (substitute teacher, infant-toddler specialist, family service advocate, etc)	9.3%

Source: Online survey of child care practitioners in Kentucky, Fall 2011.

Although most respondents were providing care in a Type I facility, the respondents varied widely in their years of experience and their educational attainment. About half of respondents (48%) had been working in the ECE field for ten years or less while the other half (52%) had been in the field for more than ten years (see Table 8.4 for details). On average, providers reported 14.1 years of experience in the field.

Table 8.4. Years of experience in ECE field

Experience	Percent of respondents (N=71)
Less than five years	18.3%
Five to ten years	29.6%
Eleven to twenty years	31.0%
More than twenty years	21.1%

Source: Online survey of child care practitioners in Kentucky, Fall 2011.

While educational attainment varies widely, it is worth noting that in this sample, 37% of respondents had a BA or higher. This high level of education may be explained by the fact that nearly half of the respondents are Directors or in other administrative positions within Type I facilities.

Table 8.5. Highest level of education

Highest level of education	Percent of respondents (N=73)
High School diploma or GED	19.2%
Some college	16.4%
Some college credits in early childhood or related field	16.4%
2-year degree (AA)	6.8%
2-year degree (AA) in early childhood or related field	4.1%
4-year degree (BA)	15.1%
4-year degree (BA) in early childhood or related field	11.0%
Graduate work (beyond BA)	5.5%
Graduate work (beyond BA) in early childhood or related field	5.5%

Source: Online survey of child care practitioners in Kentucky, Fall 2011.

Table 8.6 below shows the number of training hours that respondents reported completing each year. Respondents reported completing on average 20.6 hours of training per year. Notably, lead teachers in Type I centers are required to complete at least 15 hours of Cabinet-approved training each year and providers in certified family child care homes are required to complete at least 9 hours of Cabinet-approved training each year. Half of respondents who self-identified as family child care providers reported completing fewer than the nine required hours of training each year. All respondents who self-identified as lead teachers in a center reported completing at least the 15 required hours of training each year.

Table 8.6. Training hours completed each year

Training hours per year	Percent of respondents (N=72)
Less than 9 hours	5.5%
9 to 14 hours	5.5%
15 to 18 hours	45.8%
19 to 25 hours	27.7%
30 or more hours	15.3%

Source: Online survey of child care practitioners in Kentucky, Fall 2011.
When respondents gave a range of hours, the median value of the range was used.

Child Care Practitioner Perceptions of CCR&R
To begin, we ask about the quality and intensity of the practitioner's relationship with the CCR&R. Respondents were asked "How long have you been working with your local Child Care Resource & Referral agency (in any capacity)?" On average, respondents reported working with their local CCR&R for 8.1 years. See Table 8.7 for details.

Table 8.7. Length of relationship with local CCR&R agency

Time working with local CCR&R agency	Percent of respondents (N=70)
Less than five years	38.6%
Five to ten years	35.7%
Eleven to twenty years	21.4%
More than twenty years	4.3%

Source: Online survey of child care practitioners in Kentucky, Fall 2011.

Responses to this question were then considered as a portion of the time the respondent reported having spent in the field of early childhood care and education. The result is a measure of the percentage of a provider's career during which they have been working with their local CCR&R (see Table 8.8). Nearly half of respondents (45.5%) reported having worked with their local CCR&R for at least 75% of their ECE career, while the remaining 55% of respondents were divided fairly evenly between less than a quarter of their career, 25% to 50% of their career, and 50% to 75% of their career.

Table 8.8. Length of relationship with CCR&R compared to years of experience in ECE field

Percentage of a provider's career during which they have been working with their local CCR&R	Percent of respondents (N=66)
Less than a quarter of their career	18.2%
25% to 50% of their career	19.7%
51 to 75% of their career	16.7%
Over 75% of their career	45.5%

Source: Online survey of child care practitioners in Kentucky, Fall 2011.

Respondents were asked, "How do you typically interact with the CCR&R?" and could provide more than one response (meaning that the numbers below will sum to more than 100%). As seen in Table 8.9, nearly two thirds of respondents reported that phone and email are the primary modes of communication (65.2% of respondents for each). On-site visits were also mentioned, but less frequently (39.4% of respondents). Other less frequently cited answers include: Attending trainings, regular mail, or only through the center's director.

Table 8.9. Typical mode of communication with CCR&R

| Mode of communication	Number of respondents who reporting each mode (N=66)
Phone	43
Email	43
On-site visits	26

Source: Online survey of child care practitioners in Kentucky, Fall 2011.

To understand which CCR&R services and supports are most frequently utilized, respondents were provided with a list of potential services and supports and were asked to indicate all services they receive from their local CCR&R. Many respondents identified more than one

service received, and nearly every respondent reported receiving training from their local CCR&R. It is important to remember, however, that this sample was obtained from a list of practitioners who are in ECE-TRIS (and therefore must have received training from a CCR&R). As show in Figure 8.1, the services most likely to be received by respondents are:

- Trainings (96.0%)
- Information about professional development opportunities (76.0%)
- Parents referred to your program (45.3%)
- Lending library (42.7%)
- Technical assistance with the Environment Rating Scales (34.7%)
- Technical assistance with staff structure or reduction of teacher-to-child ratios (21.3%).

Figure 8.10. Percent of respondents reporting having received this service from their local CCR&R agency
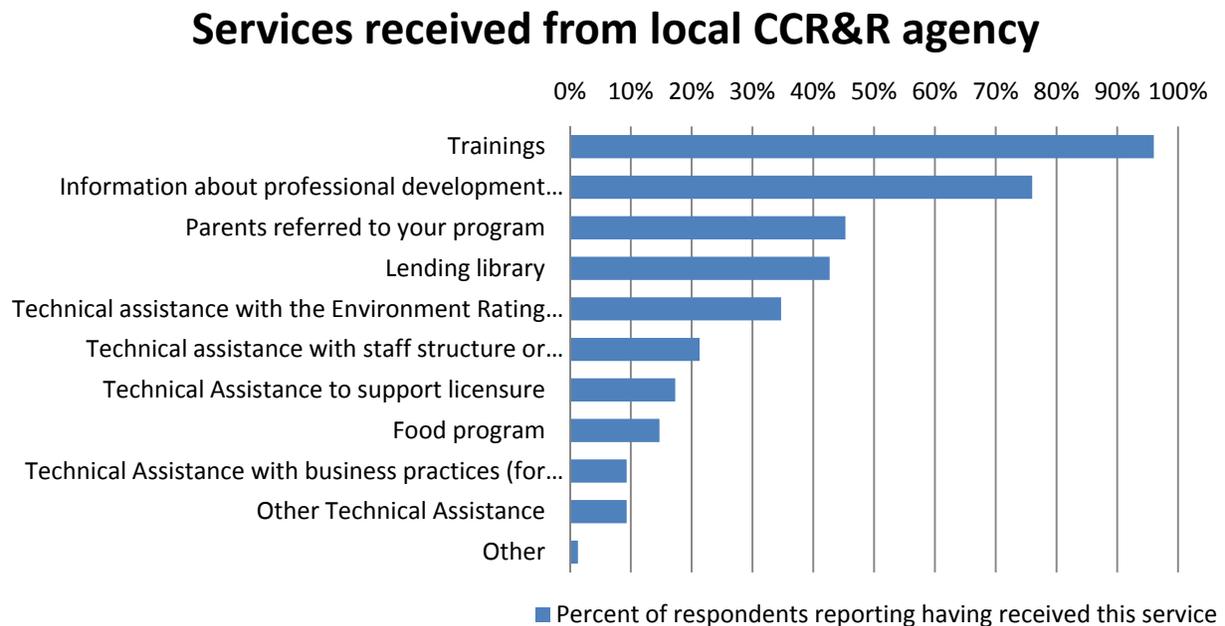
Services received from local CCR&R agency

Source: Online survey of child care practitioners in Kentucky, Fall 2011.

Respondents were then asked to identify which of these activities was the primary service received from their local CCR&R. Here, respondents could choose only one answer. They were also asked which of these activities was the next (second) most frequent service/assistance they receive from their local CCR&R agency. Most respondents (72.5%) reported that Training is the primary service they receive from their local CCR&R. Other frequently cited services include: Information about professional development opportunities (reported as most frequent or second most frequent by 20.6% of respondents), Parents referred to your program (reported as most frequent or second most frequent by 17.6% of respondents). "Lending library" and "Technical Assistance with the Environment Rating Scales" were each reported by 7.4% of respondents as the most frequent or second most frequent. When all types of Technical Assistance are

combined, 45.3% of providers report having received some form of technical assistance. Nearly half the respondents (45.7%) did not identify having received more than one type of service or assistance (N=70).

Respondents were then asked what goals they hope to achieve by using this service, how often they use this service, the usefulness of the service, and how this service could be improved. Of those who identified training as a frequent support (n=55), frequently cited goals included:
- Providing higher quality care (13 respondents),
- Meeting training requirements for licensing (9 respondents), and
- Staying up to date on the latest trends & regulations (7 respondents).

Over two-thirds of respondents who identified Trainings as a frequent service reported that they use this service at least five times a year (38.2% said five to ten times per year, 25.5% said monthly and 3.6% said weekly.) Others reported receiving trainings from their local CCR&R two to three times a year (23.6%) or less than once a year (9.0%).

Respondents were asked to rate the effectiveness/usefulness of this service on a scale from "Not useful" to "Very useful" and to explain their answer. Most respondents who identified Training as the service they receive most frequently or second-most frequently reported that this service is "Very Useful" (61.1%) or "Somewhat useful (20.4%). Less than 20% of these respondents reported that training is "Neutral," "Somewhat not useful," or "Not useful." Finally, respondents were asked what could make this service more useful. Responses were coded to reveal several themes, identified by at least three respondents:
- More variety in the trainings offered,
- Better communication about what trainings are available,
- More advanced courses for higher level students,
- More trainings explicitly aimed at Directors, and
- Lower costs for registration.

Of the 14 respondents who identified "Information about professional development opportunities" as a frequent support, 8 respondents reported on the goals they hope to achieve by using this service. Similar to respondents who identified training as a frequent support, these respondents reported the desire to provide higher quality care for children (3 respondents), and the need to meet training requirements for licensing (2 respondents). Just over half of these respondents (54.6%) reported using this service at least five times per year (36.4% said five to ten times per year and 18.2% said monthly). The remaining respondents (45.5%) reported using this service two to three times per year. Most respondents reported that obtaining information about professional development opportunities is "very useful" or "somewhat useful" (38.5% each). Few respondents provided feedback on what would make this service more useful, so no themes could be identified.

