



## **Demonstrating Effective Child Care Quality Improvement**

**A report by the Smart Start Evaluation Team  
FPG Child Development Institute, UNC-CH**

September 2002

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FPG Child Development Institute  
The University of North Carolina at Chapel Hill  
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# Demonstrating Effective Child Care Quality Improvement

## Executive Summary

September 2002

**R**ESearch shows that child care quality is related to children's readiness to succeed in kindergarten. Accordingly, local Smart Start partnerships have designed and implemented a variety of quality improvement initiatives for child care centers and family child care homes. Several partnerships have made remarkable progress, in spite of the fact that the literature provides little guidance as to which types of technical assistance (TA) activities might work best for which types of programs. This report describes the strategies and activities that 12 highly successful partnerships have used to significantly improve the number of high-quality child care programs in their county or region. Through 37 interviews with key participants in these partnerships we discovered that key factors repeatedly mentioned were: strong leadership; strategic planning for a system of quality improvement programs; support for the education and professional development of the work force; financial rewards for higher education and improved quality; on-site, customized technical assistance; and effective collaborations with multiple community agencies.

## Strong Leadership Promotes Quality Improvement

Leadership from all parties--the partnership board, partnership staff, and child care providers--was needed to make quality a top priority issue. The boards of each of these partnerships focused relentlessly on quality improvement and made it a funding priority. Leaders in the local child care workforce encouraged participation by others. Friendly competition among providers was an added motivational factor. These successful partnerships learned not to assume that a common definition of "quality" was held by all child care providers. They learned to clearly spell out the goals that individual child care programs were expected to achieve as well as the goals for the TA staff. These partnerships were flexible, knowing that different strategies were called for at different times and for different purposes. For example, all partnerships focused both on family child care homes and child care centers, but not equally and not in the same ways across partnerships.

## Strategic Planning for Effective Programs

Successful partnerships were very intentional about the kinds of quality improvements that they hoped to achieve. They recognized that a multifaceted approach was needed to address a variety of issues simultaneously. They built systems of activities that would have a positive affect on quality. Research guided their decisions about what kinds of supports to offer, and they chose clear goals to work towards. Progress toward those goals was monitored to determine whether or not the system of programs needed to change. Programs that were unwilling to strive for high

quality care were not included in quality enhancement activities. The system of activities always included three main approaches: increased education of the workforce, financial rewards for higher quality, and on-site customized technical assistance.

## Education and Professional Development of the Child Care Work Force

Supporting the education and professional development of the child care work force was a key component of the systems of quality improvement built by these partnerships. They supported the TEACH® program, or developed local versions, to provide financial assistance with tuition and other costs associated with higher education and to financially reward child care professionals who achieved higher education levels. They worked with community colleges and colleges to make courses more available to providers, and rewarded providers who moved up the educational ladder with public recognition and thanks.

## Financial Rewards for Higher Education and Improved Quality

These partnerships supported the educational progress and professional development of their teaching staff with tuition help and public awards banquets, but they also provided financial rewards to reinforce the positive gains that teachers made. They used WAGES or similar programs to pay annual or semi-annual bonuses directly to child care providers according to education levels. Similarly, centers that hired more well-educated teachers often qualified for increased subsidy payments to help them employ a teaching staff with more education. Not only do such programs help improve quality, but they also help reduce teacher turnover. Some partnerships decided to spend Smart Start subsidy funds only in centers with 3 or more stars, or to pay higher subsidies for higher quality of care.

## On-Site, Customized Technical Assistance

Each of these 12 successful partnerships implemented one or more on-site TA programs to increase quality in child care centers and homes. Generally these strategies have been carried out by early childhood experts in the community whose job is to recruit centers and homes, assess the current level of quality, work together with the providers to devise a quality improvement plan, and then help implement that plan. The interviewed respondents provided a great deal of practical advice about how to best implement a TA program including:

- Use the application process to begin the focus on quality and to educate providers about quality.
- Make assistance available to all programs, but focus on those that most need help.
- Motivate providers by showing them how improving quality will help the children they serve.
- Conduct a needs assessment as a crucial first step, using a well-known instrument to assess classroom or family child care quality.

- The TA provider and child care program staff work together, using the needs assessment, to customize the assistance.
- Have a written contract, signed by all parties, in place before any funds are spent.
- Carefully monitor contracts with child care providers and TA providers.
- Develop supportive personal relationships with child care providers.
- Use a variety of strategies to translate best practices into the child care classroom.
- Know that improving quality takes time.

## Collaborations with Community Partners

These successful partnerships had found ways to collaborate effectively with a variety of organizations and groups in their community. They learned that collaboration requires each group to gain from the work that they undertake together. Child care resource and referral agencies and TA providers were always involved in the quality improvement partnerships. The local consultant from the Division of Child Development was a helpful resource. Coordinating with DSS helped quality improvement programs focus on the needs of centers and providers that served children from low-income families. These partnerships have worked closely with their local colleges and community colleges to make it feasible for providers to obtain more education. Public school pre-kindergarten programs and Head Start have been involved in numerous collaborations. Many other community agencies or committees of agencies have developed and contributed creative approaches to the quality improvement efforts of these partnerships.

## Keys to Maintaining Quality Improvement

The partnerships included in this study had all made great strides in improving the quality of child care in their communities. However, the respondents reported that maintaining quality would be almost as much of a challenge as was reaching a higher level of quality. The major factor in the provision of quality care is the care provider. If providers are not well trained, educated, and compensated, the quality of care they offer will not be the best. Funds to compensate high quality teachers are currently insufficient and cannot be obtained by charging parents more than they can realistically pay for care. Partnerships need the flexibility to use funds in a way that makes sense for their child care programs. Current legislative restrictions on working with higher ranked child care programs are a disincentive to those partnerships that have been able to achieve high quality. The willingness to put more funds into child care will need to come from many sources including business and government which will only happen when parents demand higher quality and when schools and businesses really accept that quality care makes a difference in the long term outcomes for children.





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## Introduction

**S**MART START is North Carolina's statewide early childhood initiative. Beginning in 1993, 12 local partnerships entered the Smart Start network with additional partnerships entering each year. Now all 100 counties receive Smart Start funds. Eighty-two local partnerships represent these 100 counties and they are charged with the mission of accomplishing broad-based goals in the areas of health, family support, and early care and education. Smart Start's intent is to have local partnerships make decisions about the early childhood system that are best for their local population.

Partnerships have been given some flexibility and have emphasized various components of the Smart Start vision. However, since a legislative decision in 1997, at least 70% of the annual funds have been devoted to early care and education programs. About half of these early care and education funds are devoted to child care quality improvement with the other half spent on subsidy programs. Partnerships have designed and implemented a variety of quality improvement initiatives, have devoted a varying amount of resources to these efforts, and have monitored them in different ways. Several partnerships have made remarkable progress. This report describes the strategies and activities that 12 partnerships have used to improve the quality of child care in their county or region.

Interviews with key individuals in 12 partnerships helped us determine several critical factors that have resulted in improved early care and education. This report documents lessons learned in providing quality assistance to child care programs and notes the keys to maintaining quality care. The common practices, lessons learned and creative ideas should provide guidance and inspiration to all partnerships in their efforts to improve the quality of child care across North Carolina, as well as to early childhood leaders in other states working towards similar goals.

## Previous Research Related to Quality Improvement

The Smart Start evaluation team at the FPG Child Development Institute at UNC-CH has conducted earlier evaluation studies related to quality improvement in North Carolina. An important finding from child care observations in 1994, 1996, and 1999 is that child care centers that participate in more Smart Start activities are more likely to provide higher quality child care (Bryant, Bernier & Maxwell, 2002; Bryant, Maxwell, & Burchinal, 1999).

These child care studies have not only shown that quality is improving over time in North Carolina, but they have also documented the number and variety of technical assistance or quality enhancement activities that Smart Start partnerships have supported over the years between 1993 to 2001. These activities include: training workshops for child care providers; on-site consulting

or technical assistance from a Smart Start-funded trainer; higher child care subsidy rates per child or increased child care subsidies because a center meets higher standards; funds to improve quality by purchasing educational materials, new equipment and/or renovating facilities; funds to help a center achieve a higher level of licensing or NAEYC accreditation; funds to improve services for children with disabilities; access to a teacher substitute pool; transportation services; funds to enhance the compensation (wages) of child care staff; and enrichment programs for children such as a storyteller or art teacher. Our previous studies have shown that participation in more of these activities is significantly positively related to a center's overall program quality.

Another Smart Start study found a significant positive relationship between children's kindergarten readiness and the level of Smart Start participation of the child care program attended by the children (Maxwell, Bryant, & Miller-Johnson, 1999). Children from centers that participated in more Smart Start technical assistance activities directly related to quality were rated by their kindergarten teachers as significantly more ready for school than children who attended centers not involved in Smart Start. These children were also half as likely to have behavior problems or language delays. These findings were true, however, only for centers that participated in certain types of activities-those that the literature suggests are related to children's readiness skills. In our definition of activities directly related to quality, we included activities such as enhanced subsidies for higher quality care, support for teacher education, on-site technical assistance to upgrade quality, classroom quality improvement and facility grants, and teacher salary supplements. When we included other types of Smart Start supported activities in the predictor model (e.g., enrichment programs, transportation services), we did not find a significant effect on children's kindergarten readiness.

This finding supported the generally accepted notion that certain types of technical assistance (TA) to programs are more likely to have an effect on the quality of care and children's outcomes than other types of TA. However, in the early childhood field, there is almost no research that identifies *which* types of quality enhancement efforts work most effectively, *how much* technical assistance is necessary to effect change, or whether *different types* of TA might work best for different centers or teachers. Studies to compare the effectiveness of various types of TA will be challenging to conduct. Random assignment of treatment conditions or a design in which the groups can be initially equated would be needed in order to ensure that the outcomes are the result of a particular TA strategy rather than self-selection of highly motivated or well-educated teachers. To our knowledge, such a study has not been conducted. Therefore, individuals who provide training and technical assistance to early education professionals are using a variety of resources, materials, and strategies, including personal opinions and experiences, to decide what types of technical assistance to provide and how intensive those experiences should be.

The FPG Smart Start evaluation team wanted to investigate further the issues involved in improving the quality of child care programs. The main purpose of the present study was to investigate the types of technical assistance that successful partnerships have employed. Another purpose was to discover the factors, strategies, and collaborative relationships that have helped

these successful partnerships carry out the activities. This is a descriptive study that we hope will lead to better information about what works for child care quality improvement and possibly will lay the groundwork for a valid comparison study of different technical assistance strategies.

## **Procedures**

Our goal in sample selection was to include partnerships that had achieved a significant increase in their number of high-quality child care programs over the past few years. We first reviewed child care licensing status progress by comparing the number of centers in each partnership rated as A or AA in 1993 and the star ratings of centers in each partnership in October, 2001, using the North Carolina Division of Child Development (DCD) public database. DCD regulates child care in N.C. We then asked early childhood specialists at the North Carolina Partnership for Children (NCPC), the agency that administers and supervises the 82 Smart Start partnerships, to help us reduce the list of possible partnerships to 10-15. In this process, we attempted to include a geographically diverse group of partnerships that had implemented a range of quality improvement approaches. Considering all information, we selected 12 partnerships. Within each partnership, we interviewed three key participants involved with quality improvement initiatives. We also conducted one focus group of recipients of technical assistance-child care directors, teachers, and family child care providers. Interview data were transcribed, read, and coded into categories of response. These procedures are described in the section below.

### **Selection of Partnerships**

Partnerships were selected for this study based on their increase in number of high quality child care centers, partnership size, and geographic diversity. First, all partnerships were ranked on their increase in percentage of high-quality child care centers from October 1993 to October 2001. However, between 1993 and 2001 North Carolina changed the metric by which the quality of child care is defined in the licensing regulations. In 2000, North Carolina adopted a 5-tiered licensing system with a 5-star license awarded to centers of highest quality. Before 2000, a child care center was licensed at the A or AA level, with AA being higher. Because of this change in licensing levels during the time period of interest to us, a precise comparison between 1993 and 2001 was not possible.

