



Ready Educators Quality Improvement Pilot: Linking Program Improvement to Child Outcomes

Year One Evaluation Report

Prepared by Nancy L. Marshall
Wellesley Centers for Women
December 30, 2014



Shaping a Better World
through Research
& Action

**Wellesley
Centers for
Women**

REQIP: Linking Program Improvement to Child Outcomes

Recommended citation: Marshall, N.L. 2014. *Ready Educators Quality Improvement Pilot: Linking Program Improvements to Child Outcomes. Year One Evaluation Report*. Report prepared for *Thrive in 5*, Boston, Massachusetts.

Part I: Introduction and Lessons Learned

Introduction

Thrive in 5 is a citywide effort, launched in 2009 and co-led by the Mayor's Office, City of Boston, and United Way of Massachusetts Bay and Merrimack Valley (United Way), to ensure that all children from birth to age five have the resources needed to succeed in school and in life. Working with parents and their communities in concert with multiple cross-sector partners, *Thrive in 5* is directly aligned with and strives to advance the strategic goal that "all children start school ready to learn."

The **Ready Educators** multi-year strategy seeks to advance early care and education programs in Boston to the highest level of quality. Quality is defined as the ability of the program to identify the needs of children, to provide appropriate resources and supports to meet those needs, and to demonstrate measurable improvement in child outcomes.

This report is an evaluation of the first year of the Ready Educators Quality Improvement Pilot (REQIP), part of *Thrive in 5's* city-wide **Ready Educators** strategy. The pilot provided technical assistance and support to early education and care programs in centers and family child care homes that serve children from birth to age five. The REQIP theory of change posits that, to meet the goal of improved child outcomes, programs need to build "sustainable independent capacity to operationalize a **continuous quality improvement process** (CQI)." As the Pilot was envisioned, CQI involved the development of a Program Improvement Plan (PIP) through an assessment based on child-level and program data and with support from a Quality Improvement Partner (QIP). The PIP would then serve as the basis for technical assistance to meet the goals of the PIP, followed by a re-assessment using program and child-level data. This CQI process would be sustained over time, in an ongoing continuous loop. In July 2013, after a competitive RFP process and with funding from the Barr Foundation, *Thrive in 5* selected Wellesley Centers for Women to serve as the QIP.

Lessons Learned

1. Trajectory of Program Improvement. From the beginning, the availability of child assessment data – critical for fully implementing the CQI model – has been a challenge. While the majority of Boston programs report conducting child assessments, these assessments are used primarily to screen for children in need of referrals for additional services. Among those programs that collected data that could potentially be used for CQI, we found that directors and educators were unsure how to use that data to inform practice. This led to a revision of the model to recognize the different stages through which programs progress in developing the capacity to effectively use child (and program) assessments to improve practice, and thereby improve child outcomes (see Figure 1). The PIPs have been structured to identify the technical assistance needed to support program advancement through these stages by recognizing a sequence of technical assistance: beginning with training and coaching on child development, developmentally-appropriate practice, and curriculum (stage 1); followed by training and coaching on conducting child assessments (stage 2); training and coaching on how to use assessments to inform practice (stage 3); and ending with training and coaching on CQI (stage 4).

REQIP: Linking Program Improvement to Child Outcomes

Figure 1. Trajectory of Improvement

	Stage 1	Stage 2	Stage 3	Stage 4
Progress towards CQI	No child assessments in place, not ready to implement child assessments	Program understands importance of assessments. Ready to begin to implement child assessments	Conducting child assessments on a regular basis	Using child assessments to inform classroom instruction and support CQI
TA needed	Training and coaching on child development, developmentally- appropriate practice, and curriculum	Training and coaching on conducting child assessments	Training and coaching on how to use assessments to inform practice	Training and coaching on CQI
Number of Programs in Pilot in Year 1	2 centers	5 FCC providers, 3 centers	4 centers	1 center
Proposed assessment of program progress	QIP conducts child & program (ERS) assessments	QIP conducts child & program (ERS) assessments; Program conducts child assessments and family program assessments with involvement of TAPs/QIP	Program conducts child assessments and family program assessments; QIP conducts program (ERS) assessments with involvement of program administrator	Program staff conduct child and program assessments, and family program assessments

2. A Systemic Approach is Needed. We selected programs for the Pilot that, based on prior assessment data, had some strengths but were in need of additional supports to reach desired levels of quality. However, we found that several programs lacked adequate materials and resources to support quality instruction, creating environmental challenges that were not factored into the model’s original design. This led the QIP to incorporate leveraging of external funds, combined with Technical Assistance Provider (TAP) services, to support environmental changes necessary to foster quality programs. Other programs faced challenges with organizational structure and administrative policies that undermined program capacity for improvement. This led the QIP to incorporate a systemic approach to change, with consulting services to center directors and family child care system administrators to improve their capacity to supervise and support educators in the CQI process. Figure 2 shows the REQIP model.

3. Alignment of REQIP with State QRIS. While the REQIP theory of change posits that CQI is the heart of ongoing program quality improvement, we recognized from the start that CQI operates in the context of a quality framework in Massachusetts, exemplified by those factors that are part of the State’s Quality Rating Information System (QRIS). Therefore, we developed a template for Program Improvement Plans (PIP) that uses the QRIS framework to collect, organize and communicate a program’s level of quality and areas needing improvement. The added benefit of this framework was the extent to which it motivated programs to participate in the Pilot, along with the availability of technical assistance already aligned to the QRIS framework.