Of the 14 respondents who identified any form of Technical Assistance as a frequent support, all found this support to be "somewhat useful" (29%) or "very useful" (71%). Because this category includes a variety of kinds of technical assistance, no common goal was identified. These respondents reported receiving Technical Assistance as often as monthly and as rarely as

less than once per year, with the largest portion (43%) reporting receiving technical assistance two or three times per year. Respondents did not offer any clear suggestions for how to make this service any more useful.

Of the 12 respondents who identified "Parents referred to your program" as a frequent support, few reported a goal they hoped to achieve by using this service. Those who did most often reported wanting to stay at full capacity. These respondents reported getting referrals as frequently as weekly and as rarely as less than once per year, with the largest portion (40%) reporting getting referrals two to three times per year. This service was highly valued, with over 90% of respondents reporting that this service is "somewhat useful" (25%) or "very useful" (66.7%). Again, respondents did not offer any clear suggestions for how to make this service any more useful.

Finally, respondents were asked whether there are other services they would like to receive from the CCR&R. Of the 20.3% of respondents who indicated that they would like additional services, two themes emerged: Providers are interested in more free or low-cost trainings and more information about the services and supports that are available through the CCR&R.

Summary of findings from the online survey of child care providers
In a sample of 89 child care practitioners (85% of whom work in Type I facilities and 49% of whom hold administrative roles), the vast majority (84%) report working with a local CCR&R. We note, however, that providers who do not work with a CCR&R may have been less likely to take the survey, so this participation rate may be overestimated.

Nearly all surveyed providers (96%) report having received training from their local CCR&R, and most (76%) report having received information about professional development opportunities. Just under half (45%) of the surveyed respondents report that their local CCR&R has referred parents to their program. Other services identified by at least 20% of respondents include: use of the CCR&R's lending library, technical assistance with the Environment Rating Scales, and technical assistance with staff structure or reduction of teacher-to-child ratios. Nearly half the respondents (46%) did not identify having received more than one type of service or assistance (N=70).

Of those providers who identified CCR&R trainings among the two services they receive most frequently, most (81.5%) found CCR&R trainings to be somewhat or very useful. They reported that trainings would be more useful if there were more variety in the trainings offered (including advanced courses for higher level students and classes specifically designed for Directors), better communication about what trainings are available, and lower registration fees.

Although fewer than half of respondents reported receiving parent referrals from their local CCR&R, nearly all who identified parent referrals among the two services they receive most frequently found parent referrals to be somewhat or very useful (91.7%).

Less than half of respondents reported receiving any form of technical assistance from their local CCR&R. Notably, however, every provider who identified technical assistance among the two services they receive most frequently found this service to be somewhat or very useful.

Overall, this survey revealed that providers receive two or three primary services and supports from their local CCR&R, and are generally --but not universally-- satisfied with the service(s) that they receive. One fifth (20.3%) of providers identified additional services that they would like to receive from their local CCR&R. Several providers stated that they are not sure what else is available or what else it is possible for the CCR&R to provide.

TELEPHONE INTERVIEWS WITH STARS PROVIDERS

As part of the STARS Process Evaluation, a sample of child care providers from STARS-rated facilities were interviewed by phone in early 2011. It is important to note that the sample was designed to answer particular questions about the STARS rating process and is not representative of all providers in Kentucky. To learn more about the sample of included programs, refer to Chapter 1.

In this portion of the Evaluation, 62 providers from Certified homes and Type I facilities were asked about technical support and resources they received from their local CCR&R. As is described in Chapter 4, the following questions were asked of providers: *Have you received any services/supports from your local Child Care Resource and Referral agency? What kinds of services/supports? Toward what goal(s)? How long have you been working with your CCR&R? Over the course of one month, how often do you interact with CCR&R? How do you interact with the CCR&R primarily? (Phone, email, onsite visits, etc.)How would you describe the quality (effectiveness/usefulness) of the services you received?*

About one third of all respondents indicated that they do not interact with their CCR&R. Among the programs that do work with their CCR&R, providers indicated that they have been working with their CCR&R for six years or more and that they communicate with their CCR&R a few times a month, mostly by phone. Communication with the CCR&Rs also included regular email notifications and monthly newsletters.

Provision of trainings was the most commonly reported type of support offered by CCR&Rs. In addition to trainings, a few providers from Type I facilities mentioned supports such as use of the lending library and the availability of CCR&R staff to answer questions about state regulations and licensing.

Moreover, several certified home providers indicated that their CCR&R connected them to the Child and Adult Care Food Program and provided referrals to families seeking child care. A few certified home providers also indicated that their CCR&R was their "primary source of support."

Overall, providers were positive in their reports about the quality of the trainings and services they received from their CCR&R. Comments included, "good," "effective and useful," and "it's top quality." Neutral and negative comments mentioned by a few providers included responses

such as, "no complaints," "fine," "interactions are not that great," and "not as helpful as she could be."

As described in Chapter 5, all interviewed providers were also asked, *Are you aware of any supports or resources that are available to you, but you are not currently utilizing?* and *What resources would be helpful, but are not available to you?*

Across all provider types, most could not identify a resource they knew was available to them but they were not currently utilizing. However, about one-third of Type 1 facilities were able to identify a resource that they were aware of but not currently utilizing. Examples of such resources across provider types include the Cabinet for Health and Family Services, Early Childhood Councils, national and local NAEYC, and CCR&Rs.

Providers (n = 62) were also asked to describe any resources that would be helpful to them but were not currently available. Most providers said there was "nothing" they could think of or, "I don't know." Among those that did respond, access to more or higher quality trainings was a common response among Type I facilities. Other desired resources named by respondents include: Access to free materials, financial resources, having a nurse available to call and ask questions, and additional resources for working with a child with special needs.

Summary of findings from Telephone Interviews with STARS providers
In summary, findings from phone interviews with STARS-rated providers produced similar findings to the online survey of providers described above. Trainings are the most common form of support received from CCR&Rs, with all other kinds of supports (lending library, technical assistance, the food program, and parent referrals) mentioned far less frequently. Perceptions of the CCR&Rs are generally --but not universally-- positive, and most providers are not able to identify additional supports or services that they would like to receive.

THE EARLY CARE AND EDUCATION TRAINING RECORDS INFORMATION SYSTEM (ECE-TRIS)

Provider use of training
Another way to assess how providers are using CCR&R services is to look at what trainings are offered and how often providers are attending trainings. To examine these topics, data were obtained from Kentucky's professional development registry, the ECE-TRIS system. ECE-TRIS is a database that contains individual training records for early care and education practitioners in Kentucky. Data were downloaded on August 31st, 2011, and included information about trainings offered and training participants between September 1st, 2010 and August 31st, 2011.

There were 12, 292 participants in CCR&R trainings during the 12-month period leading up to August 31st, 2011. This group averaged 10.5 training hours during that year (range 0-143, SD = 14.45). Most of the participants worked in Type I Licensed Centers (see Table 8.11).

Table 8.11. Number of training participants working in each program type from September, 2010 through August, 2011

Program Type	n
Type I - Licensed Center	9,480
Registered Child Care Provider	894
Licensed Head Start	612
Certified Family Child Care Homes	391
Type II - Licensed Home	136
Head Start	24
Total	11,537

Source: ECE-TRIS database, downloaded August 31st, 2011.

Training offered by CCR&R

There were 3,960 trainings offered by CCR&Rs during the 12 month period, of which 3,327 actually occurred (633 of them were canceled). Each training may consist of more than one session, but results in one certificate of completion. The most common format was face-to-face, although trainings were also offered online or as independent studies (see Table 8.12). There were 41,747 total attendees (including duplicates).

Table 8.12. Format of trainings offered through CCR&R from September 2011 through August 2011

Types of Trainings	n
Face-to-Face	3052
Independent Studies	839
Web-based Online Training	56
Teleconference Learning	13
Total Trainings Offered	3960

Source: ECE-TRIS database, downloaded August 31st, 2011.

Trainings were offered through CCR&Rs across the state. The most trainings were offered by KIPDA 4C, Bluegrass CCR&R, and 4C of Northern Kentucky, although several other CCR&Rs also offered many trainings (see Table 8.13).

Table 8.13. Trainings by sponsoring agency from September 2011 through August 2011

Sponsoring Agency	n
KIPDA 4C	775
Bluegrass CCR&R	618
4C Northern Kentucky	406
Green River CCR&R	328
Pennyrile CCR&R	255
Eastern KY Child Care Coalition: Kentucky River	244
Eastern KY Child Care Coalition: Cumberland Valley	241

Lincoln Trail 4C	224
Licking Valley Community Action Program, Inc.: Gateway/Buffalo Trace	218
Eastern KY Child Care Coalition: Big Sandy	180
CCR&R: Purchase	163
Eastern KY Child Care Coalition-Lake Cumberland	156
Northeast Kentucky Area Development Council, Inc.-FIVCO	88
CCR&R at WKU - Barren River	63
Eastern KY Child Care Coalition: Central Office	1
Total Trainings Offered	**3960**

Source: ECE-TRIS database, downloaded August 31st, 2011.

The trainings covered a variety of topics, with the learning environment and curriculum as the topic most frequently covered (see Table 8.14).

Table 8.14. Trainings by content from September 2011 through August 2011

Content	As only topic	With other topics
Learning environment and curriculum	1104	732
Health, safety, and nutrition	430	497
Child growth and development	396	650
Professional development/professionalism	358	135
Program management and evaluation	233	178
Family and community partnerships	135	182
Child assessment	119	153

Source: ECE-TRIS database, downloaded August 31st, 2011.

Participant Satisfaction with Trainings
At the end of CCR&R trainings, participants are asked to fill out a training evaluation. They are asked to rate seven items on a scale from "very poor" to "very good". Items include the clarity of the presentation, the trainer's knowledge and general performance, and the usefulness of the materials (for a complete list of items, see Table 8.14). Participants are also asked to rate their overall satisfaction with the training. Reponses for 27,885 evaluations are presented in Tables 8.15a and b.