For sample selection in this study, a center was defined as "high quality" in 1993 if it had an AA license and "high quality" in 2001 if it had a 4- or 5-star license. We do not equate these two ratings, but we chose them because they were clearly the high ends of the quality continuum used at the two points in time. We excluded in the calculations the centers licensed as temporary, provisional, or GS110/church programs (which was 14% of all N.C. centers in 1993 and 18% in 2001). In North Carolina overall, the percentage of centers rated AA in 1993 was 22% and the percentage of centers rated with 4 or 5 stars in October 2001 was 28%. On this very stringent measure of quality improvement, the state had seen a 6% increase, with individual partnerships ranging from a 36% decrease to a 57% increase. The fact that this calculation resulted in several partnerships with fewer high quality centers in 2001 is a sign that our comparison strategy was

quite stringent. Nevertheless, the strategy did help identify a number of partnerships with significant improvements. Of the 49 partnerships that showed improvement greater than the state average, increases in percentages of high quality centers ranged up to 57%. Table 1 shows the distribution of partnerships based on the level of increase in proportions centers licensed as AA in 1993 to centers licensed with 4 or 5 stars in 2001.

**Table 1. Distribution of Partnerships by Percentage Change in High Quality Centers between 1993 and 2001**

Percent of Change	Number of Partnerships	Percent of Partnerships
-36% to 0%	19	23%
1% to 6%	14	17%
7% to 15%	19	23%
16% to 25%	11	13%
26% to 35%	8	10%
36% to 45%	7	9 %
46% to 57%	4	5 %

To select the partnerships for inclusion in the study, we weighed the amount of quality increase, the number of child care programs in the partnership, and geographic location. Had we just chosen the 11 highest ranked partnerships for this study, most would have been small, rural counties. In counties with only a few centers, changes in the quality of two or three centers can result in large percentage increases. To increase geographical diversity and diversity in partnership size within the sample for this study, we also noted the number of child care programs within each partnership and took this into account in sample selection. Table 2 illustrates the range of increases in high quality centers by the size of the partnership and the number of partnerships selected for the study within each category of size. For example, 20 partnerships in N.C. have from 100-299 licensed child care programs. The amount of quality improvement in these 20 partnerships ranged from no improvement to a 40% increase. We selected 4 of these partnerships for the study and their range of quality improvement was from 20% to 40%.

In the largest category, 5 urban partnerships are each responsible for over 400 regulated child care programs (centers and homes). The urban partnership with the greatest increase in quality improved by only 5%. Clearly, when the number of child care programs is so large (the denominator), it is hard to show a significant percentage increase even if large numbers of programs are improving. The issues in raising quality in highly populated areas may be quite different from those in smaller partnerships. From this group of 5 urban partnerships, we asked the partnership with the greatest increase to participate.

Table 2. Percentage Change in High Quality Centers by Size of Partnership

Number of child care programs in partnership	Number of partnerships in N.C.	Range of quality improvement for partnerships of each size	Number of partnerships selected for this study	Range of quality improvement for selected partnerships
>400	5	<0 to +5%	1	5%
300 - 400	0	-	-	-
100 - 299	20	<0 to 40%	4	20% to 40%
50 - 99	26	<0 to 57%	4	31% to 57%
10 - 49	28	<0 to 56%	3	44% to 56%
<10	3	46% to 57%	0	-

Table 3 includes information about the sample for this study. The 12 selected partnerships are located in various regions across the state. In addition, the 12 partnerships became involved with Smart Start in different years. Although one might expect the most successful partnerships to be those that had received Smart Start funds for the longest time, this was not always the case. Of the 12 selected partnerships, 3 are from the first group to receive Smart Start funds (1993-94), 4 are from the second year, 2 from the third year, 1 from the fourth year, and 2 from the fifth and final group of partnerships to receive Smart Start funding.

Table 3. Characteristics of Partnerships in the Sample

Partnership	Percent increase in center quality: AA in 1993 to 4- or 5-star in 2001	Number of star-rated centers in 2001	Number of star-rated programs (centers and homes) in 2001
A	5%	> 100	> 400
B	20%	50- 74	100 - 300
C	20%	50 - 74	100 - 300
D	31%	25 - 49	50 - 99
E	36%	10 - 24	50 - 99
F	40%	50 - 75	100 - 300
G	40%	75 - 99	100 - 300
H	44%	10 - 24	10 - 49
I	45%	10 - 24	10 - 49
J	52%	25 - 49	50 - 99
K	56%	10 - 24	10 - 49
L	57%	5 - 9	50 - 99

## Study Participants

In each partnership, three key participants were interviewed, including the executive director and two others who were involved in quality enhancement efforts, as identified by the executive director. We sent a letter to each of the potential interviewees to explain the study and to ask for their consent to participate in an interview conducted via telephone or in person. The letter describing the study and asking for consent to participate is in Appendix A. Individual interviews were conducted between February and May 2002 with 37 participants from the 12 partnerships. Of the 37 interviews, 12 were conducted in person and 25 were conducted over the phone. All participants were asked to respond to the same set of questions. The interviews lasted approximately 1 hour.

After interviewing the executive director, she or he nominated two other people who had played an important role in improving the quality of care in the partnership. In many cases, the Child Care Resource and Referral (CCR&R) Director and technical assistance (TA) providers to child care child care programs were nominated. In several partnerships other individuals were named, indicating the range of people involved as resources and collaborators. The 25 interviewees who are not EDs include 9 CCR&R staff, 8 people who provide direct technical assistance to child care programs, 2 partnership board members, and 6 representatives from a variety of community resources, including a United Way Success by Six Coordinator, a very experienced center director, a community college instructor, a subsidy administrator, a public school pre-kindergarten coordinator, and a community advocacy agency representative. Several of the interview participants had been involved with Smart Start for many years, while others joined Smart Start efforts fairly recently.

We also conducted a focus group with 6 individuals in one partnership. The focus group included 3 center directors, 2 home care providers, and 1 classroom teacher, all of whom had been recipients of Smart Start-funded quality improvement efforts. The focus group covered topics related to those covered on the survey, but from the point of view of a recipient of technical assistance.

## Design of the Interview

The goal of the interview was to capture the key strategies and aspects of partnership activity that resulted in successfully improving the quality of child care. Because most family child care homes were not yet included in the 5-star licensing system when we selected the sample, progress in quality improvement of family child care homes was not taken into account in the selection process. However, all partnerships were providing some form of technical assistance to family child care homes so the interview included questions related to improving family child care home quality as well as questions relating to technical assistance for center-based child care.

Input into the questions came from several sources. We reviewed the North Carolina Partnership for Children (NCPC) guidelines for best practices in quality enhancement programs. The study

director attended a conference for quality enhancement TA providers and used this meeting to discuss strategies and barriers with experienced TA providers from across the state. The executive director of the North Carolina Child Care Resource and Referral Network provided information about how CCR&Rs operate with regard to providing quality enhancement activities to child care programs and how they collaborate with Smart Start. A professional consultant who provides TA to partnerships on effective quality enhancement strategies reviewed and commented on the interview. We then pilot-tested the questionnaire with an experienced TA provider. Finally, the first few participants were interviewed by members of the study team together to assure standard administration.

The interview included questions about types of activities partnerships had implemented to improve quality, logistics of those activities, supports and barriers to implementation, and lessons learned. Because all partnerships work in collaboration with other local agencies, we also inquired about aspects of the collaborative process that have supported quality improvement initiatives. The interview protocol is in Appendix B.

## Data Synthesis

Interview responses from all participants were entered into Word files, reviewed by project staff, and sorted into groups of similar content. These groups of comments were then categorized into major subgroups related to the foundations and strategies needed to improve quality and to maintain it. A category was considered "major" and included here in this report if respondents from more than 2 or 3 partnerships mentioned it. In fact, most of the foundations and strategies described in this report were mentioned by a majority of the respondents and the subcategories were noted by several. Many responses are included in this report to illustrate different points in the voices of the executive directors and TA providers. When there were highly similar responses, as was often the case, the most comprehensive was used in the report.





# Foundations and Strategies to Improve Quality

We have organized the results into seven major sections that summarize the main points conveyed by participants. The first section addresses leadership because these interviews made it clear that quality improvement begins with partnership leadership. Respondents noted several important steps that partnership leaders must undertake to support, encourage, and direct quality enhancement activities. The section on planning summarized the kinds of strategic decision-making that leaders need to take to guide the implementation of effective quality enhancement systems. The next three sections provide information about specific aspects of the major quality improvement strategies: supporting the education and professional development of the child care workforce, providing financial rewards for improved quality and higher education, and implementing on-site, customized technical assistance. The sixth section on collaboration describes the types of activities with community partners that have helped the quality enhancement process. The concluding results section summarizes the points that respondents made about the kinds of support they will need to receive in order to keep quality child care available in their community.

## 1. Ensure Strong Leadership in Promoting Quality Improvement

Supports are needed from all sections of the local partnership in order to guide and encourage quality enhancement activities. Local partnerships are comprised of community members who, acting as a board, are responsible for the overall guidance of all local activities funded by Smart Start. They do not directly implement technical assistance for quality improvement, but they are responsible for its oversight. This section focuses on the leadership decisions and actions, both from the board and the executive director, that are needed to steer activities toward quality. These decisions include: making quality improvement a top priority; using leaders in the child care workforce to encourage participation in quality efforts by others; sharing a common definition and vision of quality care; embracing change when it is needed; and addressing both center and family child care home quality.

### ***a. Make quality improvement a top priority.***

The boards of each of these 12 partnerships made quality improvement their top priority and focused on it relentlessly. The boards and the executive directors also knew that no single approach would yield significant quality improvement and therefore concentrated on developing systems that addressed multiple issues related to quality improvement.

*We have continually had the goal that all children will have a high quality early childhood experience. Our board knew that quality was important from the beginning. One of our top 5 goals for the partnership is to focus on developing the quality of care and another one of the top 5 goals is to focus on affordability of quality care. All of our activities focus on quality.*

We have found that to see quality improve you must make quality enhancement a funding priority. We have used between 2/3 to 3/4 of the funds available to us (other than subsidies) for quality enhancement.

***b. Use the leadership skills of your child care teachers and directors and promote friendly competition.***

These partnerships knew that "outsiders" could not easily improve early childhood care, even with new funds. They convinced leading local child care directors and teachers of the value of quality improvement, obtained their "buy-in," and then supported them as they encouraged others to become involved. Friendly competition among the providers was an added motivational factor that arose from having several programs involved in the quality initiative.

*The biggest factor in our success has been getting the buy-in and participation from key teachers and directors and a commitment from them as a group that we will work to improve all of the programs in the county. We will not let one fall behind.*

*We had some existing child care centers that could take the lead in quality enhancement. Other folks wanted to be on the same side of the issue with their peers.*

*One third of our owners and directors have an MA in early childhood. Smart Start has involved these people and other key players in the child care arena. We have created an atmosphere of healthy competition among child care programs. One of our centers was one of the first to receive a 5 star license in the state. Others who saw this success wanted to get in on the action. We paid a bonus to higher quality centers and that got things started at first.*

*We did not have enough child care available before Smart Start. We were determined that any additional child care we helped to develop had to be of high quality. We created some competition by helping to open additional centers of high quality. Now we have much more choice and many more slots. The centers have to be competitive in order to attract parents.*

*In the beginning the center directors who had 4 year degrees were willing to be leaders and to buy in to what we were doing to work on quality in all child care programs. They encouraged others to be involved. It took key leaders to embrace quality improvement and to get others involved. This was very important.*

***c. Provide common definitions of quality care and share the vision with your community.***

The boards of these successful partnerships realized that moving towards higher quality required a more common understanding about what constituted "quality care." They rapidly learned that child care programs did not have a common definition of quality. Child care programs needed to understand how the board wanted them to change, so the boards developed clear definitions and assessments of quality. They then funded technical assistance programs that would help centers and homes move towards that quality goal.

