

February 13, 2020

Chairman Gratwick, Chairwoman Hymanson, Distinguished Members of the Joint Standing Committee on Health and Human Services:

My name is Alan Cobo-Lewis. I live in Orono. I am director of the Center for Community Inclusion and Disability Studies at the University of Maine (CCIDS). I am testifying for myself and for CCIDS, not for the University of Maine or the University of Maine System as a whole.

I am testifying **FOR LD 1760**, “An Act To Support Children’s Healthy Development and School Readiness”.

I have been the local evaluation partner for Educare Central Maine since 2013, and I have been the evaluator for the “Educare Beyond The Walls” project since 2015. Each Educare site nationwide contracts with a local evaluation partner in order that program evaluation be at a suitable distance from program implementation.

Educare is a data-driven model for early care and education that aims to provide high quality for children at risk for later school failure. It seeks to “close the achievement gap” before kindergarten entry. There are over 20 Educare schools nationwide, with Educare Central Maine located in Waterville. “Educare Beyond The Walls” is a project that uses targeted professional development to encouragement the implementation of aspects of the Educare model in settings outside of Educare Central Maine itself.

CCIDS is Maine’s federally funded University Center for Excellence in Developmental Disabilities (UCEDD, pronounced “you-said”), authorized by the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 (“DD Act”). The purpose of the national network of UCEDDs is to provide leadership in, advise federal state and community policy leaders about, and promote opportunities for individuals with developmental disabilities to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life. Part of the federal mandate of CCIDS is to educate and advise policymakers, including members of the state legislature.

In my role as CCIDS director, I am particularly interested in the effectiveness of the Educare and “Educare Beyond the Walls” projects for children with disabilities. I am happy to share with you today some key aggregate results from 14 child care providers (family child care homes and child care centers) in Somerset, Penobscot, and Piscataquis County—the “Educare Beyond the Walls” dataset includes but goes beyond the dataset for the Elevate Maine initiative funded by the Maine Early Learning Investment Group (MELIG).

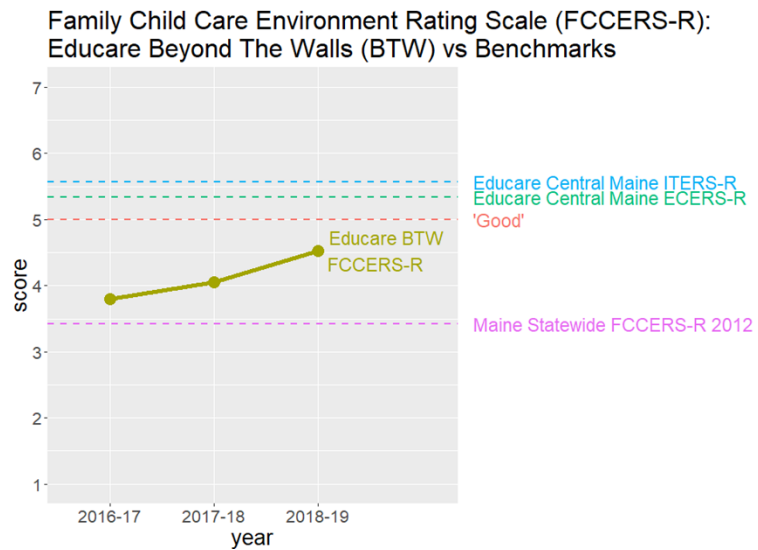
## 1 Program Quality

Program quality measures differed for family child care homes, infant-toddler classrooms in child care centers, and preschool classrooms in child care centers.

## 1.1 Program Quality: Family Child Care

For family child care homes, we measured quality with the Family Child Care Environment Rating Scale – Revised (FCCERS-R). On this scale, scores range from 1 for the lowest quality to 7 for the highest quality. The FCCERS-R developers peg “good” quality as corresponding to scores of 5 or above.

FCCERS-R scores are plotted in the figure at right during three successive years of the “Educare Beyond the Walls” project.