Table 8.15 a. Responses for 27,855 training evaluations from September 2011 through August 2011

	Very poor	Poor	Average	Good	Very good	Mean
The presentation was clear and to the point	< 1%	< 1%	3%	14%	82%	4.79
The usefulness of the handouts/written materials	< 1%	< 1%	3%	17%	78%	4.76
The trainer's knowledge about the content	< 1%	< 1%	2%	11%	85%	4.84
Your knowledge on this topic before the training	1%	4%	31%	34%	29%	3.86
Your knowledge on this topic after the training	< 1%	< 1%	2%	23%	74%	4.72
The performance of the trainers	< 1%	< 1%	2%	12%	84%	4.83
The chances that you will apply something that you learned to your work or family life	< 1%	< 1%	2%	15%	81%	4.78

Source: Early Care and Education Training Evaluation Report (for training participants between September 1st, 2010 and August 31st, 2011) received from ECE-TRIS staff on August 31st, 2011.

Table 8.15b. Responses for 27,855 training evaluations from September 2011 through August 2011

	Not at all satisfied	Somewhat satisfied	Satisfied	Highly satisfied
Which of the following best reflects your satisfaction with the training?	< 1%	2%	30%	57%

Source: Early Care and Education Training Evaluation Report (for training participants between September 1st, 2010 and August 31st, 2011) received from ECE-TRIS staff on August 31st, 2011.

The majority of participants rated all aspects of the training very positively and indicated that they learned something from the training (mean report of knowledge about the content rose from 3.86 before the training to 4.72 after the training). Eighty-seven percent reported that they were either "satisfied" or "highly satisfied" with the training. It is important to note, however, that such favorable response may be affected by the nature of the evaluation scale. That is, the training evaluation tool might not be asking questions in a way that would elicit negative responses.

Summary of findings from ECE-TRIS data
The ECE-TRIS system provides several metrics to examine use of CCR&R training in Kentucky. In a 12-month period ending August 31, 2011, 3960 trainings were offered by CCR&R agencies throughout Kentucky. There were 12,292 total participants making up 41,747 training attendees (participants attended more than one training). On average, participants took 10.5 hours of training during the year. According to training evaluations, participants are satisfied with the trainings and overwhelmingly rate aspects of training in a positive manner.

One goal of the Kentucky Child Care Resource and Referral Agency (CCR&R) evaluation was to examine the ways in which the current CCR&Rs are meeting the needs of parents and families, providers, and other community stakeholders across the state. To this end, telephone interviews were conducted with at least one staff member from each of the CCR&Rs in Kentucky to assess their perceptions of parent use of CCCR&R services, their primary roles and responsibilities, and their collaboration with other stakeholders and partners. Fifteen Kentucky CCR&R employees were interviewed (n=15); nine agency directors and six staff members from smaller agencies that do not have their own director. This section provides a summary of the interview data and highlights the ways in which CCR&R staff believes services for parents/families and child care providers in Kentucky might be improved.

Child Care Resource and Referral Agency Services for Providers

Interview participants were asked about the services they offer to child care providers. The questions in this section of the interview included:
- What services do you offer to providers?
- Thinking about [particular service for providers],
  - Please describe your role [or your agency's role] in providing this service.
  - How often would you say your agency engages in this activity (e.g., annually, quarterly, monthly, weekly, daily)?
- What, if anything, would you like to see improved in the services your agency offers to providers?
- What do providers need most to support their practices with children?

CCR&R staff were asked to name all the services that their agency offers to providers. The following services were named by at least two interviewees: training, technical assistance, a resource library or workroom for providers to use, and information about the subsidy system or the STARS for KIDS NOW system (Figure 8.2).

Figure 8.2. Services offered to providers

Services Offered to Providers
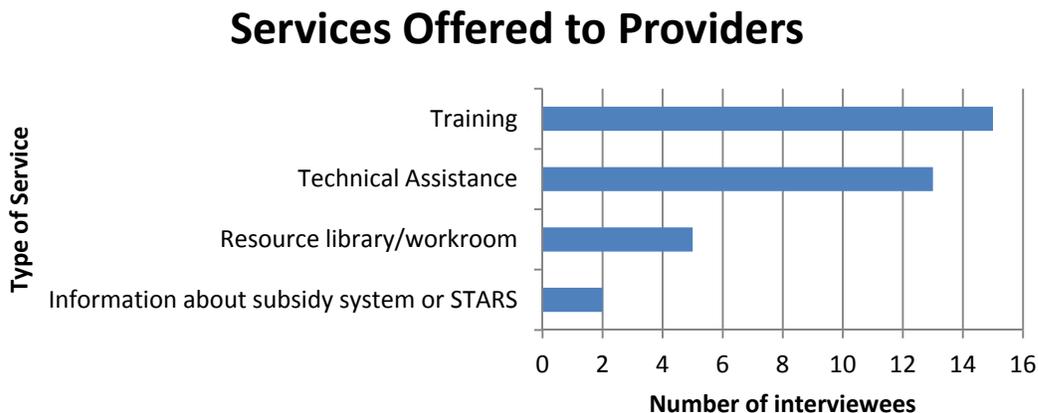
Source: Child Trends Interviews with Kentucky CCR&R Staff (N=15)

Training. All interviewees stated that their local agency holds trainings for child care providers. The majority of interviewees said that trainings are held weekly, and can include "basic classes required by the state," leadership seminars for center directors, age-specific workshops (school-age children or infants and toddlers), and orientations for new early childhood education providers. One interviewee also mentioned that her CCR&R's annual training plan is designed to cover all of the Kentucky Core Content areas. Child Development Associate (CDA) and Commonwealth Child Care Credential classes are also offered by a few of the CCR&Rs in this sample.

Training is offered in several different formats. Most participants said that trainings take place at CCR&R offices; however a few mentioned that training can take place on-site at the child care facility. One participant said her agency also occasionally holds telephone conferences for training purposes, and a few agencies have developed online independent study training modules as well.

Technical Assistance. Technical assistance such as modeling practices on-site or answering questions about licensing regulations by phone is offered by most (87%) of the CCR&R agencies interviewed. A couple of interview participants stated that they provide TA to current providers as well as those thinking about opening a child care business. A few said that TA is offered if a facility experiences a licensing deficiency. One interviewee reported that if a facility has been cited for several things and is in "immediate sanctions status," they receive more intensive TA.

Some of the CCR&R staff interviewed stated that the TA offered varies according to the different needs of facilities. A few participants said that on-site coaching was a strategy they use to assist providers in answering their questions, help them get prepared for a STARS rating, or to simply observe and make recommendations for program improvements. One provider described the Coaching to Quality project, in which CCR&R staff mentor providers, conduct classroom observations, and perform child assessments in order to improve school readiness in low-income areas and increase the number of facilities participating in STARS.

About half of the interview participants said that TA is provided weekly, and a few said that TA services are provided daily. A couple of participants said their agency provides TA monthly, and one stated that TA was provided on an as-needed basis.

Improvements to CCR&R services for providers
Several CCR&R staff members in this sample reported that child care providers need more professional development opportunities and individualized, on-site technical assistance in order to support their practices with children. When asked about the ways in which the CCR&Rs might improve upon the services offered to providers some interview participants said they would in fact like to be able to provide more on-site coaching and mentoring. One interviewee said, "Coaching is shown to have benefits for maintaining quality and establishing a relationship with the child care program. I wish that we had the resources to have lengthier, more substantial relationships with providers." Another said, "I would like to be able to do more hands-on work and more mentoring. I'd like to have more opportunities to model good practice." A few of the CCR&R staff members stated they would like to make other improvements including the ability

to hire more staff to provide technical assistance to providers and to do more outreach within their communities to engage more providers in the services they offer.

Summary of findings from Interviews with staff at local CCR&R agencies
All interviewed CCR&R staff report that their agency provides training for providers and most report that their agency offers technical assistance to providers. All other services were offered by fewer than half of interviewed CCR&Rs. Trainings offered by CCR&R agencies cover a variety of topics and are usually offered in a classroom format at the CCR&R facility, but some agencies are offering trainings on-site at child care facilities or via teleconferencing. Technical assistance, when offered, is generally not part of a formal program but rather designed to help individual providers with specific needs.
When asked how to improve the services offered to providers, the most common theme among interviewees was the belief that child care providers in Kentucky would benefit from additional coaching and mentoring opportunities.

SYNTHESIS OF FINDINGS ABOUT CCR&R SERVICES AND SUPPORTS FOR CHILD CARE PROVIDERS

The primary support that CCR&R agencies give to child care providers is training. Nearly all surveyed providers report receiving training, and all interviewed CCR&R staff report that their agency provides it. Most providers are satisfied with the training they receive (80% of surveyed providers reported that the trainings were "somewhat helpful" or "very helpful" and providers reported being "satisfied" or "highly satisfied" on 87% of training evaluations in ECE-TRIS).

Most interviewed CCR&R staff (87%) report that their agency offers some form of technical assistance to providers and 45% of providers report receiving some form of technical assistance. This is the service that providers find most helpful.

Just under half (45%) of the surveyed respondents report that their local CCR&R has referred parents to their program, though none of the interviewed CCR&R staff named referrals as a service provided to programs/providers. Although CCR&R staff see parent referrals as a service they offer to benefit parents (see description below), many providers see this as a service that benefits them and find it to be very helpful.

Less than half of CCR&R staff named the CCR&R's lending library/resource center as a service offered to providers, and less than half of providers reported using this service.

While providers are generally satisfied with the services they receive, some providers say that they would like to receive additional services from their local CCR&R. While providers are generally unclear about what other services they want or need, CCR&R staff report wanting to provide more one-on-one supports (technical assistance) to providers.

SERVICES AND SUPPORTS FOR PARENTS

To understand what CCR&R services and supports are being offered to and received by parents, findings were drawn from two data sources: the 2011 Kentucky Early Care and Education

Household Survey and interviews with staff at local Child Care Resource and Referral agencies. Findings are presented by data source and then synthesized at the end of this section.

The Kentucky Early Care and Education Household Survey was conducted in the spring and summer of 2011. It was a random digit dialing survey of 501 households in Kentucky with children under age 12 who use some type of non-parental care. The survey asked parents questions about how they learn about, select, and use non-parental care. Two items from the ECE Household Survey provide information on parent recognition of CCR&R services in their region. Parents were asked two questions about their awareness of resources that could potentially be provided by the CCR&R:

- Have you heard of any organizations or websites you can go where you can get a *list of child care providers*?
- Have you heard of any organizations or websites where you can get information on the *quality of child care*?