*Our first goal was to help providers understand what quality child care is, and what it means day-by-day. We helped them with assessments of their child care programs which gave them a good picture of where they stood, and what they needed to do to improve. We then helped them with grants and incentives to improve their quality.*

*After we helped the providers know what quality child care is, we all began to expect quality to be a factor in child care. Parents began to request quality. The focus on what quality was made a difference so people could know what to strive for.*

*At first we assumed that teachers and directors knew what high quality child care is, but a lot of folks did not understand or recognize elements of quality. To help them understand what a high quality child care program looks like we showed them indicators, characteristic of quality, etc. We also helped them see how to use materials that they already had in a better way (to improve quality).*

*In the past we have sent interested directors and teachers to the ECERS Institute to get training on the rating scales. They came home and shared information with the rest of the providers. We have held many workshops to help providers learn what quality is and we invite kindergarten teachers to these meetings so quality means the same things to both sets of teachers.*

***d. Recognize that change will be needed and stay flexible so that new approaches can be implemented.***

As needs changed, these partnerships changed their approaches to quality improvement. When one goal was met, funds were shifted to the next goal. Sometimes activities that seemed distinct when originally implemented, in practice were quite similar so could be merged. In short, these successful partnerships were flexible. They realized that one size didn't fit all and that quality improvement proceeded in gradual steps, each child care program possibly needing a different type or level of support from the Smart Start partnership and TA providers.

*At first we spent some time and money to develop our infrastructure so we helped build playgrounds, infant care, etc. Recently we have tied improvement grants to increased teacher education and lack of turnover. Our turnover rate has dropped from 36% to 11% and our teacher education level has gone up as well.*

*We need to face the challenge of constantly changing and to look ahead to where we need to go next. We don't see our funds as "giving away money" because we see ourselves as making long-term investments and we need to care for those investments.*

*When the market rates changed [improved countywide] we changed our approach and did not feel we needed to enhance rates. Our focus and amount of expenditure for quality enhancement changes over time. Currently we use funds to expand eligibility for subsidies since many 4-year-olds have pulled out of child care to attend pre-k classes.*

*We have decided to change and combine two successful programs - the floater and inclusion programs - to meet the same needs. The inclusion program puts an additional person in the classroom with special needs children for a few hours a day. This can be tied in with the way the*

*floaters program has helped model best practices by getting an extra person in the classroom. That way we can give the same services with less money, while improving the quality of care.*

*We realized after a few years that we needed to keep in constant contact with programs even after they have improved in order to maintain quality. Now all of our centers who complete a quality enhancement grant move right on to a maintenance agreement - otherwise we have had programs who slide backwards - due mainly to staff turnover.*

*When we first started, we paid for mostly consumables, supplies and equipment. Now we've moved away from that. We have moved toward providing funds for rating scale improvements. This is what will help a 3-star center get to a 4-star level.*

*Initially we focused on tangible things, like improving environments or playgrounds by buying materials or equipment. Now we focus more on intangibles like teacher education or adult-child interaction. We need people who know what to do with educational materials and how to best educate young children. We now work on improving the quality of the teaching staff.*

*At first we accepted all volunteers as participants in our quality enhancement project, seeing it as an opportunity to build relationships with the providers. However, we found that we were not improving quality by just providing materials and resources. We raised the bar for participation. We developed criteria for selection that includes evidence of commitment to participate, number of training sessions that must be attended, etc.*

***e. Include both centers and family child care homes in the overall quality improvement effort, not necessarily equally, but with attention to their different needs.***

All of these successful partnerships developed quality improvement programs for center-based programs and all, at some point, have had programs for family child care. However, some partnerships purposefully chose to focus more on centers because a greater number of children are cared for in child care centers. Other partnerships shifted their focus from one group to the other over time. No single ideal strategy emerged from the comments in our interviews, but it was clear that the decision about balancing center quality improvement efforts and family child care quality improvement efforts was one that needed to be made-generally more than once-by the partnership boards. Their local child care needs were considered as they made such decisions. The boards recognized that homes and centers may have different needs and that the approaches to working with them can be quite different.

*We decided to work with homes as well as centers from the very beginning. When we started, most of our homes were not registered and were not caring for children who received subsidies. We worked hard to get those facilities licensed so we could place subsidy children in them, and we could address their quality of care. Now because of our efforts availability of licensed care is not an issue for us.*

*We have worked with centers and homes. We have found that the homes often have more basic issues that need to be addressed like safety, outdoor place space, room arrangement and so forth. The main issues for the centers have been ratios, new materials, improved playgrounds and facility development.*

*Currently we are focusing more on homes because of PBIS (the Performance Based Incentive System implemented in 2001). We need to have homes at 4 and 5 stars and we don't. We are starting by targeting the ones that have the greatest chance of being successful at getting a good rating. We help them get all of the requirements and paperwork in place. We are working with them in groups of 10 with very intensive TA.*

*We have mainly worked with centers in the past, but last year we began to work with homes and have gotten most of them involved in some way. Currently we are seeing great improvement in our home ratings. Now 1/5 of our homes have more than one star, but we really need to get the rest of them on board. The problem is that they don't see the need and don't really have the desire to have a star rating. We would like to give bonuses for higher quality again.*

*At first we focused equally on centers and homes. We put effort into starting homes and maintaining them but they didn't last. It was not a big payoff for our work and so we stopped focusing on them so much. We shifted to trying to develop the highest possible quality of care in our centers. Now we are starting to re-focus on homes. Next year we'll give the homes every incentive that the centers have.*

*Originally we focused about 70% of our effort on centers and 30% on homes. Now it's 30% on centers and 70% on homes. We've done a lot for the centers. It took about 2 years to get most of them up to 3, 4 and 5 stars. Now we are focusing on the homes because few of them have applied for more than 1 star. We've had to step up parent education so the homes realize they need to have quality because the parents want it.*

## 2. Plan Strategically to Develop Effective Programs

Successful partnerships were very intentional about the kinds of quality improvements that they hoped to achieve. They recognized that a multifaceted approach was needed to address a variety of issues simultaneously. Partnerships used research to guide their decisions about what kinds of supports to offer, and they chose clear goals to work towards. Progress toward those goals was monitored to determine whether or not the system of programs needed to change, and child care programs that were continually unwilling to strive for high quality care were not included in quality enhancement activities.

### ***a. Build a system of programs which work together to enhance quality.***

It is a good idea to offer several programs to a child care program simultaneously, but it is important to make sure that all of the activities will have a positive impact on quality. Successful partnerships suggest using a variety of programs and strategies simultaneously to address quality. They have developed systems that use collaborators and strategies that fit their particular circumstances.

*The partnership board identified improving quality as a top priority and we have taken strategic steps using a variety of methods to improve the quality of care available to the children in our partnership. We have used a systems approach - to make sure each part of our system is focusing on quality. First, we worked to increase the education and compensation of the workforce through the use of TEACH® and WAGE\$. Second, we focused on getting quality care to those children with the lowest incomes because they stand to benefit the most - we do not give subsidies for care with less than 3 stars. Third, we made higher quality available by enhancements and bonuses that allow the parent who receives a subsidy or partial subsidy to get high quality care for the same price as lower quality care, and we informed them of the benefits of choosing higher quality. Fourth, we provided very organized, focused, outcome driven technical assistance - we develop the aspects of a quality environment that are missing and build capacity in the program.*

*Our TA is very comprehensive, but all components are aimed at improving quality. We use a broad-based approach with many strategies. Programs we provide include mentors, grants, business management programs, teacher substitutes, etc. The TA providers have to be highly skilled and willing to address the individual needs of the providers by selecting a range of strategies to address their needs.*

*My advice is to make your work with child care programs multi-faceted. Do not just buy things for child care programs to put in classrooms. Encourage folks to see the benefits of improving their quality. Educate them on what quality looks like. Help folks see the importance of quality for children. Individualize TA to child care program needs and keep translating all assistance into how quality will be improved.*

*Our quality enhancement program would not be successful in isolation. In order to make the most improvement that we can we need to refer our providers to other programs, and we need to integrate other programs into our quality enhancement efforts. With our enhancement program we have also used a substitute program, WAGE\$ II, and developmental specialists to assess and address problem behaviors.*

*We made a mistake in the first year with a mass distribution of equipment to classrooms which inadvertently gave the message that "quality = stuff." We then switched to a more holistic approach to quality and made sure to include all of the center or home staff.*

*We've taken an integrated approach that has improved quality. Every project has ties to other projects, and all focus on the same thing, just different facets of it. We all work together.*

### **b. Use research as a basis for decision-making.**

The study respondents frequently indicated that their partnership board and executive director were aware of current research and tried to fund programs that had been proven to be effective. The boards kept a focus on best practices in early care and education. Some partnerships assumed responsibility for educating their community and parents of young children about the types of strategies that would improve the care environments and outcomes for youngsters.

*One of the guidelines our board uses in decision-making is to base our funding decisions on research. We have tried to focus on the 6 elements recommended in the Cost, Quality, and Outcomes study, and have used other research to guide our approach to quality enhancement.*

*On the demand side we have worked hard to help parents know what to look for when selecting quality care - we have a brief 10 point checklist that includes research based aspects of quality.*

*We have turned to NCPC on many occasions to keep us informed about the latest research results about what kinds of improvements make a difference for children when we have had questions about how to provide quality enhancement activities.*

### **c. Choose goals to show improvement and monitor progress towards them.**

The leaders of these successful partnerships not only made quality improvement a high priority, but they had also chosen specific goals that would mark their progress and they monitored that progress. Some simply used the star license rating of child care programs as their goal while others included many other goals (e.g., teacher turnover rates, number of teachers enrolled in college courses). They had learned to keep steps between goals small enough to be reachable. Setting concrete goals as a team increased the buy-in and commitment of everyone to the goals. Having clear goals helped partnerships know whether they made progress, and when goals were not being met, the need for redesigning strategies was obvious.

*The partnership board sets goals at the beginning of each year with clear outcomes and expectations of how many slots can be upgraded or opened at high quality and we strategically select programs that are in a good position to get the outcomes we want.*

*Our activities are based on outcomes and the quality of care is always part of the expected outcome. We use the star system to measure quality.*

*When we work with a child care program we consider them to be part of our team - like they are staff stationed away from our office. We also consider our board to be part of the team. As a team we decide what our goals for quality improvement are going to be. We set strict benchmarks that we are all committed to addressing and then we plan strategies to help us reach those benchmarks. We place a high value on evaluation because we really need to see if we are reaching our goals - if not we need to redesign our strategies. We have been very intentional from the beginning about what we want to achieve and that has helped us make progress. We also have designed clear steps to build incrementally toward our goals. We have needed patience and tenacity to follow through with our plan. We made it clear all along that our process and strategies would be changing and staff need to either change with us - or we need to change staff.*

***d. Decide not to support child care programs that are consistently unwilling to change.***

Technical assistance providers, with the backing of the partnership leadership, had clear views about the ineffectiveness of continued support to centers and homes that were not really willing to change. The establishment of clear goals and regular monitoring gave the TA providers the information they needed to motivate most providers and, for those providers unwilling to implement new practices, to justify terminating support. Sometimes these were hard decisions, but they were easier to make knowing that funds were limited and that other centers and homes clearly wanted to participate.

*Some child care programs are not interested in participating or in improving their level of care. They feel that there is a market for low cost, low quality care, and they are willing to fill that need. We do not support those child care programs.*

*If some providers are not interested in providing quality we do not work with them and we have on occasion suggested that they leave the profession.*

*Our CCR&R has worked hard to encourage homes and centers to get licensed or to improve their license. Those that are offering poor quality care and are not interested in improving we do not work with, and actually help them make the decision to close.*

*We encourage child care programs that are providing low quality care to close if they have no intention of improving. [But] many folks who have been laid off from jobs, or are experiencing tough economic times will switch to low cost care regardless of quality. We need to make sure that the subsidies are there to allow parents to choose a high quality center and try to reduce the amount of low quality care that is available.*



### 3. Support Education and Professional Development of the Child Care Workforce

When boards made the decision that increased education of child care providers would be a major goal, they had several choices of approaches to try to reach that goal. Local community colleges played a significant role as did the TEACH® and WAGE\$ projects. The TEACH ® project gives scholarships to child care workers to complete course work in early childhood education and to increase their compensation. The WAGE\$ Project gives education-based salary supplements to low paid teachers, directors and family child care providers. Both of these programs are provided by Child Care Services Association (CCSA), a non-profit agency whose mission is to improve the affordability, accessibility and quality of child care throughout North Carolina and across the United States. [More information about CCSA and the TEACH® and WAGE\$ projects can be found at <http://www.childcareservices.org>.]