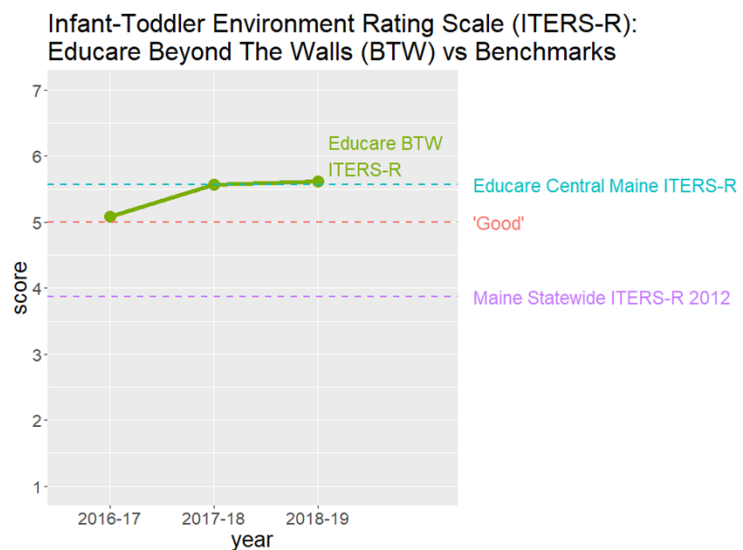
As benchmarks, the figure also plots the statewide average FCCERS-R from a 2012 study of child care programs enrolled in Maine’s quality rating and improvement system<sup>1</sup> and the average scores on similar environment rating scales for infant/toddler classrooms (ITERS-R) and preschool classrooms (ECERS-R) in the Educare Central Maine center-based care. Educare Central Maine has quality scores that exceed “good” and that are well above Maine state averages.

It is evident from the figure that **FCCERS-R child care quality scores in the family child care homes participating in the “Educare Beyond the Walls” project improve during this three-year period, starting at 0.4 points above the statewide average (far below “good”) and gaining roughly half the distance from the initial low scores to the high quality observed in Educare Central Maine.** If this rate of growth were to continue, the FCCERS-R scores of family child care homes in the “Educare Beyond the Walls” project would exceed “good” within 2 more years.

## 1.2 Program Quality: Infant-Toddler Classrooms in Child Care Centers

For infant-toddler classrooms in child care centers, we measured quality with the Infant-Toddler Environment Rating Scale – Revised (ITERS-R). On this scale, scores range from 1 for the lowest quality to 7 for the highest quality. The FCCERS-R developers peg “good” quality as corresponding to scores of 5 or above.

ITERS-R scores are plotted in the figure at right during three successive years of the “Educare Beyond the Walls” project. (Note that 40% of the ITERS-R data from the “Beyond the



Walls” project are from a child care center staffed by the same operating provider that staffs Educare Central Maine.)

As benchmarks, the figure also plots the statewide average ITERS-R from a 2012 study of child care programs enrolled in Maine’s quality rating and improvement system<sup>i</sup> and the average ITERS-R score in the Educare Central Maine center-based care. Educare Central Maine has quality scores that exceed “good” and that are well above Maine state averages.

It is evident from the figure that **ITERS-R child care quality scores in the infant-toddler classrooms in child care centers participating in the “Educare Beyond the Walls” project improve during this year-three period, starting at the threshold for “good” and improving to levels seen in in Educare Central Maine.**

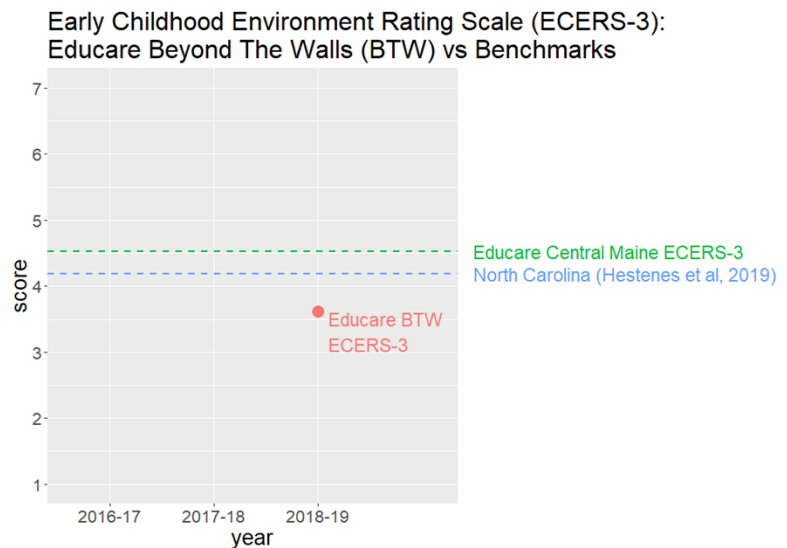
### 1.3 Program Quality: Preschool Classrooms in Child Care Centers

For preschools classrooms in child care centers, we measured quality with the Early Childhood Environment Rating Scale – 3 (ECERS-3). On this scale, scores range from 1 for the lowest quality to 7 for the highest quality. Scores on the ECERS-3 are lower than they are on the ECERS-R, so “good” is no longer indicated in the figure.