When asked if they had heard of any organizations/websites that offer a list of child care providers, 144 (29%) of respondents responded yes. Those 144 respondents were then asked a follow-up question: "What is this organization or website called?" Responses are presented in Figure 8.3.

Figure 8.3. Responses to question "What is this organization or website [that offers a list of child care providers] called?"
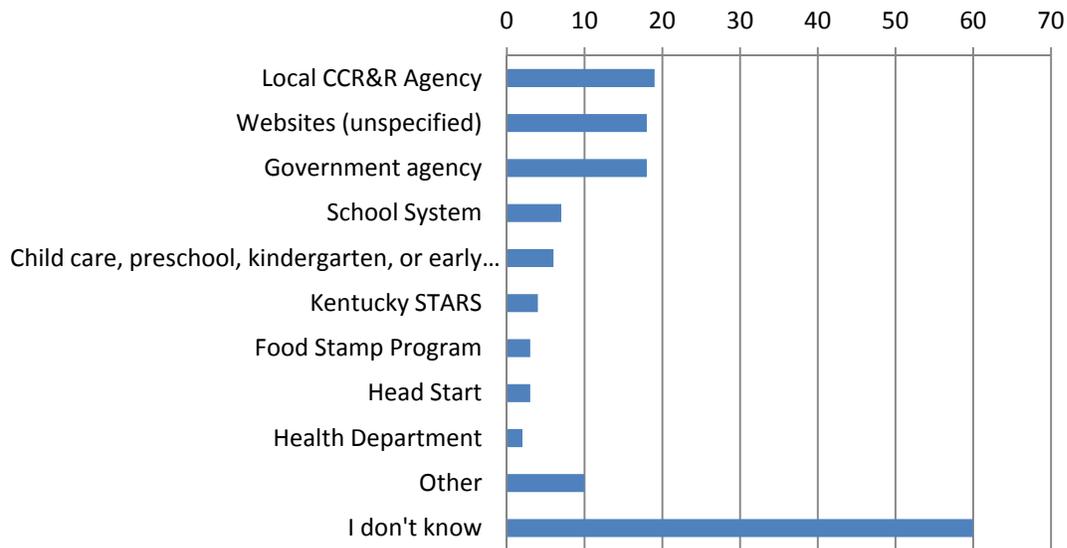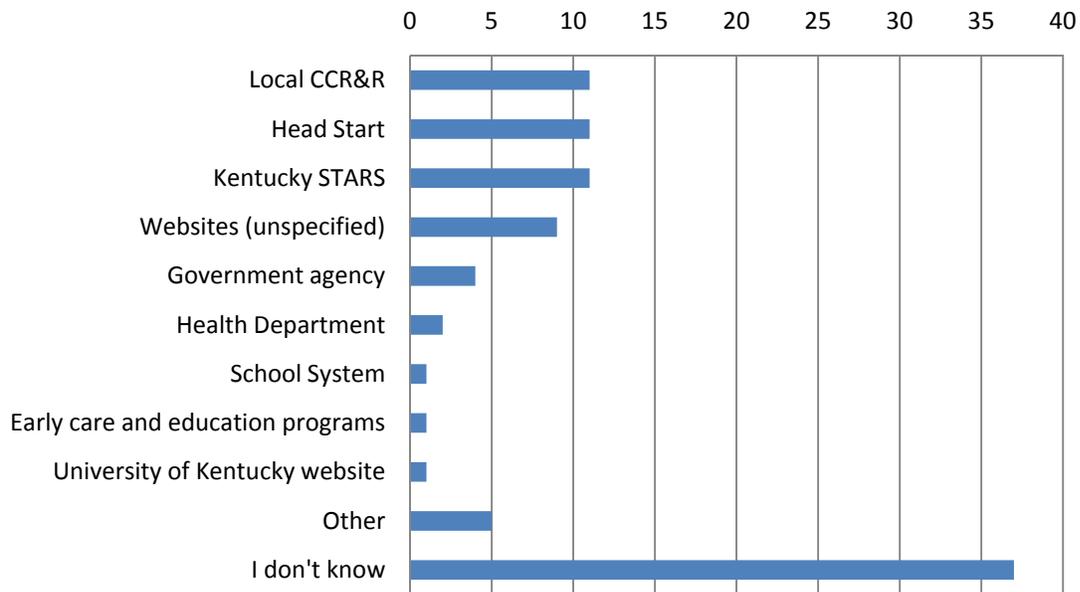

Source: 2011 Kentucky Household Survey (N=501)

The most frequent response (n = 60) was "I don't know." Thus, only 84 respondents to the ECE Household survey were able to name an organization or website that they believe offer a list of

19

child care providers (some provided more than one response). Of these, the most frequent response (n = 19) was a local CCR&R agency. Other respondents mentioned websites, school systems, Kentucky STARS, government agencies such as the Department of Health and Human Services, and others. Altogether, there is little evidence that parents can recall specific organizations or websites where they can obtain a list of child care providers. Of those who can, however, CCR&R is the most likely response.

When asked if they had heard of any organizations/websites that offer information on the quality of child care, 83 (17%) of respondents responded yes. Those 83 respondents were then asked a follow-up question: "What is this organization or website called"? Responses are presented in Figure 8.4.

Figure 8.4. Responses to question "What is this organization or website [that offers information on the quality of child care] called?"

Source: 2011 Kentucky Household Survey (N=501)

Again, the most frequent response (n = 37) was "I don't know." Only 46 respondents to the ECE Household survey were able to name an organization or website that they believe offer information on the quality of child care (some provided more than one response). Of these, the three most frequent responses (for each, n = 11) were: Local CCR&R, Head Start, and Kentucky STARS. Other respondents mentioned websites, government agencies, school systems and others. Similar to the first set of responses in this section, there is little evidence that parents can recall specific organizations or websites where they can obtain information on the quality of child care. Of those who can, however, CCR&R is one of the more frequent responses.

Summary of findings from the 2011 Kentucky Early Care and Education Household Survey

In sum, according to the Kentucky Household Survey sample (n = 501), less than 5% of parents who use non-parental care in Kentucky can name the CCR&R when asked where they can find lists of child care providers or information about the quality of child care. Efforts to improve marketing of CCR&Rs could be useful in increasing parents' awareness and recognition of what CCR&Rs do. This is a theme that is echoed in the CCR&R staff interviews in the next section.

## INTERVIEWS WITH STAFF AT LOCAL CCR&R AGENCIES

A second set of questions for CCR&R focused on the services provided to parents. All of the interview participants stated that parents/families are one of the primary populations served by CCR&Rs in Kentucky. The interviewees were asked the following questions about the services they provide for parents/families:

- What services do you provide to parents?
- Thinking about [name service],
  - Please describe your role in providing this service.
  - Would you say you provide this service less than monthly, monthly, weekly, a couple of times a week, or daily?
  - Do you collect any data about how many parents use this service? If possible, please estimate the proportion of parents who use this service out of the population of parents who could benefit from this service (e.g. very few, some, about half, most, almost all).
- What, if anything, would you like to see improved about the services your organization provides to parents?
- What resources do parents need to help them find appropriate child care?

The services provided to parents/families (Figure 8.5) by the CCR&Rs in this sample include referrals for child care, information about child care quality and consumer education, parent training or educational services for parents, child care subsidy information, and community outreach.

Referrals. All 15 participants stated that they provide referrals for parents/families seeking child care. Referrals are managed in several different ways: most CCR&Rs maintain a database that can be accessed when a parent/family calls the agency or performs their own online search. Several interview participants stated that the list of potential child care options provided for parents/families is based on their specific needs including the age of the child/children, the hours of the day, and the days of the week the parents/families need care. One participant said that her agency has recently developed an iPhone application called KidsMatter, through which parents can locate child care providers based on their location, ages served, preferred care type, and STARS for KIDS NOW rating.

Figure 8.5. Services provided to parents/families
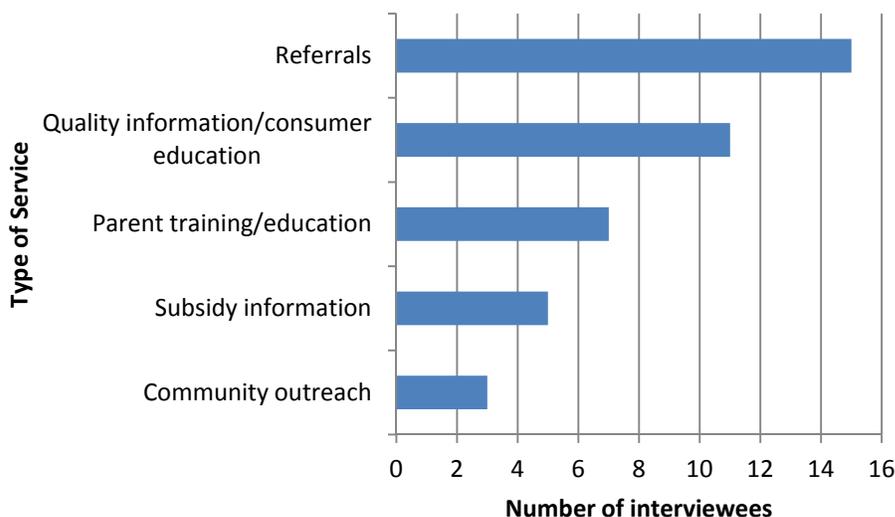
Source: Child Trends Interviews with Kentucky CCR&R Staff (N=15)

About half of the interview participants stated that their CCR&R provides referrals daily. A few said they provide referrals a couple of times a week, a few said referrals are given weekly, and one replied that referrals are done on a monthly basis. Of the parents/families who are eligible for this service, most interviewees (9 out of 16) said that some parents use the service, a few said that very few use the service, and a couple said that about half of eligible parents use the referral services offered by CCR&Rs.

Child care quality information/consumer education. Most interview participants stated that they provide parents/families with information about the quality of child care options or other information that may help them make an informed decision about a care setting for their child/children. One participant said that when her CCR&R makes a referral, they send the parent/family a brochure that offers suggestions about selecting high-quality child care and provides information about developmental milestones based on the child/children's age(s). Information about STARS for KIDS NOW, Kentucky's quality rating and improvement system (QRIS) is also included with these resources. Most of the interviewees said that they maintain lists of child care providers that participate in STARS and provide this to parents/families whenever a referral is made, which occurs daily or weekly in most cases.