Individualizing education programs was important as was public recognition and some form of financial incentives. The leadership of the boards and the TA programs also emphasized that child care was an important and respectable profession. The quality enhancement programs funded by these partnerships boosted provider morale as well as increased their knowledge.

#### ***a. Support activities to develop child care as a profession.***

Historically, the child care workforce has not been viewed as part of the teaching profession. Low wages and the lack of educational supports have worked against the professional development of child care staff. Successful partnerships addressed these issues in a variety of ways. One partnership involved their child care personnel in a system of health and family services as a strategy to link them to other professionals so that they would feel more professional. All these partnerships were involved in the TEACH® and/or WAGE\$ programs, or were implementing local versions of these programs. Providers who made commitments to obtain more education were supported in these efforts.

*Our overall strategy was to make child care providers realize that they are professionals, and we have tried to emphasize child care as a profession. Therefore, like other professions, special training and education are necessary and we want to insist that all providers get at least an AA degree.*

*We are working to provide "secondary services" at our centers, like health screenings, information services for parents, etc. This has had the effect of making the child care work force feel more like professionals.*

*One of the first things we started was a salary supplement program - we wanted the providers to know that we valued their work - this helped promote a spirit of professionalism, and produced more stability in our workforce. We then focused on education and over the past few years we have sent 100% of our workforce (over 300 providers) to educational programs to further their level of education.*

*For the past several years we have focused on developing the professionalism of our child care providers. We have tried to convince them that they are professionals who are operating a business - not just babysitters.*

*Because the partnership values education so highly, we have supported a bonus system to reward higher education levels. Without certification, you have to be in class or you cannot get the bonus.*

*We push for participation in increased education with providers. We discuss the importance of education and bring applications for TEACH® and WAGE\$ to every meeting with providers. When we meet one on one, education is the first thing we mention to potential providers. In addition to TEACH® and WAGE\$, the partnership provides an early childhood education incentive of \$10 for each credit hour earned.*

***b. Work with your community college to raise educational levels of the child care workforce.***

Community colleges have played a vital role in increasing the educational levels of child care providers. These successful partnerships not only encouraged and worked with the community college departments and faculty, but also in some cases paid part of their salaries. The community college instructors who helped each provider with an individualized educational plan were seen as especially encouraging to providers who had not attended school in many years and were somewhat reluctant to go back to school. The 4-year colleges also have a role to play, but they have relatively few spaces and are often a long distance from the providers, so providers tend to start or re-start their college education in the 2-year schools. Articulation agreements between community colleges and the 4-year colleges will become ever more important as more early childhood teachers obtain 2-year degrees and want to be able to count this coursework towards a 4-year degree.

*We had many providers who were fearful and unwilling to go back to school, so we worked with our community college to provide educational opportunities that would work for our providers. We used Smart Start funds to hire an instructor for the community college who would work in our community. The instructor interviewed over 65 providers to develop an educational plan for each of them, and then decided when and where to provide the needed courses. Lunchtime turned out to be a good time for providers to get together plus we offered the courses in the sequence that most providers needed.*

*Smart Start gives about 50% of the financial support for a position to pay for a teacher from a community college in another county since our county does not have a college. Also Smart Start helps pay for the classes for providers if there is no other way the person can get help (including TEACH®).*

*We are working hard with our closest college to provide a 4-year BA in early childhood and that program is scheduled to begin hopefully next year.*

**c. Help child care providers develop a career ladder with steps so that incremental progress can be observed.**

For child care providers taking courses part-time, an education plan can be complicated. They can only attend 1 or 2 classes a quarter or semester and, with some classes only offered in some quarters/semesters, an individually tailored education plan can help them maximize their progress over time. Even then, though, it may take a long time to earn a degree. Most partnerships have created increments of success that acknowledge numbers of courses completed, with progress continuing on towards an eventual degree.

*I talk to everyone about what courses they have taken. I have helped everyone figure out where they were. At the beginning, there were people who had taken a lot of classes and yet weren't making any progress towards a degree of some kind. I helped set up the classes they needed towards a degree and got them building towards a career ladder. I've also made sure that they understand the bonuses in order to empower them to make choices about education.*

*We assess the education level of all staff at each center and make a plan that includes incremental steps. We start by convincing the director that educated teachers are the keys to quality. We now require child care programs in our TA project to have 50% of their teachers with an associate's degree or working toward it. We make sure to outline the process in small steps so we will see many small achievements.*

#### 4. Provide Financial Rewards for Improved Quality and Higher Education

These partnerships supported the educational progress and professional development of their teaching staff, but they also realized that financial rewards were in order to reinforce the positive gains that teachers made. Similarly, the leadership realized that child care centers also needed financial help to both attain and maintain higher levels of quality.

##### ***a. Recognize and celebrate the progress that teaching staff and child care programs are making.***

Once teachers have more education, they can often obtain higher-paying jobs in another profession, so they need to be enticed to stay in child care. Partnerships provide financial incentives (bonuses) to teachers who further their education and also provide the professional recognition via public announcements and acknowledgements.

*We have a big banquet every year and we give \$100 awards to all TEACH® participants.*

*Because the partnership values education so highly, we have supported a bonus system to reward higher education levels. Without certification, you have to be in class or you cannot get the bonus.*

*At the end of the TA project teachers are given a bonus of \$150. The teachers look forward to seeing the TA consultant because we have a policy of telling the teacher about a problem before we tell the director and we are sure to include positives and weaknesses as feedback.*

*We set a specific point in the year to distribute all bonuses. We give a teacher appreciation dinner and give out the bonuses then to make it a chance to recognize success and motivate others.*

*We use the centers that have succeeded as models to show others what can be achieved. We try to praise and recognize those homes and centers that do achieve higher quality and hope that those who still have low quality will see that it is possible to change.*

*When we are working with a program we put a sign out in front of the facility saying "the ABC Partnership at work here."*

*We have worked to build relationships with our providers. We have tried to make them see that they are professionals. Part of that effort has been to increase their wages and we try to boost their moral. We give out the bonuses at a banquet where each one is recognized individually.*

##### ***b. Use the subsidy system to provide higher reimbursement for greater quality.***

Almost all of these successful partnerships chose to use Smart Start funds to reward higher quality via increased subsidies. For each enrolled child eligible for a child care subsidy, a center receives reimbursement at a rate determined by the county DSS office. Once partnerships achieved higher quality overall, they could not just stop the quality enhancements and use the funds for other services. Maintaining quality required continued funding. Partnerships chose to

help programs maintain quality by increasing the child care subsidy rate, which not only helped maintain quality but served as a reward for achieving it in the first place.

Since most children who receive child care subsidies are children of low-income families, increased subsidy programs also have the effect of improving the quality of care of the preschoolers who stand to benefit most from enhanced learning environments. Although research shows that high-quality programs especially benefit at-risk children, their families often cannot afford to pay for quality care. Increasing the subsidy rate is one way to help the families obtain higher quality care.

*Through Smart Start we have developed a comprehensive approach to improving quality. For several years we have been giving higher subsidy rates to higher quality care - this has helped diversify the student population at many of our high quality centers.*

*A few years ago we decided to enhance the market rate for 18 months and everyone committed to go AA in 18 months-the enhancement was 10% for AA and 20% for NAEYC. We gave them the framework of 6 things they could use their money for: reduced child-staff ratio, smaller group size, educational opportunities for teachers, higher salaries, supplies and equipment, and capital upgrades. After 18 months, the enhancement was dropped for those centers that hadn't achieved AA. We had to drop some centers but this plan was highly successful. 95% of centers were AA and 98% of subsidized children were in AA care when the 5-star system began in 2000.*

*In a recent survey of our providers, their choice for the Smart Start activity that has helped the most is our program that compensated providers for having higher quality. The floater project, which lets people see how more staff can really help, and the WAGE\$ program received the next highest ratings.*

*We created an enhanced subsidy program to pay higher subsidies for children who attend a 4 or 5 star center. This encourages child care programs to provide quality care and makes more quality care available for at-risk children.*

## 5. Provide On-site, Customized Technical Assistance

Increasing the educational level of child care teachers is a strategy that can take years to improve child care quality. An interim strategy—one that was quite important to all the partnerships in this study—is to provide on-site technical assistance that is designed to address the specific needs of each child care program. These successful partnerships recognized that workshops alone would not significantly increase the level of quality in most classrooms and family child care homes, so many have implemented a variety of in-class, hands-on consultation programs for providers. Generally these strategies have been carried out by one or more early childhood experts in the community whose job is to involve centers and homes, assess the current level of quality, work together with the providers to devise a quality improvement plan, and then help implement that plan. Sometimes these services were provided by the Child Care Resource and Referral agency in the community and at other times by private consultants and in some cases by partnership staff.

Smart Start did not invent on-site, customized technical assistance, but many partnerships have used it well. The model for this type of TA has been Partnerships for Inclusion (PFI), a statewide technical assistance project that promotes the inclusion of young children with disabilities and their families in all aspects of community life (Wesley, 1994). PFI not only provides direct consultation to child care programs but also trains others to do so. More than 500 early childhood professionals throughout the state have been trained by PFI to provide collaborative consultation to improve program quality and to promote the development of young children. Through this consultation model, child care providers learn a process to assess and address their classroom needs that they can continue to use after consultation is over.

This response summarizes many activities that are typically involved in provision of technical assistance:

*We start with a "before picture" of the center. Then we use the environmental rating scale to do a pre-assessment and have them do a self-assessment. Next we review their personnel and operational policies and talk about their family policies and communication and family events etc. We also talk about what Smart Start programs they are already signed up for and encourage them to pursue more. Then we draw up a TA plan and share it with the teachers and the directors. We put an order in for supplies in 2 parts. The first order is based on the pre-assessment. Then we begin our technical assistance. We do weekly visits and help with things like lesson plans or daily schedules, interactions, and do some modeling. When we get in the materials, we deliver them to the centers and help them arrange the room. Then we do the second order and help them rearrange and we continue with weekly visits. We do a post assessment and "after pictures." We help them fill out the star rated license paper work because it is in their contract with us that they must apply for a higher star.*

The following sections provide more detail about the specific steps taken by many technical assistance programs as they worked to improve quality.

**a. Use the application process to begin the focus on quality and to educate providers about quality.**

Most of these successful partnerships had an application process that required centers and family child care providers to pay attention to quality right at the beginning. Applicants often had to note their goals or their current level of progress towards quality. This process not only helped the partnerships make decisions about which centers should be part of the TA programs, but also focused everyone's attention on quality as an outcome. In some partnerships, groups of providers helped set the priorities for spending the quality improvement funds before the application process, thus focusing the TA quite clearly on local needs. Requiring recipients of the TA to provide a small 5% match in funds for materials to help support or extend a project was a useful strategy to increase center commitment.

*This year our application included many factors that helped us select child care programs for various TA efforts. The selection criteria included both baseline data and the child care program's target for improvement. Some of the criteria are: percent of staff who had completed or were enrolled in early childhood education courses; staff familiarity with the environmental rating scales and their commitment to using them; whether or not they accepted subsidies, etc. The criteria helped us to see which child care programs were willing to make a commitment to improve quality.*

*We emphasize that child care programs state their overall goals on their application for quality enhancement funds. We have a committee that includes board and community partners who were familiar with the rating scales that read the applications - then we issue our grants.*

*In early July we meet with all the homes and centers to discuss how to spend the money that we have for the year for quality enhancement. Each participant proposes how the money should be spent and the meeting is mandatory for everyone who wishes to receive funds. We look at the needs of our child care programs as a whole and see what progress we have made during the past year. Then when group decisions about how we can best spend our quality enhancement funds have been made, an application packet is given to each program.*

*We ask the participating child care programs for a 5% match in funds. It is helpful to have a commitment on their end and it doesn't have to be a cash match. It can be funds to help buy other materials for the classroom.*

**b. Make assistance available to all programs, but focus on those that most need help.**

Partnerships found it simpler and more fair to include in their assistance any and all programs willing to commit to quality so they typically notified all child care programs that quality enhancement programs were available. However, they also discovered that some special efforts were generally needed to recruit and engage those providers who seemed to need the most help.