ECERS-3 scores are plotted in the figure at right only for 2018-19, which is when the measure was added to the “Educare Beyond the Walls”

project. Because ECERS-3 was not used during the QRIS validation study that yielded Maine statewide values the other classroom quality scales above, the benchmark used is from North Carolina (Hestenes et al., 2019<sup>ii</sup>, who measured ECERS-3 in a sample of programs seeking to raise their QRIS rating, which typically motivates programs to achieve higher scores than they might otherwise).

It is evident from the figure that **average ECERS-3 child care quality score in the “Educare Beyond the Walls” project is below quality for the benchmark programs. Future data will be required to gauge change in this classroom quality measure.**



## 2 Child Outcomes

The ultimate goal of improving child care quality is to improve child outcomes. In this testimony, I present an academic outcome (vocabulary) and a social-emotional outcome.

## 2.1 Child Outcomes: Vocabulary

To assess child language, I plot standard score on the Peabody Picture Vocabulary Test, administered to children twice a year starting at age 3 (46 children, average of 2.2 data points per child). On this scale, the average score in the population is 100 (regardless of age), so flat lines correspond to age-appropriate growth in vocabulary.

For children without disabilities, PPVT standard score is essentially constant, meaning that **the vocabulary of children without disabilities grows at an age-appropriate rate while they are enrolled in the “Educare Beyond the Walls” project**. For children with disabilities, PPVT standard score starts low (standard score below 85) but has a positive slope, meaning that **the vocabulary of children with disabilities grows faster than the rate expected based on a child’s age (“closing the gap” with children without disabilities)**.

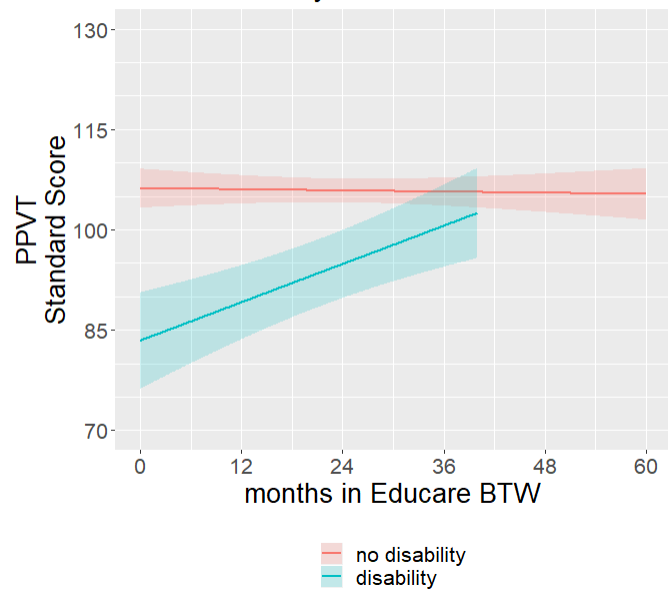
While vocabulary as measured by PPVT scores does not grow as fast in Educare Beyond the Walls as in Educare Central Maine, the growth is nevertheless particularly encouraging for children with disabilities—though with the caveat that the small sample size is small and that Head Start only requires 10% of enrollment to be children with disabilities (further reducing sample size in that group).

## 2.2 Child Outcomes: Social Emotional Learning

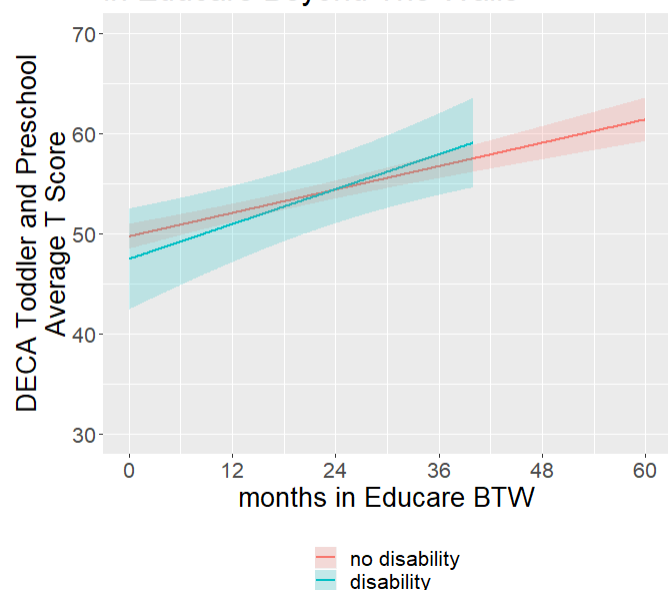
To assess social emotional learning, I combined teacher ratings on the Devereux Early Childhood Assessment (DECA) toddler and preschool forms on four scales: initiative, attachment, total protective factors, and self-regulation (51 children, average of 24 data points per child). On this scale, the average score in the population at large is 50 (regardless of age), and higher scores indicate better social-emotional status.