Parent training/education. Training and educational opportunities are provided for parents/families by about half of the CCR&R agencies interviewed. One interviewee whose agency provides monthly trainings for parents stated that they are usually provided in collaboration with other organizations such as school districts, social service agencies, or other counseling programs. She stated that these training events are related to parenting and are typically for young parents or parents involved in other social services. One interviewee recently received a grant to provide trainings on financial literacy, but this activity is in its early stages and no additional information was provided. Another interview participant said her CCR&R sends a monthly newsletter to child care providers that includes an article related to child

development that providers can distribute to parents/families. A few other participants said that parent training/education is provided on a monthly basis and a few said that these services are provided weekly. The remaining respondents who cited these services among those they offer said that they are either just starting to provide these services or will be starting soon.

Child care subsidies. Providing information about both state and local subsidy eligibility is another service that some CCR& staff said they offer to parents/families. A couple of the interview participants also process subsidy payments for child care providers on a monthly basis.

Community outreach. A few CCR&R staff members interviewed said that they participate in community events such as back-to-school nights or events focused on children's transition to kindergarten. At these events CCR&R staff hand out child development information, parenting information, and information about the services CCR&Rs provide. Another participant said that she presents information at community council meetings about CCR&R services so it can be relayed to parents/families and child care providers. A couple of participants said community outreach occurs on a monthly basis, and one said it occurs a couple of times a week.

Other. One CCR&R staff member in this sample also reported that her agency provides a lending library for parents that contains books on child development and parenting skills. Another described a partnership between her CCR&R, The National Association of Child Care Resource and Referral Agencies (NACCRRA) and the Department of Defense, through which child care providers on military posts can receive assistance with accreditation and quality improvement supports. The frequency with which these activities occur was not described.

Usage of CCR&R services by parents/families
In response to the question, "What resources do parents need to help them find appropriate child care?" most interviewees cited information on child care quality and "what to look for" when selecting care. However, those interviewees who reported that they offer this information said that they believe only some of the eligible parents/families are accessing this service. Several interview participants said they believe some parents/families are utilizing their child care referrals, but a few said that they believe very few of the parents/families who might benefit from this service are using it.

Of those interviewees who reported that they offer parents/families information on the child care subsidy system in Kentucky, one said she believes about half of eligible parents/families are utilizing this information, and another said that most eligible parents/families in her region are accessing it. The remaining interviewees reported that they do not know how many parents/families are seeking subsidy information. According to a couple of the interviewees, very few parents/families are attending the parenting education and training workshops that are offered by CCR&Rs in their regions. One interviewee said that some parents/families are participating in these workshops, and the remainder said that they were unsure the extent to which the parenting workshops they offer are being utilized. Overall, the data collected on parent/family usage of CCR&R services suggests that utilization varies across regions and agencies, and that several CCR&Rs are not collecting these data.

Improvements to CCR&R services for parents/families

The 15 CCR&R staff members in this sample were asked "What, if anything, would you like to see improved about the services your organization provides to parents/families?" Some of the participants said they would like to have more direct contact and interaction with parents. One participant said, "I would like us to have more access to parents. I think we are a pretty well-kept secret despite the fact that we advertise or speak to any group we can possibly think of." Another said, "I like to see parents coming to our trainings. They're welcome to come and we often tell child care providers that parents can come to the trainings."

A few other participants said they would like additional resources to offer services to parents/families. One interviewee stated that her agency does not have enough staff to provide parenting classes and she would like to increase the program's capacity to do so. Another staff member said, "I think that we would like to do more. We have limited resources and resources are an issue in really doing even more intensive things."

A few participants cited additional outreach and marketing as an improvement they would like to see. In the words of one participant, "I think the vast majority of people do not know that CCR&Rs exist and can provide those services. Some type of marketing campaign I feel would be best suited. We try to do a lot on a local level but it's impossible to get the word out all the time."Another said, "Our biggest challenge is reaching more parents so they know about the service."

Other improvements to services for parents/families mentioned by interviewees include streamlining the state's subsidy system and ensuring that all parents receive information about child care quality when a referral is made.

Summary of findings from interviews with staff at local CCR&R agencies

The CCR&R staff members interviewed for this study offered valuable information about how their services reach parents/families in Kentucky. Some of the key findings from this interview include:

- referrals for child care and information on child care quality are the services most often provided to parents/families by the CCR&Rs interviewed;
- usage of CCR&R services by parents/families varies across regions, but some of the interview participants believe that many parents/families who might benefit from their services are not utilizing them; and,
- the CCR&R staff members in this sample would like increased interaction with parents/families and more opportunities for outreach and marketing their services.

SYNTHESIS OF FINDINGS ABOUT CCR&R SERVICES AND SUPPORTS FOR PARENTS

Most parents have not heard of any organization or website where they can go to get a list of child care providers and less than 4% of surveyed parents were able to name their local CCR&R as such a place.

Staff at local CCR&R agencies readily acknowledge that many parents are unaware of the services that they offer: referrals to child care providers, information about child care quality, and—less frequently—parent education and training. CCR&R staff would like to increase their engagement with families and parents and suggest that additional resources be used for outreach and marketing of their services for parents.

COLLABORATION WITH COMMUNITY STAKEHOLDERS

To understand how local CCR&R agencies are collaborating and partnering with other community stakeholders, findings were drawn from four data sources: interviews with staff at local Child Care Resource and Referral agencies, interviews with STARS Quality Coordinators, a survey of Professional Development Counselors, and interviews with community stakeholders. Findings are presented by data source and then synthesized at the end of this section.

INTERVIEWS WITH STAFF AT LOCAL CCR&R AGENCIES

There are a number of other agencies, organizations, and individuals working to support early care and education providers in Kentucky. One of the goals of this Evaluation was to better understand the extent to which CCR&Rs are engaged with these other support systems and to identify the services that may be offered to providers through collaborative arrangements. The 15 interview participants in this sample were asked the following questions to capture the nature and scope of interactions they may have with other early childhood support staff and stakeholders:

- Do you have a good working relationship with the [name of agency, organization, or individual] in your region?
- How often do you communicate with the [name of agency, organization, or individual] in your region?
- What topics do you communicate about?
- Have you had any problems working with the [name of agency, organization, or individual] in your region? If yes, please describe the challenges you have faced.
- How might collaboration between your agency and the [name of agency, organization, or individual] be improved?

Type and frequency of collaborations
STARS Quality Coordinators (SQCs). All 15 interview participants reported that they work in collaboration with SQCs. Most interviewees said that they have positive working relationships with either all or most of the SQCs in their region and that they communicate either weekly or monthly. The topics that the CCR&R staff members in this sample communicate about with SQCs vary from interpretation of licensing regulations to needs assessments for individual child care programs. One interviewee said that she coaches providers alongside the SQC in her region to prepare them for the STARS rating process. A couple of interviewees reported that they interact with SQCs most often at community meetings (e.g., Early Childhood Council meetings and regional collaboration meetings).

Professional Development (PD) Counselors. All 15 CCR&R staff members interviewed said that they work with Professional Development counselors and most reported that they have good working relationships with either all or most of the PD counselors in their region (a few interviewees said that their region has only one PD counselor). Most interview participants communicate with the PD counselor(s) either weekly or monthly, while one interviewee said she communicates with the PD counselor(s) in her region every two to three months. About half of the interviewees said they typically communicate with PD counselors about registering providers for CDA and CCCC classes offered through the CCR&Rs, and several mentioned that they work with PD counselors to promote the scholarship program for these credentials and other higher degrees.

Early Childhood Councils (ECCs). All 15 interview participants reported that they work in collaboration with the Early Childhood Councils in their region, and most reported that they had a good working relationship with either all or most of the ECCs. Several interviewees said that their interactions with the ECCs occur largely at monthly regional meetings, although a few said they communicate with the ECCs on a weekly basis. About half of those CCR&R staff members interviewed said that they communicate with ECCs about trainings that they provide or trainings that the ECC requests on behalf of the providers in that region. One participant reported that in some counties within her region, the CCR&R is the primary training entity for all the trainings that take place within the ECCs. Some interviewees said they communicate with ECCs about available grants and may collaborate to develop grant proposals. A couple interview participants reported that their communication with ECCs varies depending on the local projects the ECCs have developed, and a couple mentioned that they serve in leadership positions on the Councils in their region. Other topics of communication between CCR&Rs and ECCs mentioned include STARS participation, child care subsidy supply and demand, and local community events attended by both groups.

Regional Training Centers. Most interview participants said that they collaborate with one of the five Regional Training Centers (RTCs) in Kentucky, although a couple interviewees said that this collaboration is rare. Some interviewees reported that they communicate with RTCs every two to three months, and a few said that communication between their CCR&R agency and the RTCs occurs monthly. Of the interviewees who reported working with the RTCs, most said that they had positive relationships with the training centers and that they typically communicate about provider training needs or training sessions that they develop collaboratively. A couple interviewees reported that they present at the RTC annual conference, and one said that her CCR&R agency distributes advertising materials about RTC programs to the providers she serves.

Independent trainers and other training organizations. About half of the CCR&R staff members interviewed said that they work with independent trainers in their region and some reported that they work with other training organizations as well. The working relationships between these entities were typically positive; some of the CCR&R staff members interviewed reported that their agencies contract with many independent trainers and seek out independent trainers to cover topics in which their CCR&R staff does not have expertise. A few other interviewees said that they help to promote training events held by other organizations or put

regional conferences sponsored by other organizations on their training calendars and websites. Communication between the CCR&R staff members in this sample and independent trainers and training organizations in Kentucky occurs every two to three months for some interviewees. The remaining interviewees communicate with these entities either monthly or weekly.

Institutes of Higher Education. Most of the participants in this sample collaborate with Institutes of Higher Education in Kentucky, and most reported that they had a good working relationship with colleges and universities in their region. A couple of interviewees reported that they work with IHEs only two to three times a year, and some reported that collaboration occurs either every two to three months or monthly. A couple of participants reported daily interaction with IHEs because their agency is located at a university or the university is the primary funding source for the agency. A few participants reported that they recruit trainers from the IHEs and that the IHE maintains the database that tracks the training that registered/licensed child care providers receive. A few CCR&R staff members reported that they work closely with early childhood education professors at Kentucky colleges and universities to promote CDA classes, continuing education units (CEUs), and scholarships for higher degrees.