*We contract with a local organization that provides quality enhancement technical assistance. They notify all providers in the county that grants are available and they offer their services. We worked hard to get the word out to the providers when we first began. We attended many*

*community meetings and provider meetings. We have supported over 85% of the child care programs in our county in one way or another.*

*From the beginning we decided that a multi-faceted approach to recruitment would be most helpful. We have focused on communicating with our providers, and reaching out to them from every angle.*

*We have focused our efforts on the child care programs with the lowest quality. We put out applications that any child care program can use to apply for funds, but we actively recruit the lower quality child care programs. We have found that centers take more time to raise to a higher level of quality and homes take more one on one intensive work to get to a higher level.*

*We send out an interest inventory to find out what services the child care programs are interested in. We offer free TA to programs for quality improvement and we describe our program. We can help a new center open if it's aiming for 2 stars or higher. We tend to target lower quality centers (1, 2 or 3 stars) for intervention.*

**c. Motivate providers by showing them how improving quality will help the children they serve.**

Many TA providers reported that focusing on the benefits of high quality for children was an additional motivator for teachers and family providers. Their message was not that they wanted higher quality for quality's sake, but that children needed higher quality to learn and develop optimally. That knowledge helped child care providers feel that they were a part of a very important activity.

*I have not changed my methods over time as much as I have just made it a point to stress to the providers that we're here for the children. I have learned that I can't always find what motivates each individual, so I focus on showing them how they can make their child care program better for children.*

*We make people feel like they are a part of something important. We explain the value of providing a quality child care program for children.*

*We have used the LAP (Learning Assessment Profile) assessment at all centers. We then show the teacher and director that they can help the children the most if they improve their program to include elements that are lacking that the children need. Using the needs of the children as a way to convince providers to change has been very effective. Also, we encourage the teachers to hold parent teacher conferences to discuss the LAP results with the parents. This adds to the feel of professionalism on the teacher's part. This also encourages parent -teacher communication.*

*Some of our providers and supporters do not have a background in early childhood education and that is a challenge. In our education efforts we always keep our focus. We really work on making changes that will be "better for children" to keep us grounded.*



**d. Conduct a needs assessment as a crucial first step, using a well-known instrument to assess classroom or family child care quality.**

The first step of most technical assistance programs in this study was a needs assessment. Using a well-known, published measure of quality at the beginning of their work with a center, the TA providers could individualize the type of help they gave the teachers and family providers. Because NC's licensing standards use the *Infant/Toddler Environment Rating Scales* (Harms, Cryer, & Clifford, 1990) and the *Early Childhood Environment Rating Scales* (Harms, Clifford, & Cryer, 1998) for center licenses and the *Family Day Care Rating Scale* (Harms & Clifford, 1989) for star-ratings of registered homes, many TA providers used these measures. This gave them a baseline, before TA to know strengths and weaknesses and an index against which to measure change later on. Many child care directors and teachers know these measures as well and self-assessments are often part of the process. Having data from the ITERS, ECERS, or FDCRS allowed both the TA provider and the child care provider to focus directly and concretely on areas needing improvement.

*We begin the quality enhancement process by training the entire staff on the rating scales. Then we do a rating scale assessment and the center does a self-assessment. Then we sit with the teachers and the director and make a technical assistance plan for the center that includes things like curriculum modifications, additional materials, education attainment, suggestions about interactions, new room arrangements etc. We provide funds for new materials and after they've gotten materials we follow up with TA. Then we do a follow up rating scale. On almost every TA plan there is something about director supervision. We encourage more observation and interaction from the director in order to build a stronger connection between the teachers and the director.*

*We do not provide a menu of programs and let providers decide which ones to use. All grants to child care programs are offered through the TA provider and in order to get a grant a child care program must begin with a comprehensive needs assessment.*

*Using the scales was not done at first - now it really helps because everyone can agree on what is needed and can see the priority of needs.*

*We begin with developing an interest on the part of the child care program (we have had a few who fail to see the benefit of improving their quality of care.) We then educate the child care program about quality care, tell them what assistance is available, begin to build a relationship with the child care program, help them develop goals and discover barriers. Next we assess the child care program by using the ECERS with staff who have been trained on its use. We decide what kind of TA and grants will be most helpful, and we provide more TA with all purchases. Then we do a reassessment.*

*In our current TA program, participation is a two-year commitment, and no "grant funds" are provided in the first year (funds for equipment, etc.). The first year is devoted to using the ECERS sub scales for developing a quality improvement plan. Administrators and teachers attend workshops and monthly meetings with hands-on training based on the rating scales. In the following year, our TA providers help the child care program implement the plan with a decreasing amount of on-site consultation from the first year. There has been buy-in for this more intensive, long-term approach.*

*We base all of our grants on needs identified by the rating scales.*

*At first we offered grants and TA to any licensed child care program. The process has become more refined over the years. Now we want a return for our assistance. We require our participating child care programs to increase the number of subsidized children that they serve, to make improvements on rating scale scores and to commit to attending training sessions. We have learned that we can get more for our money than just buying materials.*

***e. After the needs assessment, the TA provider and child care program staff need to work together to customize assistance.***

The TA programs in these successful partnerships individualized their help for each center and family child care home. The needs assessment determined which materials would be purchased and how much and what type of in-class help would be given. Good TA providers tailored their help to the specific client and tried to fit into the schedule of the center or classroom. "Coaching" was a word used often to describe the process. Successful TA seems to require clear and frequent communication.

*Our TA work begins by spending about 2-3 days observing in a child care program and talking with staff to figure out the center's needs. Then we let them know about the enhancement programs that they are eligible for based on their needs. In addition to TA we might recommend that they begin to use the family resource library or the community nurse. Our TA program is considered to include 12 visits, but usually it turns out to be many more. The TA is very individualized, so it is more intensive for some than for others.*

*[After talking with the teacher about the rating scale observations,] we make plans about the directions for the future. The plan usually includes funding, training and mentoring - we tailor the plan to their needs. We look at care from the child's point of view and try to get the staff to do the same thing.*

*One big key to success is the attitude and knowledge of the TA staff. They approach their role as "coaching" versus "monitoring."*

*We develop a plan for each classroom. We include parental involvement, activities for the director, and we look at the adult environment. Partnership staff orders all materials. We can spend up to \$3,500 per classroom, and we place orders at 2 different times in the year. We can pay up to \$10,000 per center but they must increase their license by one star.*

*We recognize that we have to fit into the schedule of the classroom. We do something we call Naptime Nuggets. We will do a little mini-workshop during naptime for teachers who have expressed a need for information.*

*We base our TA on the on-site consultation model from the Partnership for Inclusion. It's really more a process though and we've adapted it. We do the training for whatever rating scale is appropriate (infant/toddler or preschool). Then the providers and we complete the rating scale for the program. We sit down with them and review. We talk about areas of concern and get feedback. Then we try to reach consensus of what to work on. The teacher and director are present because we make a point of both of them hearing the observations.*

***f. Have a written contract, signed by all parties, in place before any funds are spent.***

Written contracts were used by many of the TA programs in these successful partnerships. The contracts specified clearly the expectations for both parties--what the center or classroom agreed to do and what the TA provider would do. Timelines were included in many contracts with the step-by-step plan spelled out for the first several weeks or months of work. Including the goals in the contract, especially those that might be difficult to reach, helped forge an agreement to work towards the goals.

*Child care programs that agree to participate commit to improving their level of quality. They each have a step by step contract based on a complete needs assessment that states what child care program staff will do, and what TA staff will do - including a timeframe.*

*We sign a contract in the very beginning with each child care program that is selected to participate in our quality enhancement program. We have an interview with each participant about what's involved. The contract has details about closings, workshop requirements and more. Every participant receives notebooks with information about the contract and a detailed check list of their responsibilities.*

*Our first step with programs is to work together to set goals. With them, we do an assessment of where they are and develop an individual contract for each program. The contract spells out what they will do, what we will do, and provides a time line, and order of action steps to follow. Several years ago we did try to engage programs with grants to purchase items to improve the environment - but now all grants include a contract that clearly spells out how the program will reach the expected outcome in quality.*

*Trying to lower ratios is a barrier and it may be required to get to a higher star. If so, it needs to be stated in the contract as an expectation. One way to ease into the lower ratios is not to replace children who leave the center and to rearrange groupings.*

*The TA provider customizes the services that each center will receive by combining services from a menu of options and writes a contract that clearly states the expectations for each party. Centers and homes are told that if they keep making progress they can stay in the program even as the kinds of assistance they receive changes.*

*The contract has no "fine print" and we make sure participants understand the contract because we ask them to read it aloud to us. If they fail to perform their end of the contract they are void from future contracts.*

***g. Carefully monitor contracts with child care providers and TA providers.***

Careful monitoring was required at two levels-the partnership needed to monitor the progress of the agency they funded to provide technical assistance and the TA agency needed to monitor the progress of the centers and homes with whom they worked. TA providers made frequent visits,

sometimes unannounced, to centers to ensure that the classrooms were making progress. Partnerships had to establish appropriate administrative oversight over the TA providers, too. Through experience, these partnerships had learned that the purchase of materials for quality improvement (curricula, books, and other children's learning materials) was best managed at the partnership level, rather than providing funds to centers and paying them based on submitted receipts.

*We have learned that you have to keep in touch with providers to be sure they are keeping up their end of the contract. The TA provider must monitor child care program activities.*

*We monitor progress in with each child care program in our quality enhancement program on a monthly basis. We see that the materials that we bought are being used correctly. We require program staff to attend training sessions. The contract states that participants agree that we can stop by unannounced.*

*Another thing we did not do at first that we do now is to have all materials ordered in-house by partnership staff. Keeping up with receipts, contracts, etc. is a big job. Now we insist that the program work with us and stay in business for at least 2 years or they have to return the materials.*

*Don't give too much freedom with grant money. Follow-up to be sure materials are being used as planned to raise scale scores and keep working with child care programs to get the best use of the materials to really move up on the scales. Don't just check to see that the materials are in the classroom. Keep your board up to date about the progress you are making - and the decisions you are making - let them know how the money is being spent and how you are monitoring it.*

*We have had changes from year to year. Last year we issued providers a check for materials. This year we buy it all ourselves and then distribute it. It was too hard to keep track of all the receipts people were bringing in. Last year we just did one big purchase, this year it's been 2 purchases. We did it to kind of hold it over them to make sure they did their part to improve. But it's been difficult for some to have to wait for things they need to plan room arrangements and such. This year we have required providers to attend more training sessions and we have made more frequent visits in the TA process.*

#### ***h. Develop supportive personal relationships with child care providers.***

Establishing personal relationships was considered by all the respondents to be one of the most important keys to successful TA. Successful partnerships placed a high priority on building trusting, effective personal relationships with providers. This was true for both board-provider relationships and for the relationships between the technical assistance providers and the child care centers and homes they served. Most respondents thought that relationship building was the "make or break" key to the success of their TA efforts.