**For children with disabilities and children without disabilities, social-emotional status as measured by the DECA improves as children spend more time in “Educare Beyond the Walls”, as shown in the figure at right (though with same sample size caveats as mentioned above).**

Peabody Picture Vocabulary Test in Educare Beyond The Walls



Social Emotional Learning in Educare Beyond The Walls



### 3 Conclusion and Recommendations for LD 1760

Although the data presented in this testimony are based on small-scale pilots and are therefore preliminary, the data are nevertheless encouraging about the prospect for programming like LD 1760 envisions to result in improvements to child care quality and child outcomes.

For family child care homes, quality measures improve from levels well below ‘good’ toward better levels. For infant-toddler classrooms, quality measures improve from the threshold of ‘good’ toward levels seen in Educare Central Maine. For preschool classrooms, quality measure in initial assessment is below levels seen in Educare Central Maine.

The child outcomes are especially encouraging in language for children with disabilities.

I encourage the Committee to use LD 1760 to pursue data-driven initiatives like Educare Beyond the Walls, with an appropriate common set of measures of classroom quality and child outcomes. While the bill (in proposed 22 MRSA §3931(8)(G)) appropriately requires reporting of aggregate data, I would encourage the Committee or the Department:

- To require **reporting on outcomes of specific sub-populations, including children with disabilities**, and
- To **facilitate data linkage with the Department of Education** so that **enrollment in the First 4 ME Early Care and Education Program can be tied to later school outcomes**. Although it is possible to achieve some linkage after the fact (see Mason, Tu, & Song, 2014<sup>iii</sup>), it would be more effective to work with the Department of Education to assign, for children of parents who consent, DOE child IDs to children enrolled in First 4 ME.

Respectfully submitted,

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<sup>i</sup> Data drawn from project described in Lahti, M., Cobo-Lewis, A., Dean, A., Rawlings, S., Sawyer, E., & Zollitsch, B. (2011, December). *Maine’s Quality for ME – Child care quality rating and improvement system (QRIS): Final evaluation report*. Report submitted to Maine Department of Health and Human Services. Retrieved 02/08/2020 from [https://web.archive.org/web/20150913021650/http://muskie.usm.maine.edu/maineroads/pdfs/QRISEVALRPRT\\_FINAL.pdf](https://web.archive.org/web/20150913021650/http://muskie.usm.maine.edu/maineroads/pdfs/QRISEVALRPRT_FINAL.pdf). Statewide estimates updated using current (January 2020) distributions of QRIS step retrieved 02/08/2020 from [https://www.qualityforme.org/gris\\_enrollment/State.aspx](https://www.qualityforme.org/gris_enrollment/State.aspx)

<sup>ii</sup> Hestenes, L. L., Rucker, L., Wang, Y. C., Mims S. U., Hestenes, S. E., & Cassidy D. J. (2019). A comparison of the ECERS-R and ECERS-3: Different aspects of quality? *Early Education and Development*, 30(4), 496-510. <https://doi.org/10.1080/10409289.2018.1559681>

<sup>iii</sup> Mason, C. A., Tu, S., & Song, Q. (2014). *Linking Maine Department of Education and Maine Department of Health and Human Services Early Childhood Data*. Orono, ME: Maine Education Policy Research Institute. Retrieved 02/11/2020 from [https://usm.maine.edu/sites/default/files/cepare/Linking\\_Maine\\_Dept\\_of\\_Education\\_and\\_Maine\\_Department\\_of\\_Health\\_and\\_Human\\_Services\\_Early\\_Childhood\\_Data.pdf](https://usm.maine.edu/sites/default/files/cepare/Linking_Maine_Dept_of_Education_and_Maine_Department_of_Health_and_Human_Services_Early_Childhood_Data.pdf)