United Way. About half of those CCR&R staff members interviewed said they work with United Way in their region and that the working relationship is between the two agencies is positive. For those who do work with United Way, the frequency of communication between the two agencies varies; for some communication occurs weekly, for one participant communication occurs rarely, for one participant it occurs every two to three months, and for another participant there is daily communication between her CCR&R and United Way. The nature of the collaborations between the CCR&Rs and United Way varies across regions; one interviewee said that United Way was the primary funding source for her agency and that she works directly with United Way staff on child care advocacy and policy initiatives. Another described a mentoring project her CCR&R is working on with United Way to enhance quality in local child care programs. One interview participant said that her communication with United Way is limited and typically involves e-mail correspondence about United Way projects that she forwards on to providers.

Family Resource Centers. Most CCR&R staff members interviewed reported that the work in collaboration with Family Resource Centers. About half of the interviewees said that they have good working relationships with FRCs, and some reported that they have good relationships with most of the FRCs in their region. Communication between the CCR&R staff in this sample and the FRCs typically occurs every two to three months or every month and often involves outreach and advertising for CCR&R services at the FRCs, providing parenting information to families, or referring parents/families to child care programs. A few interviewees reported that they interact with the Family Resource Centers most often at the monthly Early Childhood Council meetings in their region.

Health Consultants and Mental Health Consultants. Most interview participants said that their CCR&R has a positive working relationship with either all or most of the health consultant(s) in their region (in one region there is only one health consultant). Communication with the health consultants typically occurs every two to three months or every month and focuses on playground safety, nutrition, licensing regulations and program deficiencies, and provider

training recommended by the health consultants. Collaboration between mental health consultants and the CCR&R staff members in this sample occurs somewhat less frequently but is considered positive. The CCR&R interviewees reported that they typically communicate with the mental health consultants in their region about provider referrals for their services or specialized trainings the consultants can provide (e.g., training on behavior modification or fetal alcohol syndrome for parents/families). A few CCR&R staff members reported that they serve on the Early Childhood Councils with the mental health consultants in their region.

Health Access Nurturing Development Services (HANDS) Home Visitors. The HANDS home visiting program is a voluntary statewide home visitation program for first-time parents administered by the Department for Public Health (DPH) through local health departments. Only a few interview participants reported that they collaborate with the HANDS home visitors in their region. A couple of CCR&R staff members reported that this collaboration occurs at the monthly Early Childhood Council Meetings or regional collaborative meetings every two months. The remaining participants said they communicate monthly with HANDS staff about training needs or available resources for parents/families.

Licensing Surveyors. Most interviewees reported that they have good working relationships with either all or most of the licensing surveyors in their region. The frequency of communication between surveyors and the CCR&R staff in this sample varies; a few communicate with surveyors every two to three months, a few communicate every month, a few communicate weekly, and a couple of interview participants reported that they communicate with licensing surveyors on a daily basis. Most of the CCR&R staff in this sample who communicates with licensing surveyors said that they call surveyors to ask questions about changes to the licensing regulations or to discuss ways to decrease licensing deficiencies. One participant reported that she talks to the licensing surveyors in her region about facilities that are suspended or closed and how that affects children in the subsidy program. Some interviewees said that they develop training and technical assistance programs based on the licensing regulations that are the most difficult to meet and often ask surveyors to provide these trainings.

Challenges to Collaboration
The interview data shows that overall, collaborative relationships between the Child Care Resource and Referral agencies and other early care and education organizations/individuals in Kentucky are positive. However, some interview participants did describe challenges they faced when working with other early childhood entities in the state. These challenges generally involved communication issues, difficulties with overlapping responsibilities, and inconsistencies in service delivery. For instance, one interviewee said of the SQCs in her region, "There may have been some miscommunication with one of them in terms of what's expected. I maybe feel that the SQC refers providers to things when they should have asked the R&R." Another interviewee described challenges that arose when working with the SQCs by saying, "They do a lot of training for the contract with child care providers, which I see as a conflict of interest on their part. If you're evaluating a site, and you're providing TA and you're also providing the training that's a conflict." Another CCR&R staff member reported that in working with the SQCs, "Most of the challenges came with communication at first and also consistency with the program. Mostly if we were working with programs that had expressed they wanted to

get STAR rated, they would make appointments that would get cancelled often, or they wouldn't get back to us. But I'd say that's improved."

Duplication of services for parents/families and providers appeared as a challenge in collaborative arrangements between the CCR&R staff members and health/mental health consultants as well. One participant said of her work with health consultants, "Over the years we have had horrible… duplication of everything from training to referrals to misinformation to not collaborating. They aren't allowed to charge for their training, we don't have any choice. That's been a huge obstacle". Another said, "Early on, the health specialists were offering a lot of training and it seemed not to be only specific to mental health field. That was a little rocky at first but when people got to understand their purpose, the identification and evaluation of children, they dropped the training."

Improving collaboration between CCR&Rs and other agencies/organizations
The 15 CCR&R staff members in this sample offered several suggestions in response to the questions about how collaboration between their agencies and other early childhood organizations might be improved. The duplication of services posed a challenge for some interviewees, as there are several other agencies and organizations that offer technical assistance and training for child care providers in Kentucky. As such, some interview participants said that it would be helpful if each organization had more clearly defined roles. For instance, one interviewee said, "Having some type of meeting structure to understand what exactly R&Rs are mandated to provide and basically defining roles and responsibilities would be good." Another said, "More clearly defined roles on who is responsible for what as far as TA for child care providers would be helpful."

Some interviewees said that more frequent communication with other agencies and organizations that support child care providers might improve collaboration. A couple participants suggested quarterly regional meetings of all early childhood training and TA organizations so that "everyone is on the same page and knows what everyone else is doing." A few interviewees reported that they were unaware of the services provided by HANDS home visitors, for example, and that more frequent interaction might result in more opportunities for collaboration. Similarly, one participant said that in working with the Regional Training Centers (RTCs), "We might go to one another for a specific purpose but we don't know the full range of services on their end."

A few CCR&R staff members interviewed said that they think CCR&R agencies should not be separate from other supports for early care and education providers. In the words of one interviewee: "Frankly, I think the STARS work should be embedded in the R&Rs. It was and I think it should be, that's no slight on the job they're doing I think they're doing a fine job. The R&Rs are the places where people come. Providers know us, it's community-based, and they used come to us for all things about building quality and licensing. Now, it's like if you want to talk about quality talk to the SQC and to fix a licensing issue talk to the R&R. Separating building quality and licensing doesn't make sense… it should all be on one continuum. I think providers feel frustrated there are two separate entities." Another said of her work with SQCs, "I think if they had better travel planning and quite frankly if they were housed with us we could get a lot more done. When we were housed together, we accomplished an incredible amount."

Some interview participants also offered specific suggestions about how collaboration with child care licensing surveyors might be improved. According to one interviewee, the licensing surveyors are not present enough in the community due to large service areas. Another said "At one point, there was some discussion about CCR&R staff being able to travel with a licensing surveyor to see the survey from their perspective. I think that would be an excellent idea. Also, some joint training of staff I think would be helpful." Similarly, an interviewee said, "I think it would really help us if we could go out on surveys with them and they could go with us on TA visits. We've always wanted to do that but there again were budget issues and the workload."

Additional suggestions for improving collaboration cited by interviewees include increasing awareness among pre-service providers about the services CCR&Rs offer, increasing the diversity of groups involved in the Early Childhood Councils, and brainstorming better ways to spread training resources across communities.

Summary from CCR&R Staff Interviews
Most CCR&Rs have good working relationships with the other early care and education agencies and organizations in Kentucky. Interviewees believe that collaboration between agencies might be improved by increased communication and clearer definitions of the role each organization plays in providing support to child care programs. Overall, the CCR&R staff members interviewed expressed their commitment to the services they provide for parents/families and child care providers, and were eager to develop new strategies to improve and increase those services.

FEEDBACK FROM STARS QUALITY COORDINATOR AND PROFESSIONAL DEVELOPMENT COUNSELORS

As part of the STARS Process Evaluation, interviews were conducted with 16 STARS Quality Coordinators by phone in early 2011. It is important to note that these 16 SQCs completed the interview in reference to their work with a particular program, and thus could be interviewed more than once in order to obtain information about their work with multiple programs. In total, 58 interviews were conducted with SQCs. Note that the sample of programs about which the SQCS were interviewed was designed to answer particular questions about the STARS rating process and is not representative of all providers in Kentucky. To learn more about the sample of included programs and how SQC interviews were completed, refer to Chapter 1. When reporting on findings from these interviews, we describe the number of *programs* whose SQC held a particular view, not the number of SQCs who held a particular view.

For 58 providers/programs, SQCs were asked questions about the other individuals or agencies with which they collaborate to serve the provider/program in question. Examples include: *Do you know of any other individuals/ agencies that are providing resources or support to this provider? Have you collaborated with other individuals/ agencies to help this provider? Are there individuals or agencies that you would like to collaborate with to help this provider? What obstacles prevent you from collaborating with other individuals/ agencies to help this provider?*

Local CCR&Rs and EC Councils were the two agencies that SQCs most often reported as also working with the provider in question. Generally, SQCs reported that they were not collaborating directly with CCR&Rs. However, when asked if there were any challenges they faced in coordinating or collaborating, most SQCs said there was no challenge, but it was something they just had not done. Some indicated a lack of time or that there was not a pressing need to collaborate with CCR&Rs. One SQC reported that she had encountered challenges working with the local CCR&R, which inhibited her from collaborating in a way that would benefit a number of the providers she worked with. These findings are described in more depth in Chapter 5.

To understand more about the technical assistance and supports provided to programs in STARS, an online survey was administered to 13 Professional Development Counselors in spring of 2011. Among other questions, the survey included questions about PD Counselors' relationships with CCR&Rs. Questions included: *Do you have a good working relationship with all, most, a few or none of the Child Care Resource and Referral (CCR&R) staff in your region? How often is the CCR&R in your region receptive to your suggestions about the trainings providers need and/or request? Have you had any problems working with the CCR&Rs in your region?*

All PD Counselors indicated that they had a good relationship with all or most of the CCR&Rs they work with; however, participants provided mixed responses to questions about challenges they had encountered when working with their CCR&R. For example, about half of the respondents indicated that their CCR&R was receptive only some of the time to their suggestions about the trainings providers needed and requested. Or, while most indicated they did not have any problems with their CCR&R, about half indicated they had encountered challenges or resistance.