*It's really not a complicated thing. I've tried to keep it simple. I go to see every single teacher and every director. I get out there to keep the lines of communication open. Because of the relationship building I do, providers have a very high comfort level with our program.*

*You can't have a "higher than thou" attitude and expect providers to come to you. You have to start the relationship and recruit them. I try to encourage people but I've stopped getting them to participate in activities just for me. I need to let them make their own decisions.*

*Our CCR&R services were less personal when we began. We had more mailings and fewer visits. We have tried to change that in order to get more participation from our providers. We have established a center providers association and a family providers association. Working on these relationships has allowed us to give more intense, personal TA.*

*Our TA has been effective because of the relationships we have developed with our providers. It's definitely not just having money to spend on them, but we spend time and really work with them. They need to be invested. It has to be a real partnership from the get-go. There was some resistance from the family day care providers that what we do would interfere with their program but it has worked out.*

*Relationship building is key for helping child care programs improve quality. It is time-consuming but it is the most important part of a project because you have to get people's trust and show them that you have something to offer.*

*Sometimes I stop at a center or home to deliver an activity or a newsletter, to just talk in general, or to find out how things are going and also work in one of the "official" sections from the Development Plan. When I get back to the car, I write down all I can remember. Then I follow-up by finding an article on something they seemed interested in, or volunteering to help with a particular situation---whatever it takes.*

*Relationship building is SO important. We've tried to provide any information that programs need or want and to follow up to see how they're doing. When we're asked a question, we keep researching until we find the answer. We have learned to be patient in relationships.*

*It is important to build a relationship and establish good rapport with each of your child care providers. They definitely talk with each other, a grapevine of sorts, so word travels fast. You have to take advantage of that and use it positively. It's critical to build those relationships, because this can make or break your efforts to get providers to participate in quality enhancement activities.*

**i. *Use a variety of strategies to translate best practices into the child care classroom.***

Learning about best practices is the first step, but actually establishing those practices in the classroom does not necessarily follow that learning. Translating the definition of quality and the research-based practices that comprise quality into the day-to-day practice of teachers and family child care providers is a challenging task requiring multiple strategies. Helping with lesson plans and curriculum planning is an important TA activity. Some TA providers lead groups of teachers in discussions of quality practices, getting teachers to help each other with ideas and activities. Mentoring the child care provider as a professional and bringing her books and handouts adds to best practices knowledge.

*Another thing I have found is that teachers often comment on the difference between what they learn in school and what they practice in the classroom. It is hard to change to new ways of*

*working. I started to work with providers who have acquired their associate's degree and I go into their rooms once a week. I help them with things like lesson plans and curriculum planning. I help build confidence to try best practice models and to help them along. I can bring a refreshing look at what they are doing.*

*When we are working with a program, we visit them 1 or 2 times each week. We also insist that they attend monthly meetings where we work on problems in the group. If the consultant sees something not best practices in a center, instead of confronting it at the classroom it can be brought up at a group meeting as something everyone needs to be aware of.*

*Mentoring for providers, even after graduation from coursework, does improve the quality of care. It helps keep them on track in bringing theory to their classroom.*

*We are developing a resource library where providers can come in and borrow books and other resources. For example, we have many hands on musical instruments that we made. Providers can come in and learn to make them themselves or check them out to use. Also at the end of each early childhood class at the community college we put together a book of ideas and projects and distribute it to all the centers as a resource.*

***j. Allow time for providers to improve their quality.***

Learning to provide higher quality care takes time. Although overall expectations were high in these partnerships, at the level of individual providers, board members and TA providers knew that slow, incremental progress would be more common. They were supportive of small steps towards quality.

*We know we have pushed hard for change over the past few years, and we have been constantly changing and as much as we consider that to be good - we also need to pace ourselves and not push harder than folks can move. We need to be patient and supportive.*

*We have worked at "slowly moving the fiscal carrot forward." We set goals, then move them slowly so we are always working towards higher quality levels. We work on things incrementally, and do not expect change to come overnight.*

*We are planning to move to a 2 year cycle of quality enhancement grants. This will give programs a longer time, which they need, to move to higher stars or national accreditation.*

## 6. Collaborate with Community Partners

These successful partnerships found ways to collaborate effectively with a variety of organizations and groups in their community. They found that collaboration requires each group to gain from the work that they undertake together. Most partnerships have collaborated with the "usual suspects" (Head Starts, schools, community colleges) but many of them also found particular groups in their community that were willing to work together in new and creative ways.

*Our agency collaboration has been very helpful and our use of several streams of money has been important. One agency might find a funding source and then have another agency administer the program because it fits with their plan. We work together to find resources, even if the resources won't come to our program but they will help families in our area.*

Respondents reported that a successful collaboration strategy typically was mutually beneficial and they worked to find the advantages for the other party in the collaboration as in the example below.

*We are working with Head Start in their way to bring in their involvement. When working with another agency it is most effective to find out what motivates them - what is in it for them to work with you? Don't just assume others will collaborate with you on your terms. Find out what their terms are. For Head Start they are motivated to get a clean audit from their federal auditors and one of the stipulations is that they coordinate services with other agencies. We do what we can to help them with their audit and provide a mutually beneficial way to collaborate.*

Child care resource and referral agencies and TA providers were always involved in the quality improvement partnerships. The local consultant from the Division of Child Development was a helpful resource. Coordinating with DSS helped quality improvement programs focus on the needs of centers and providers that served children from low-income families. These partnerships have worked closely with their local colleges and community colleges to make it feasible for providers to obtain more education. Public school pre-kindergarten programs and Head Start have been involved in numerous collaborations. Many other community agencies or committees of agencies have developed and contributed creative approaches to the quality improvement efforts of these partnerships. The sections below illustrate the variety of collaborative partners and different contributions made by each in the ongoing efforts to improve child care programs in these successful partnerships.

### **a. Child Care Resource and Referral Agencies and Technical Assistance Providers**

*The partnership and the CCR&R have done a good job of collaborating with each other. Together we have developed a training committee for our county, made up of providers and others, to decide our training focus for the year. This year the committee decided to focus on health issues.*

*We have a very close partnership with our child care resource and referral agency. We support the seminars that they offer. They run the CPR and first aid course through our community college and the CCR&R pays for those classes for all of the teachers.*

**b. Division of Child Development (DCD)**

*We are in close contact with our DCD consultant. We get input from her about what we need to do, and where we can help.*

*Working closely with the DCD consultant has really helped us. We talk with each other a lot and work together to figure out how best to support one another. This relationship can have a huge impact when it works well.*

*We stay in close touch with the DCD licensing consultants. We have to do that to stay up-to-date. Sometimes we send one of our folks with them on visits.*

**c. Department of Social Service (DSS)**

*We work closely with DSS if there are complaints, like biting, at a particular center or at several centers. We see what is needed and we address the problem.*

*We are trying a coordinated subsidy system with DSS and Head Start. All children requesting a scholarship will be given the Dial R screening. Then Head Start will select the students that it will serve from the group. Then the pre-k program will select their students. The other children will be served by DSS and Smart Start, with Smart Start providing only 4 and 5 star scholarships. This allows us to collaborate with other agencies in the county, and it is a way that we can support our 4 and 5 star child care programs. It is good for families too because they will not have to make out applications at various subsidy or care providers.*

**d. Colleges and Community Colleges**

*The community college has been very flexible in offering courses and even developed a self-study program for home providers. We have a B-K articulation agreement with our community college and the community college now offers a BA degree. Thirty of our providers were enrolled in the BA program this year. [A 4-year college conducts classes on the campus of a community college.]*

*We work closely with our area community colleges and with the TEACH® program. We help the community colleges design their courses in order to allow for articulation agreements with area universities. We do not pay for courses that are not covered under the articulation agreement.*

*Our community college has been a strong partner. They have provided the substitute program to allow teachers time off to attend classes, and they run a child care center that serves as a model center for our community. They provided an AA degree and 2 local universities have articulation agreements to accept coursework from the community college for those working toward a BA.*

*We have worked closely with the community college and have been able to provide more for children by using college student interns to offer the WINGS program [a tutoring program where a volunteer works regularly one-on-one with a child using the WINGS curriculum]. We are getting a*



social work intern next year, and we have used Title V federal funds to hire older folks to get extra hands in the classroom.

The community college agreed to let early childhood students get credit for helping make activity kits that can be loaned to family providers who say that they don't have enough money to buy enough developmentally appropriate activities for their children. The college students develop the ideas, select materials to put in the box (\$100 limit) and write user-friendly scripts for how the materials can be used. Along with the homes we are already involved with, we loan the kits to providers who have not participated as a way to get their buy-in.

#### **e. Health Departments/Health Consultants**

A Child Care Health Consultant from our partnership office serves as a resource for center staff and helps them learn about quality in the areas of health and safety. She researches issues for them, and in partnership with the CCR&R, she holds workshops on health related issues.

Smart Start has funded field nurses who work through the health department and they have been very helpful in providing quality enhancement TA because they have good relationships with many providers.

The health department nurse and mental health center therapist provide a community services team which helps improve care in our child care centers. The nurse does a lot of screenings and identifies problems, or is asked about problems when she visits centers. The therapist can work with behavior problems or other issues that arise. This is a real positive collaboration.

#### **f. Public Schools and Head Start**

We work closely with Head Start through our school system. They provide a lot of in-kind support for our Learning Connections program which is a resource library of developmentally appropriate teaching materials available to all providers in the partnership.

We've had some of our best collaboration with the public schools, particularly the public pre-k program. They have pre-k classrooms in most schools and all are 4 or 5 stars. We wanted to involve the public school system with Smart Start so we gave money to the school system for materials, the schools gave the buildings and they also got Title I money to help establish the program.

We have convinced the school system to add pre-k classrooms to the 2 new schools that they are planning to build.

We have developed a collaborative screening effort for children who apply to our More-At-Four programs, our Head Start programs, our public pre-k programs, and our Smart Start subsidies. The family only has to go to one site to register for any one of these programs. The children are screened with the DIAL III as necessary and then they are referred to whichever program seems best for them. Income level, location, developmental needs, etc. are all considered before a placement is made. One reason we were able to accomplish the one portal of entry is that staff from all of the programs have been attending Smart Start training sessions together for years. They were already on the "same page."

Our school system has been an important partner. The pre-k teachers now talk with child care providers about how to best serve children with special needs. There are community and family resource centers housed at schools and child care providers now use those centers as resources. The participation of child care providers in the school system's kindergarten transition project has empowered them to feel confident that they are preparing children to succeed in school.

#### **g. Committees of Key Collaborators**

We have developed a Partnership Quality Committee that consists of representatives from: the health department - licensing consultant and child care health nurse; the public schools - pre-k coordinator; the community college - president and faculty from the ECE Dept.; and Child Care Providers. The committee helps with program development for quality improvement activities, establishes selection criteria for the Quality Enhancement program and selects participants, and makes suggestions for program improvement. The committee meets about 4 times a year. The committee reviews all requests for quality enhancement grants.

The mandated positions on the partnership board are an example of collaboration. Since the CCR&R is a partnership activity we have a board committee that helps direct the CCR&R. It has providers, Head Start teachers, health department staff, hospital staff, DSS staff, representatives from the local transit authority, and mental health staff.

#### **h. Other Community Programs/Groups**

We are interested in getting more science activities into centers so we have a local science museum that will work with us to improve the math and science curriculum in our centers.

Our TA staff received training from FPG's Partnerships for Inclusion on the on-site model for consultation, where providers are partners in the quality improvement process.

Our local NC Cooperative Extension agency provides training on many topics, including transition to school and kindergarten readiness. Our staff does training for them and they do training for us.

Smart Start and United Way have collaborated to increase quality at several centers by combining funds and expertise. All of the centers that have participated in this collaboration have received at least 4 stars. The two agencies have provided extensive training that brings together home and center providers, pre-k staff, and Head Start staff.

We have great collaboration with our public library. We work on teacher education and they have a bus that takes curriculum boxes to centers. They spend their money for early childhood books to support our training.

We've worked closely with the local literacy council, which has been wonderful. We have had a large increase in the number of Hispanic families in our area. We have a program to provide child care to parents when they are taking ESL classes. We provide high quality child care, which helps to show parents that child care can be good for their children because their culture doesn't really support child care.

We have used AmeriCorps volunteers who had educational training in early childhood to provide technical assistance to 1 or 2 classrooms at a time in participating centers/homes that had

*previously received just materials. The CCR&R director and the partnership ED supervised the AmeriCorps volunteers.*

*We work actively to inform the business community about early care issues and we seek donations to the subsidy pool. This year we got \$40,000 for subsidies from the county commissioners - if we could find the match. Several providers have helped out by providing one subsidy free as a matching amount to then receive more subsidy kids.*

*We have worked with the business community to offer incentives for many training programs, parent meetings, etc. For instance, we ask restaurants and grocery stores to display children's art. It gets parents into those businesses so it's good advertising for them. We also ask the businesses for incentives like coupons, or to provide a free lunch to reward a teacher who just got her degree.*

*We're trying to get people involved through churches. It's a hub of life, and it's an avenue for finding out about unregulated or relative care, or children not in any care. It is also a good way to contact parents and to look for volunteers.*

## 7. Keys to Maintaining Quality

The partnerships included in this study had all made great strides in improving the quality of child care in their communities. However, the respondents reported that maintaining quality would be almost as much of a challenge as was reaching a higher level of quality. The major factor in the provision of quality care is the care provider. If providers are not well trained, educated, and compensated, the quality of care they offer will not be the best. Funds to compensate high quality teachers are currently insufficient and cannot be obtained by charging parents more than they can realistically pay for care.

Partnerships need the flexibility to use funds in a way that makes sense for their child care programs. Current legislative restrictions on working with higher ranked child care programs is a disincentive to those partnerships that have been able to achieve high quality. The willingness to put more funds into child care will need to come from many sources including business and government which will only happen when parents demand higher quality and when schools and businesses really accept that quality care makes a difference in the long term outcomes for children. This section summarizes the major barriers to continued quality improvement as reported by the interview respondents.

### ***a. Funding is a critical factor in maintaining quality.***

Even with Smart Start and all other kinds of support, parents pay for about 70% of the overall cost of child care. Their fees alone cannot support quality. These partnerships believed they were using their funds strategically and effectively (and their levels of quality improvement attest to that), but they all reported worries about the effect of the current economic downturn on their funding levels. Continuing and additional funding are needed to keep the technical assistance programs functioning, to continue to provide support to teachers and providers who are obtaining more education, and to help centers that have achieved higher quality maintain that higher quality.

*Without money for enhanced subsidies or enhanced wages for program staff, it will be hard to sustain the level of quality that we have been able to put in place. Parents cannot afford quality care without help, programs cannot keep educated staff without help, and programs cannot reduce their ratios without help.*

*Our biggest barrier has been and remains lack of funds. We need funds to support all aspects of our systems approach - without funds we cannot provide the intensive TA that will move programs up in quality faster. The will from the providers is there, we know what strategies to use, we know how to collaborate in this community, but without funds the quality we have cannot be maintained or improved. Parents cannot afford to pay what it takes to provide a high quality system of care for all children.*

*We need to increase our resources. Parent fees cannot support a high level of quality. We would like to build an endowment to provide a sustainable income over time. We might be able to add some local taxes to help create the endowment but we are not there yet.*

*We have had a hard time convincing providers to raise their rates. The market rate doesn't cover the true cost of child care, so we just continue to need more funding. A big barrier to quality is that the providers cannot go up to the county market rate for their fee-paying parents or parents will just go to an illegal provider. If providers do not go up to the market rate they cannot get the extra stars enhancement subsidy which helps to maintain quality.*

*Funding cuts and the general economic climate will continue to be issues. Now we need more funds to enhance the rates for infants and probably even for 3s/4s. We continue to need funds for capital improvements. For example, we have many centers that need hand washing sinks for infants and diaper areas located where staff can see the rest of the children.*

*If our partnership can get funding from other sources, then we can free up some of our current budget to address quality needs. For example, if we can get a grant to fund our Parents as Teachers program, then that will free up \$100,000 of our budget.*

***b. Partnerships need the flexibility to work with all child care programs.***

Several partnerships expressed frustration about current legislation that prohibits them from providing quality enhancement grants to 4 and 5 star centers and homes. These programs will need support to maintain their level of care, and partnerships that have successfully improved most of their lower quality care would like to keep high quality care available through continued quality enhancement efforts to their better child care programs.

*We hope that soon we are not mandated by the state to focus only on 1 and 2 star child care programs, because we need to help 4 and 5 star child care programs maintain the level of quality they have attained. All child care programs are very marginal, and some support may mean the difference between keeping or losing a star rating. It is less expensive to maintain high quality than to lose it and have to start over.*

*One of the most frustrating parts about Smart Start for providers and everyone here has been the changing rules from Raleigh about what kinds of things can be funded. The cuts of bonuses to 4 and 5 star programs were very bad for us this year. We worked hard to promote quality and value professionalism, and now these programs are frustrated.*

*We feel that the restrictions on working with 4 and 5 star centers are not supportive and could likely lead to child care programs not being motivated to provide or able to afford that level of quality. At least we can still support them by placing scholarship recipients in their child care programs and inviting them to attend training sessions.*

*We need to keep supporting our 4 and 5 star centers with quality bonuses. It is hard to sustain a 4 or 5 star program without support, and it is hard to move programs to the lower ratios that are required for 4 and 5 stars with out the quality bonus as an incentive.*

*Not getting a bonus to recognize quality was a big blow for our 4 and 5 star centers this year. We do still have several child care programs at 3 stars, but we cannot offer them an incentive to go up.*

*We have approved some expansion grants to 4 and 5 stars because we can support the 4s and 5s with expansion funds. When we do this we can include some TA. We would like to use bonuses again.*

**c. *Maintaining a professional, experienced, well-educated, and fairly compensated work force is crucial and will continue to be a challenge.***

Many respondents highlighted the importance of professionalizing the child care work force, mainly through supporting programs that help providers obtain higher educational levels. However, better educated teachers and providers will only stay in the field if the salary they receive is equal to their education; otherwise, their additional education will likely qualify them for a better-paying job in another field. It is short-sighted to spend money to educate the work force to achieve higher quality and then not to pay them enough to stay in the field. Education, pay, turnover, child care quality and child outcomes are all linked. Partnerships struggle to support strategies that will improve quality and be affordable over the long run.

*One of the main reasons child care programs slide backward is that staff leave and they are replaced with staff with less education. We need to continue paying staff bonuses to keep turnover as low as possible. Providing TA alone is not enough support for high quality child care programs that want to prevent turnover.*

*Now we are shifting our focus from our quality enhancement program toward professional development of our work force. We want to focus on our workforce because we are still having a lot of turnover and we want to address that issue. Our child care workers are not being treated like professionals. They do not have the business and management training that they need. The biggest issue is compensation - we are losing good people. If we are looking for long term change in child care we need to professionalize these workers. We need staff who can build mentoring relationships, can do thorough and thoughtful supervision, and can do effective program planning. The profession needs senior staff to mentor and model for younger staff.*

*Pay does not increase adequately for providers who do get bachelors degrees so if they get that far they often leave child care for another profession.*

*Turnover has been reduced in our area because the partnership has been able to pay some child care teachers and directors the difference between their salary and the salary they could be making working for the public schools. The bonus is based on education and experience.*

*We want an educated child care workforce. We can't lose TEACH and WAGES, or people won't stay in child care. We just have to keep going the way we're been going, to help create professional child care workers. We have the ball rolling, we shouldn't stop it. Learning to use the [environmental rating] scales is key for the professional development of the work force.*

*We really need to work on leadership development and business skill development with child care directors. The centers are competing businesses so they don't want to admit that their business practices are bad and they also don't want to give up certain processes that have been working for them. For funds to support quality we need to rely less on Smart Start and look more towards the community. We have to think about what we need and learn to ask for it. Right now directors can't really articulate what they need in business terms.*

**d. Support from the higher educational systems is critical.**

For continued educational development of its child care workforce, N.C. will need educational systems designed to accommodate the needs of these students. Although progress has been made in this arena over the past few years, respondents suggested specific improvements that will be important factors in our future success. For example, articulation agreements are needed between 4-year colleges and community colleges, spelling out which community college classes will "count" towards graduation when a student obtains the AA degree and enrolls in a 4-year college. Respondents also mentioned a great need for classes provided in Spanish and for distance learning opportunities for providers in very rural areas.

*One of our goals is to get teachers to improve their education. There are some places in the state where you can go to get your bachelors. But here, our closest college does not accept courses in our early childhood associate's program. To get into this college you have to do the applied science associates degree, but TEACH won't pay for the applied science degree. We really can't get anyone to move past his or her associates degree even though that's what the state is requiring.*

*The lack of a community college in the area is a barrier, and the college closest to us will not offer courses in Spanish. More and more of our providers are Spanish speaking so it is hard to get courses for them to increase their education level which is important in increasing the star rating.*

*We have worked closely with our community college and now we are working with our local college to develop a birth-kindergarten BA. We do have an issue of moving up from the 3 star for some centers where education levels will be an issue.*

*Our community college agreed to provide substitutes for teachers who needed time away from the classroom to attend courses. This has worked well but the drawbacks have been that we do not have enough subs to fill the demand.*

**e. Continued public awareness activities are necessary to let the community know about the importance of quality care.**

Partnerships' public awareness efforts focus on the parents, the providers, and the community. Parents need to know that they have choices and the partnerships want them to support quality, too. Providers need to know what is available to them and become motivated to work towards quality. The community needs to support parents and providers for the good of all children.

*We need to continue our efforts to educate parents on the value of quality care. We need to convince businesses and employers that their investment in quality care will have a big payoff in the long-term improved lives of our children. They need to see that support now will yield a good return on their investment.*

*We still have work to do to educate the public that education starts at birth. We need to let them know that children need smooth transitions all the way from birth through school. We haven't had the time to educate parents as we have focused on educating providers on understanding the*

value of quality care. In order to educate the parents we have decided to work through Human Resource staff at local businesses because we just cannot meet with every parent. We will teach the HR folks about the value of quality care, and let them know about the options available to parents, and then they can communicate this information in their workplace. We are sponsoring a series of workshops called "choosing quality" which we will take out to the community.

We need to create more awareness in the community about what is funded by Smart Start so they can be better advocates. We need to make sure that Smart Start gets the credit for its efforts.

Much of our area's workforce is on a very low wage scale. They are caught between 2 forces. They need child care but they don't make enough to afford it. They can't afford 5 star care. There's a gap between quality and affordability. It's a tightrope. We need to have industry subsidize child care, but we are not there yet.

We need to be careful when relating child care to school readiness because of the general dependence on family care in some communities. We don't want to suggest that family care doesn't get kids ready for school because that's insulting and will not change parent behavior. Parent education is the real focus so parents can learn about the kinds of things that enhance child development whether they are at home or in care. Then they will demand quality if they select care.

In the beginning, the idea of buying into quality child care was difficult for our community because for many parents the tendency is to have a relative provide their child care. We want to give parents quality choices. We've helped providers understand why quality is important, even if it is more work and more expensive. We've talked with industry managers about why quality child care is important to them. We've talked with agencies about how to help us focus on quality and early childhood issues. Parents are still the barrier. They need to realize that there are choices beyond a family member, and that these choices may be better for getting their child ready for school. Part of the hesitancy of parents is financial (child care is expensive) and part is tradition.

For the first time we put an insert in the newspaper as a "report to the community" about what we do and the results we are getting. We hope to get more parents interested and find more children who need quality child care.

Our public awareness campaign has helped get the message out to parents that choosing quality makes a difference for their child. We have had a campaign that has used bill boards, bus placards, pamphlets, etc. to let parents know about the star system and to build a demand for high quality care.

We need to reach parents. We're working with people in the industry, giving talks, setting up displays at their work to get the info out. We have a reporter who adds the local angle for national stories about child care issues. We're starting to collaborate more on parent education with industry, with churches, with the community college, and with the public schools. We're having a big parent seminar about quality and parenting issues and the costs and benefits, so parents know what to look for in quality child care.

Society needs to make a commitment to our children. We must make everyone aware that the costs of quality care are higher than parents alone can pay. We need to support parents and teach them how to best enhance their child's development.



## Summary

These 12 partnerships show that significantly improving child care quality can indeed be accomplished. From a variety of starting points and in a variety of communities, these partnerships have made significant improvements. In addition, these are not the only partnerships that changed so significantly, but a sample of those that did. Child care quality is improving across NC and in some communities, such as these, it is improving quite markedly. This study tried to understand *how* quality could be significantly improved.

Other than population size, geographic factors did not seem to be related to the successes these partnerships have had in improving quality of child care. Each area has unique features that often were addressed through creative strategies used by successful partnerships. Duration of funding did not seem to matter. The 12 partnerships in this study have been receiving Smart Start funds for a varying number of years. Some came into Smart Start as recently as 1998, yet had already made significant gains. This suggests that some strategies can work within a few years, although more time would likely yield even greater gains.