Professional Development Counselors were more likely to report having encountered challenges or resistance from CCR&R staff than from SQCs, but less likely to report challenges with CCR&R staff than with partners at local community colleges/universities. Again, these findings are described in more depth in Chapter 5.

Summary of findings from interviews with SQCs and a survey of PD Counselors
Most SQCs report that they do not frequently collaborate with CCR&Rs, and therefore have not encountered any difficulties with the CCR&Rs. In contrast, PDCs are more likely to be collaborating with a local CCR&R and also more likely to have encountered challenges or resistance in this relationship.

INTERVIEWS WITH COMMUNITY STAKEHOLDERS

There are several early childhood agencies that potentially collaborate with the CCR&Rs across Kentucky. The purpose of these interviews was to better understand the nature of the collaborations between CCR&Rs and other early childhood stakeholders. The interview contained general questions about the stakeholder agency, perceptions of CCR&R services, collaboration between the stakeholder agency and CCR&Rs, and suggestions both for improved collaboration and for improved early care and education services provided in Kentucky.

Interview Sample
From a list of 977 stakeholders, a sample of interviewees was randomly selected. This sample included one to three representatives from each of the following types of CCR&R stakeholders: Community Early Childhood Councils, Family Resource and Youth Services Centers, Child Care Health Consultants, Early Childhood Mental Health Specialists, Institutes of Higher Education, and Regional Training Centers. Possible interviewees were e-mailed requesting their participation in the study. Based upon the response of various stakeholders, additional possible interviewees were contacted until at least one stakeholder had been interviewed from each collaboration agency, for a total of 15 respondents.

CCR&R Stakeholders
General descriptions of the six types of stakeholders that were included in the interview sample are highlighted below. For this portion of the interview, respondents were asked to answer the following descriptive questions about their agencies:

- Please describe your role in [your agency].
- What would you say are the primary populations served by your agency?
- What would you say are the primary services provided by your agency?

Community Early Childhood Councils. Community Early Childhood Councils (CECCs), which are part of the KIDS NOW initiative, are composed of individuals from either one or multiple counties who come together with the common goal of improving the lives of young children and their families. Members are local community members, which can include parents, providers, CCR&R employees, and other early childhood agency employees. Together members concentrate on the community's early childhood needs and strengths.[1] According to interviewed CECC respondents (n=3), the primary populations served by the councils are providers, community resource members, and children. One respondent mentioned that the overall goal is to provide better child care. Various initiatives are undertaken to achieve this goal, including purchasing educational games and materials for programs, providing start-up mini-grants for new licensed centers and certified homes, and providing mini-grants to existing facilities to work toward higher STARS ratings. Additionally, CECCs offer trainings to early childhood providers to ensure that providers have access to the necessary trainings to have successful programs, such as CPR and first aid. In addition to the overall goal of improving the lives of young children, different councils have their own missions. For example, one chairperson of a CECC specifically mentioned that a mission on the forefront of her council is to make the community more aware of the Kentucky STARS for KIDS NOW system.

Family Resource and Youth Services Centers. Family Resource and Youth Services Centers (FRYSC), located within schools across the state, aim to "remove nonacademic barriers to learning as a means to enhance student academic success."[2] The interviewed FRYSC respondents (n=3) reported that the primary populations served by FRYSCs are a combination of

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[1]http://www.education.ky.gov/KDE/Instructional+Resources/Early+Childhood+Development/Community+Early+Childhood+Councils.htm
[2] http://chfs.ky.gov/dfrcvs/frysc/

school staff, families within the community, and other community partners. For the most part, though, FRYSCs seem to work primarily with students at their school and their parents. Each center has certain components that they are required to meet as a part of the grant they receive from the school. The particular programs and services offered by each center vary depending on the needs of the served families and the availability of resources, among other factors.[2] One coordinator at a FRYSC highlighted specific services they provide in collaboration with CCR&Rs, which included providing referrals to families who need afterschool care for school-age children or who need child care for younger siblings of the school-age children. For the children enrolled in the school, the FRYSCs try to help children get their basic needs met. Two examples of this mentioned by respondents were: having a dentist come in and do dental screenings for children, and providing referrals to outside agencies.

Child Care Health Consultants. Child Care Health Consultants (CCHCs) are a part of the Healthy Start in Child Care initiative, which began in July 2000 as a part of KIDS NOW.[3] CCHCs work with child care providers to promote the topics of health, safety, and nutrition. The primary populations served by CCHCs (n=1) are child care providers. The primary services provided by CCHCs are trainings and technical assistance related to health, safety, and nutrition.

Early Childhood Mental Health Specialists. The positions of Early Childhood Mental Health Specialists (ECMH Specialists) were created as a part of KIDS NOW in FY2003. ECMH Specialists work across multiple counties in a region to provide mental health services for young children. They work to build "regional capacity to better meet the social, emotional and behavioral needs of eligible children and their families."[4] Interviewed ECMH Specialists (n=2) said the primary population served was all children birth to five years of age needing mental health assessments. The primary services provided by ECMH Specialists are assessment and treatment of children birth to five. Typically, specialists work with children in the clinic and provide medication referrals for children ages 3 and older. Occasionally, the mental health specialists are able to get into child care facilities, but because of how limited the number of mental health specialists is they are mostly working with their caseload in the clinic. Additional services offered include conducting trainings for CCR&Rs, interventions for caregivers, and parent trainings.

Institutes of Higher Education. There are a number of Institutes of Higher Education across Kentucky, some of which are state-supported institutions and others that are institutions that are licensed to operate in Kentucky.[5] Interviewed faculty and staff at Institutes of Higher Education (n=3) reported the primary populations they served were either current child care providers or students attempting to obtain certification to become a child care provider. The primary service of Institutes of Higher Education is providing coursework to students. Some of these students are attempting to obtain certification or credentials, including licensure or a Director's Credential. Other students are only enrolled in classes for credit.

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[3] http://chfs.ky.gov/dph/mch/ecd/healthystart.htm
[4] http://mhmr.ky.gov/dbh/Early%20Childhood%20MH.asp
[5] http://cpe.ky.gov/institutions/

Regional Training Centers. There are five Early Childhood Regional Training Centers (RTCs) in Kentucky that each provide training and technical assistance to roughly one-fifth of the state.[6] According to the interviewed representatives of RTCs (n=3), the primary population served is publically funded preschool programs, including their teachers, assistants, and administrative staff. The primary services provided by RTCs are training and technical assistance for early childhood preschool programs. Some RTCs offer a regional training conference once a year.

Services provided by CCR&Rs
For this portion of the interview, stakeholder respondents were asked the following questions about populations served and services provided by CCR&Rs:

- What would you say are the primary populations served by the CCR&R agencies throughout Kentucky?
- What would you say are the primary services provided by the CCR&R agencies throughout Kentucky?

Primary populations of CCR&R
The majority of all interviewed stakeholders reported that child care providers are the primary population served by CCR&R agencies throughout Kentucky. Many others also mentioned parents and families.

Primary services provided by CCR&R
Many respondents reported training as the primary service provided by CCR&Rs. The second most commonly mentioned CCR&R service was providing referrals and information to parents seeking child care. Additionally, various types of stakeholders mentioned other examples of services provided by CCR&Rs. For example, one CECC chairperson mentioned specifically that CCR&Rs help child care programs to stay within state regulation, which may involve providing TA to individual programs. Another CECC chairperson noted that CCR&Rs help with fundraising for various programs. A FRYSC coordinator reported that CCR&Rs provide information on various child care issues, including information regarding abuse prevention and funding for child care. One FRYSC coordinator commented that the role of the CCR&R was very similar to her own, such that both CCR&Rs and FRCs help with referrals to other agencies for anything from health to counseling. An Interdisciplinary Early Childhood Education Coordinator at an institute of Higher Education noted that whenever students want to open a child care center, she refers them to the CCR&Rs. There, the students gain a thorough understanding of what they will be doing and what the process will require. Lastly, a director of an RTC reported that CCR&Rs provide TA to child care providers in an effort to improve the overall quality of child care programs. These efforts include not only training but also offering professional development and sharing information across agencies.

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[6]http://www.education.ky.gov/kde/instructional%20resources/preschool/for%20preschool%20coordinators%20and%20teachers/preschool%20regional%20training%20centers.htm

Collaboration with CCR&Rs

Stakeholders were asked the following questions aimed to capture the purpose and content of their collaboration with CCR&R agencies:

- In your current role, how would you describe the purpose of the interactions you have with the CCR&Rs?
- What topics do you communicate about?

Community Early Childhood Councils. Collaboration between CCR&R employees and CECCs varies across counties, with some CCR&Rs acting only as the fiscal agent for the local CECC (assisting with the writing and executing of grants) and others working more closely to organize trainings and compile information to pass along to parents in the community. One chairperson in particular mentioned that her professional interaction with the CCR&Rs was limited to simply signing the paperwork to approve the grants put together by the CCR&Rs. She said, "I just sign off on that. There's not a lot of input." Similarly, the regularity of CCR&R employees' attendance at council meetings and the role they play on the council also varies across counties. Because many council chairpersons are also child care providers, their interactions may include discussion of both council business and their own child care facility.

Family Resource and Youth Services Centers. Most interactions between Family Resource Centers and CCR&Rs are either based around trainings or meeting the needs of the families seeking resources, which typically means helping families find child care. One family resource center mentioned working with the CCR&Rs to organize a yearly collaboration for local child care providers.

Child Care Health Consultants and Mental Health Specialists. CCHCs attend collaboration meetings with CCR&Rs. At these meetings, CCR&R employees inform consultants of any relevant programs on which they are working. Some counties collaborate with CCR&Rs to organize health fairs, trainings, and other activities in the community. Similarly, most communication between CCR&Rs and ECMH Specialists centers on organizing trainings. Typically ECMH Specialists and CCR&Rs will collaborate to select a topic for the training. Also, if a parent seems to need additional early childhood mental health resources, Specialists may refer them to CCR&Rs.