Because we used "percentage increase" as our indicator of quality growth, partnerships in populated, urban areas were at a disadvantage. The challenge of serving more than 400 child care programs is that many centers and homes could be helped to improve quality, but the overall percentage gain for the partnership is still low. However, the strategies described here should work for urban partnerships as well. In fact, the distance issues that present problems for some of the rural communities are not present in urban communities.

Funding for Smart Start has never been at the originally intended level, but these counties have been successful with the funding they have had, probably because they chose and implemented successful strategies. The strategies that partnerships use seem to be the critical factor in their forward movement. Without successful strategies a county is not likely to improve its quality of care, even with continued funding over time. It clearly takes a combination of efforts to make a change in a partnership's overall percentage of quality care.

Leadership from all parties--board, partnership staff, and child care providers--is needed to make the issue of quality a top priority. A focus on quality requires focusing goals and funds on quality. Clear goals for progress must be set and monitored. Strategies for action should be selected based on evidence that they will work, and funds need to be strategically placed to support quality initiatives that are included in a system of programs. TA providers need to see what change is required and that change will occur through supportive and personal relationships. The process of making improvements also needs to change as the partnership progresses. Whether to focus partnership efforts on centers or homes will vary at each site, and may change over time.

Supporting the education and professional development of the child care work force was a key component of the systems of quality improvement built by these partnerships. They supported the

TEACH® and WAGES programs, worked with community colleges to make courses more available to providers, and rewarded providers who moved up the educational ladder with public recognition and thanks as well as financial incentives. North Carolina is fortunate to have the resources of Child Care Services Association (CCSA) whose programs like TEACH® and WAGES have been used as national models in the field of early childhood education. Another strategy used by successful partnerships was to reward centers that hired more well-educated teachers, or had higher rated care, with increased subsidy payments. Not only do such programs help support quality, but they also help reduce teacher turnover, and provide high quality care for low income children.

Quality improves in incremental steps and takes time and encouragement. Developing personal relationships and building a community of providers that are motivated to make care better for children are part of the formula. There are many ways to reward and recognize the achievements that have been made. TA providers have found that putting best practices into the classroom takes continual learning, modeling and experience. With all efforts, it helps to keep the vision of higher quality for the purpose of improving children's lives as the end goal.

Methods to improve quality of care must be individualized. The type of intervention needed should be determined through in-depth assessment of each child care program's strengths and needs. Improvement plans should be delineated in a formal contract, which includes incremental steps, a time-frame, and a way to gauge progress. The commitment and knowledge of the child care program staff will in large part determine the quality of each child care program. Providers need guidance, support, encouragement and recognition for their efforts.

Each partnership has a unique group of key collaborators and each has found that certain collaborators can be pivotal to the change process. Close ties with the public school system in one partnership will be the catalyst for bringing funds together, while in another partnership the most effective partner will be the CCR&R. In general, each partnership has a similar set of community groups with whom they can collaborate - the local schools, Head Start, CCR&R, Health Department, colleges and community colleges - and with whom effective collaboration is necessary to facilitate the change process. A key factor to consider when attempting to foster collaboration is how the interaction will benefit the other party. Finding a way for the collaboration to fill the needs of all those involved is important for maintaining relationships.

Quality child care will not continue to increase without funding for effective programs such as the ones described by the participants in this study. Much can be accomplished when funds are used wisely, but the amount of funds available will affect the rate at which progress can be achieved. Providing a quality educational experience for all of the young children in our state will require a long-term commitment of support. One of the most effective ways to use funds is to support the child care workforce. Partnerships report that we need to recognize child care as a profession through support and development of strategies and resources to maintain an educated and experienced workforce. For example, if Smart Start funds are spent to help a teacher receive a BA

degree, that teacher needs to receive a salary that will keep her in the early childhood field for Smart Start to receive a return on the investment.

The demand for higher quality care needs to come from parents and other sectors of our communities, and not just from child care professionals. Like prevention efforts in public health, the value of quality child care needs to be understood by all sectors of the community in order to develop the political will to continue support for programs to improve quality.

Our study did not address the strategies employed by partnerships that did not increase their level of quality care. We do not know if those who were unsuccessful tried similar strategies and activities that just did not work in their particular communities or were not implemented as well. In partnerships where success has been slower, there is a need for local analysis, creative collaboration, and possibly clear directives from the North Carolina Partnership for Children. Those who have struggled in this area may need additional support in the form of technical assistance or mentoring from those who have been successful.

In summary, quality enhancement requires clearly focused goals and multiple strategies that are built as a system of linked services. Community collaborators are necessary to make the system work, as are continued financial support and public involvement. We end this report with the comments of three participants that draw together many of the ideas that were expressed, from specific strategies to overall philosophy.

*Our approach to quality enhancement has been more of a systems approach rather than just work in individual centers. First we enhanced the market rate and allowed providers to spend the extra dollars in one of six ways that research has proven work to improve quality. Then we put money into training to make additional technical assistance available. We held many workshops on ECERS and ITERS as well as mentoring projects. We even sent 16 individuals to Chapel Hill to have training on the rating scales. We secured a child care health consultant to provide even more support to providers in the areas of health and safety. Through the work of our partnership board, as well as the influence and leadership from a few key providers, we have nurtured a spirit of teamwork and gentle peer pressure. All of these pieces have helped to take away some of the fear of change and have given providers the courage to proceed. We now support WAGE\$ bonuses to continue to hold down turnover and encourage education, both of which mean higher quality. We do continue to provide general TA and to assist centers that wish to proceed with national accreditation. We have gone from 4 NAEYC centers at the beginning of Smart Start to 22 now. In light of these approaches, our infrastructure and mini-grant projects to individual centers are just a part of the whole picture.*

*We have had to adapt and change our program every year to keep up with the needs in our child care community. We don't have a program that is defined like x and y and it stays like that year after year. Each year we change the kind of program we offer to suit what we see as the needs. One year we may have a quality enhancement program that works intensely on classroom practices and in other years we may focus on education levels. When we started we visited every place that was providing care for children and that meant talking to community people to see where children spent their days. We first focused on helping to license as many child care programs as we could. From there we aimed for quality. We have offered some intensive TA and a*

*variety of other programs, but now we see our focus shifting to helping child care providers work as professionals. We need constant innovation and that has been hard for some staff members. Just when you have a program that they know how to operate you tell them that things will be changing this year to meet the changing needs and they will have to try new things. Sometimes this creates staff turnover, but those who stay are willing to work in a changing environment and can be innovative in their approach. Our staff needs constant education and we want to share that concept with providers.*

*Convince teachers and directors that you are there for them. Convince parents that you need their involvement. Convince agencies and businesses to help out all year long. Help them all see that they are interconnected and make sure no one is uninformed. Talk with people one on one to build a spirit of camaraderie. Let people see that someone cares about them, applauds their successes and is there to help when they need it. Reinforce for everyone that all of your mutual efforts are to benefit children. Do what you can to sell your program and that means getting out of the office!*



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## Appendix A: Participation Letter

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Spring 2002

Dear \_\_\_\_\_,

We are writing to ask you to participate in a research study regarding Smart Start's involvement in improving the quality of child care that is available to the children in North Carolina. For the past several years, the Smart Start Evaluation team at the Frank Porter Graham Child Development Center at UNC has been studying many aspects of the Smart Start program. Over time, the quality of child care available to children has improved in many respects. We want to find out what local communities and local Smart Start partnerships have done to make this improvement possible. We hope that by describing the methods, activities, and techniques that have worked for some partnerships, other partnerships can benefit from knowledge gained from the experience of others.

We are sending you this letter because of your experience with early childhood care and education. We will interview 4-6 people in your community, and we plan to include 5 to 10 communities in the study. If you agree to participate, you will be asked to share your personal impressions and experiences in an interview that will take no more than an hour. Specifically, we will ask you to describe child care quality improvement efforts, barriers to improving quality, and factors that supported quality improvement. The interview will be scheduled at a time that is convenient for you. If you are close to Chapel Hill, we will arrange for one of our team to meet you at a location that is convenient for you. If you are further than about 60 miles from Chapel Hill we will arrange a time with you to conduct the interview over the telephone. All information obtained during the interview will be kept confidential and your name will not appear in any reports.

Your participation in this study is completely voluntary and you may withdraw at any time and you may also choose not to answer any questions you do not want to answer. No experimental procedures are involved and there is no cost for you to participate in the study. If at any time you have questions about your rights as a research participant, you may contact the Institutional Review Board through its chair, Dr. Barbara

Goldman, at (919) 962-7761, CB #4100, 201 Bynum Hall, UNC-CH, Chapel Hill, NC 27599-4100, email aa-irb@unc.edu.

We believe that the information from these interviews will provide useful information to current and future Smart Start partnerships about ways to improve the quality of child care available to the children of North Carolina. We will be contacting you soon to ask if you are willing to participate in this study.

We are sending you two copies of this letter so that you can keep one for your records, and we can keep one in a locked file for our records. We have included a postage paid envelope and we are asking you to sign one copy of the letter and return it to us. If you agree to participate in the study, please include your telephone number and information about the best time to reach you. If you have any questions about this study please call Karen Taylor collect at (919) 966-2559. Thank you for considering this request.

Sincerely,

Donna Bryant  
Investigator  
(919) 966-4295

Karen Taylor  
Project Coordinator  
(919) 966-2559

Please indicate whether or not you want to participate in this research study by checking one of the statements below and signing your name. If you are able to participate please include your telephone number and a good time to reach you. Please put one copy of the letter with your signature in the envelope provided and mail it to us. Thank you.

\_\_\_\_\_ **I agree** to participate in the Child Care Quality Study.

My telephone number is: \_\_\_\_\_

The best times to reach me are: \_\_\_\_\_

\_\_\_\_\_ **I do not want** to participate in the Child Care Quality Study.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix B: Questions for Participants

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### Questions for Participants in the Quality Improvement Study

1. How long have you been involved with Smart Start and the local partnership? In what capacity?
2. One of Smart Start's purposes is to help provide quality child care to all children under the age of five. How do you define quality child care? What do you use as measures for quality in your county? Do you find this is an accurate portrayal of a quality child care establishment? Do you find that child care quality has improved over the years through Smart Start's influence?
3. How have you worked to improve the quality of care in your county (partnership) area? What services do you offer to child care programs to help them improve in quality?
4. Several broad areas of service have been proposed as beneficial in improving quality of care. I would like to ask you about the specific services you may offer that fit into these broader categories.

-Do you offer on-site assessments and implementation funds? Where does the money come from? What must the child care programs do to receive the money? How does that help improve quality? How large are the grants that each center gets?

-Do you offer incentive awards for child care programs? How does that work? Who provides the money for the awards? Who gets the awards, what do they have to do?

-Are there resource teachers available for child care programs? Who funds the teachers? What do they do to help the local child care programs? How accessible are they to the individual child care programs?

-Do you offer on-site and telephone consultations with child care programs? How often do programs make use of this service? How does it operate? Who participates, either as the resource or the program? How does this improve quality?



-What opportunities for professional development are available to local child care programs? How does this work? Who is involved in providing the professional development (CCR&R training? Local community colleges? Local Partnership training?)

4. What other ways do you strive to increase child care quality? How are these funded? Who is involved? How do these work? When were these methods developed?
  5. What barriers have you faced in your work to improve quality of care? How have you overcome these, or how do you plan to overcome them?
  6. Has there been anyone--agency, group, individual--that has greatly helped your ability to facilitate improved quality of care? What have they done? How has it helped? Is there anyone we should contact to find out more?
  7. What other groups, agencies, individuals do you work with to help improve quality? How does that relationship work? What comes out of your collaboration?
  8. What policies would you like to implement to improve quality but have not done so? Why have they not been implemented so far? What are your plans for improving quality in the future?
  9. What characteristics of a program do you focus on when looking to improve quality? Why those?
  10. How do you decide what quality enhancement programs to pursue?
  11. Is there anything else you would like to tell us about improving child care quality?
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