Institutes of Higher Education. Institutes of Higher Education collaborate with CCR&Rs as general resources for students or to seek answers to specific questions, such as about students' CDAs. One interview respondent said, "I refer people to them when they want to complete their CDA requirements. If they've taken all the coursework through us and they want to start the next step of getting their CDA, then I send them to the CCR&R to start that process." Occasionally, CCR&R employees may come into college or university classrooms as guest speakers or to provide resources to the classrooms. Because many students in classes at the Institutes of Higher Education working with CCR&Rs plan to become child care providers, faculty at the Institutes of Higher Education try to make students aware of CCR&Rs as a resource in the early childhood community for such services as training. In some cases, faculty at Institutes of Higher Education conduct trainings for CCR&Rs. One faculty member at an Institute of Higher Education

specifically mentioned an outside project that she works on with the CCR&R in her region. The project is funded by an external grant, but it facilitates active collaboration between the university and the local CCR&R.

Regional Training Centers. The main goal of collaboration between regional training centers and CCR&Rs is to limit duplication of services to increase efficiency. They two agencies typically collaborate on trainings, which includes cross-training each other when one organization has expertise on a particular subject. In addition to topical trainings, some RTC's mentioned working with CCR&Rs to organize training conferences.

Quality of Collaboration with CCR&Rs
For the following section, stakeholders were asked to describe the quality of their collaboration with CCR&Rs. The summarized responses are based on the following interview questions:

- Do you have a good working relationship with all, most, a few or none of the CCR&R staff in your region?
- How often do you communicate with the CCR&R staff in your region?
- Have you had any problems working with the CCR&R staff in your region? If yes, please describe the challenges you have faced.
- What has been the benefit of working with the CCR&R staff in your region?

Almost all interviewed stakeholders reported having a good working relationship with either "all" or "most" CCR&R staff in their region. One respondent reported having a good working relationship with "a few" CCR&R staff in their region (see Figure 8.6).

Figure 8.6. Working relationships with CCR&R staff
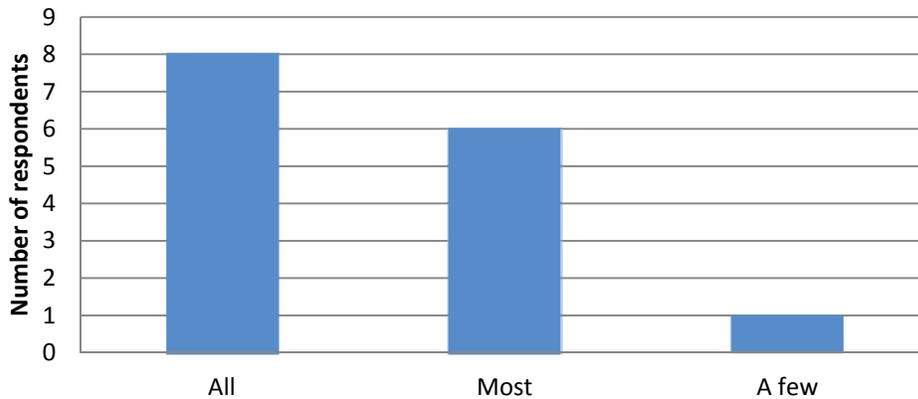
Source: 2011 Child Trends Stakeholder Interviews (N=15)

The frequency with which interviewed stakeholders interacted with CCR&R staff in their regions varied. The most commonly reported response was "monthly," but respondents also answered that they communicated weekly, every two to three months, two to three times per year, and rarely or not at all (see Figure 8.7).

Figure 8.7. Frequency of communication with CCR&R staff
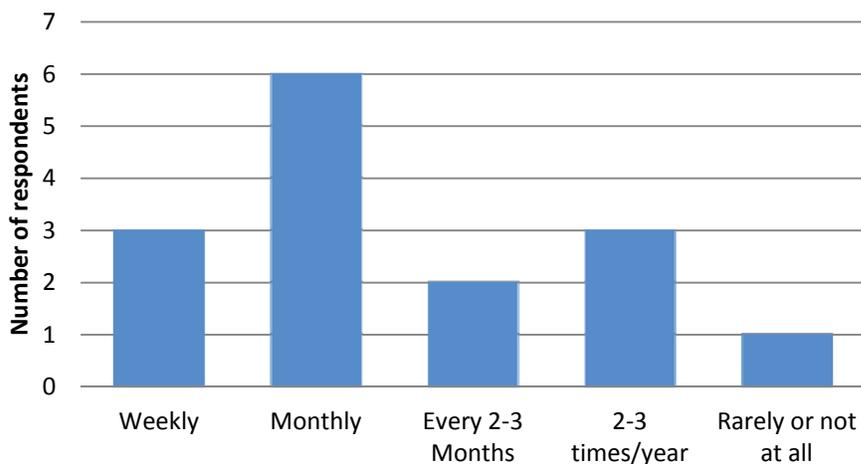
Source: 2011 Child Trends Stakeholder Interviews (N=15)

Challenges in Working with CCR&Rs
The majority of respondents said that they did not have any problems working with CCR&R agencies. No interviewed ECMH Specialists or employees at FRYSCs noted having any problems working with CCR&Rs. Those stakeholders that did report that they had problems typically mentioned isolated incidents.

Benefits of Working with CCR&Rs
The main benefit of working with CCR&Rs mentioned by the interview respondents was the helpful collaboration between their agencies. Specifically, FRYSCs and RTCs reported that interagency resource and information sharing was a beneficial part of working with CCR&Rs. Additionally, one RTC noted that collaboration with CCR&Rs ensures that they do not duplicate services and instead provide "a consistent message to practitioners regardless of funding stream." A benefit reported by Institutes of Higher Education was that collaborating with CCR&Rs offers people varying approaches in addressing their concerns and challenges. They also said that CCR&Rs are a valuable resource for individuals wanting to start-up a child care facility, because CCR&Rs offer accurate and detailed information about what starting a facility entails. One ECMH Specialist said that most importantly, the benefit of collaboration is that early childhood agencies have the same goals "to better serve the birth to five population."

Suggestions for Improved Collaboration
The most frequent suggestion for improved collaboration was better communication. These communication suggestions included possibly meeting more frequently and subsequently sending out meeting notes so that everyone can be informed. Another suggestion for better communication was inviting employees from other agencies, such as CCR&Rs, to come to staff meetings. Lastly, one director at an RTC suggested that CCR&Rs have better funding so that they can afford to have free training, which would aid in alleviating some competitive training issues. The respondent said, "We completely understand them needing to generate income the way they are currently funded. But it creates a conflict when we're asked not to allow their constituents to participate [in our trainings] when that really is counter to our mission."

Suggestions for Improved Services for Parents and Providers
For the final portion of the interview, stakeholders were asked the following questions relating to suggestions for improved services for parents and providers:

- What, if anything, would you like to see improved in terms of early care and education services provided to parents in Kentucky?
- What, if anything, would you like to see improved in terms of services offered to early care and education providers in Kentucky?

In terms of improving services offered to parents, several respondents mentioned the importance of providing more information to parents and more marketing surrounding the STARS system. One CECC chairperson suggested that STARS have more commercials or blurbs during baseball games. The individual noted that once parents saw STARS advertised more, "they'd pay attention when they got information about it [in the future]." Similarly, a faculty member at an Institute of Higher Education suggested putting blurbs in the local newspaper. Lastly, an FRYSC interviewee suggested that parents receiving benefits, such as subsidies, should be held more accountable to attend informational events and resource fairs. She said, "It doesn't make much sense to offer all these benefits if [parents are] not doing on their end what they need to be doing."

When asked what they would like to see improved in terms of services offered to providers, several respondents mentioned improving the quality of child care. These suggestions included having more encouragement and benefits for early childhood providers to obtain their CDAs, providing more money to programs, and facilitating provider attendance at trainings by providing substitute teachers. Another general suggestion was simply to keep providers continually informed about what trainings and programs are available to them. Lastly, a CCHC suggested that "more health related classes be mandatory for [providers]. For example, all providers [should] have to have a medication safety class every year."

Summary of findings from interviews with Community Stakeholders
In conclusion, the majority of interviewed stakeholders had positive relationships with the CCR&Rs with which they worked. They generally agreed that child care providers were the primary population served by CCR&Rs and that trainings were the primary service provided. The collaborative relationships tended to vary based upon both the type of stakeholder and the county or region in which the agency was located. In those few instances when interviewees mentioned having challenges working with CCR&Rs, the incidents typically were isolated. Ultimately, the survey respondents generally expressed gratitude for their working relationship with the CCR&Rs and felt that they shared a common goal of improving early care and education services in the state of Kentucky.

SYNTHESIS OF FINDINGS ABOUT COLLABORATION WITH COMMUNITY STAKEHOLDERS

Most discussions of collaboration with community stakeholders centered on services for child care providers – nearly always training – rather than services for parents. However, some

stakeholders discussed the possibility of collaborating in outreach efforts and education efforts directed at parents.

Community stakeholders, STARS Quality Coordinators, Professional Development Counselors, and CCR&R staff agree that their relationships with one another are generally positive. However, all also agree that collaboration is sometimes challenging among organizations with missions that share an overall goal of improving the quality of care for children, but often do not have a common approach to accomplishing this goal. At the same time, challenges may also arise when more than one agency is offering a service and they find themselves competing rather than collaborating. To improve collaboration, stakeholders suggest staying in close communication with one another to reduce duplication of services and clarifying each agency's role to avoid miscommunication and improve each agency's ability to refer clients to other agencies.

SUMMARY

Currently, local CCR&R agencies are serving child care providers primarily by offering trainings. Providers are very aware of the trainings that are available to them, but report that they would find these trainings more helpful if the information about them were communicated more clearly, the registration fees were lower, and there were a wider variety of trainings offered.

Most providers are not receiving any additional supports from their local CCR&R beyond training and professional development. Some local CCR&R agencies are offering technical assistance, and this service is highly appreciated by the minority of providers who are receiving it. CCR&R staff report that they believe that providers would benefit from additional technical assistance, but that they do not have the resources to offer this support.

Local CCR&R agencies are serving parents primarily by offering referrals to child care providers. However, according to the 2011 Kentucky Early Care and Education Household Survey, less than 30% of parents have heard of an organization or website where they can get a list of child care providers. Most parents are not aware of the possibility of getting referrals from their CCR&R, nor are they getting this important information anywhere else. This is an important opportunity for improving services in Kentucky's CCR&R system.

Local CCR&R agencies are already working in partnership with other community stakeholders, and have generally positive relationships with these partners, but these relationships could be improved if a) communication were more regular and intentional, and b) more attention were paid to avoiding duplication of services. Targeting these aspects of relationships may assist CCR&Rs in collaborating more fully and better serving the practitioners and families for whom they are working.