4. REQIP Contributed to Program Improvement. With all of the challenges faced during the first Pilot year, we found strong evidence of program improvement, as measured by classroom observations using the ERS family of measures (ECERS, ITERS, FCCERS). Six of the eight centers with preschool classrooms showed increases of at least one point, on a 7-point scale, on one or more subscales of the ECERS (preschool classroom observation). All seven centers with an infant or toddler classroom showed increases of at least one point on one or more subscales of the ITERS (infant/toddler classroom observations). The improvements in the individual FCC homes were not as dramatic or across the board,

REQIP: Linking Program Improvement to Child Outcomes

but all four providers showed increases of at least 6/10th of a point on one or more subscales of the FCCERS assessment.

5. Programs Must Be Ready to Change. While we have seen improvement in some areas which provide support for the REQIP model for program quality improvement, one of the most important lessons learned which will impact the scalability of the model, is that some programs are not ready to participate in REQIP. One Stage 1 program closed due to management issues and licensing violations. A second Stage 1 program remains open only because, in recognition of the need for this program in that particular neighborhood, *Thrive in 5*, in conjunction with the REQIP executive coach, worked to make significant changes in the program's management structure. In moving forward, it is clear that the REQIP model should be utilized for those programs that are at Stage 2 or later of the Trajectory of Improvement: Ready for training and coaching on child assessments (Fig. 1). Programs at Stage 1 also need technical assistance to get to Stage 2 but the intensity of that effort requires a higher level of resources than the REQIP model provides.

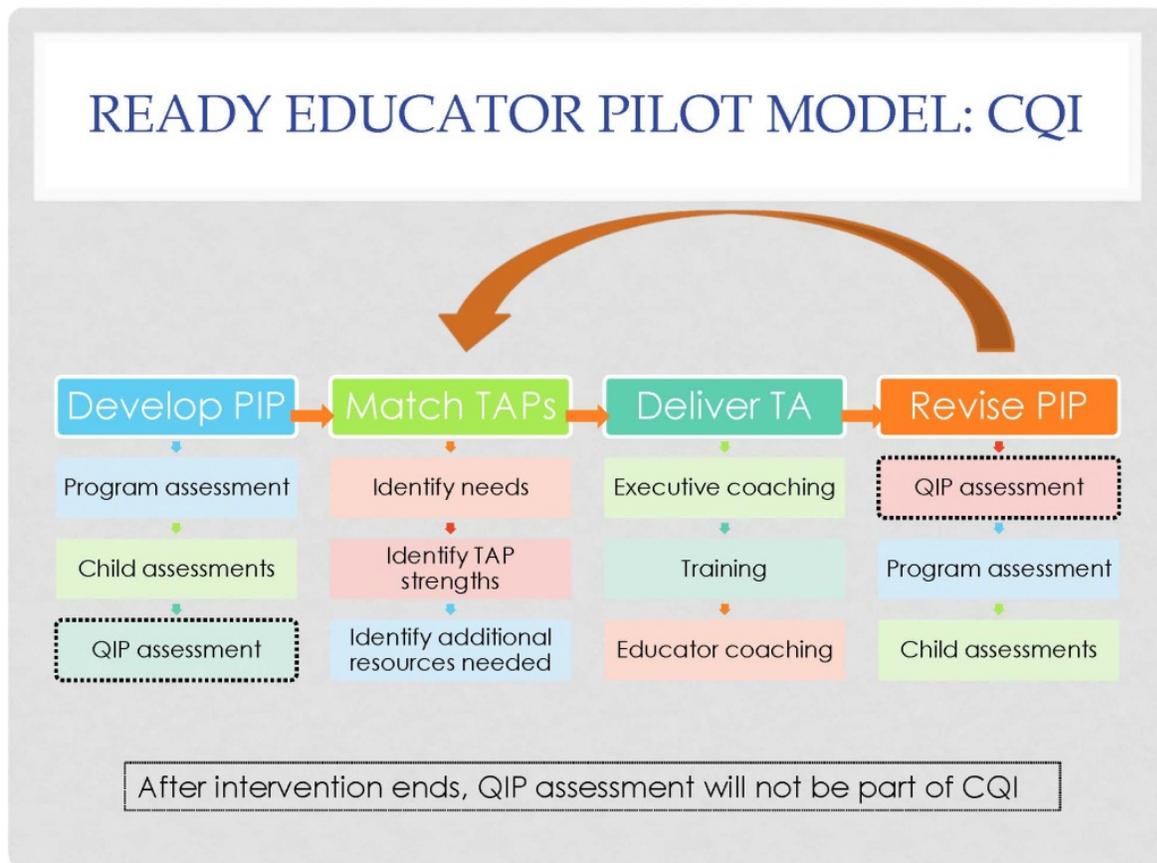


Figure 2. Ready Educator Quality Improvement Pilot Model

Part II: Evaluation of the Implementation of REQIP

1. Pilot Selection And Recruitment

Procedures. The goal of program selection was to identify and recruit 10 centers that were serving children at risk for poor school readiness upon entry to kindergarten, drawing on data from the Boston Public Schools assessments of their current students. In addition, we recruited one FCC system that had multiple FCC homes in at-risk neighborhoods. From the pool of possible centers, we selected 10 centers that, based on prior visits by the QIP for other projects, were of moderate quality – that is, with some foundation of quality but still likely to benefit from the REQIP model. We worked with the FCC system to identify 5 FCC providers in the at-risk neighborhoods who would benefit from participating in the Pilot.

Strengths. The QIP successfully selected and recruited 10 centers, the FCC system, and 5 FCC providers from the at-risk neighborhoods. All were enthusiastic about participating in REQIP.

Challenges. Programs were specifically recruited from areas of Boston with children at risk. Not surprisingly, recruited programs were often high need/low resourced programs. The QIP found that programs were of poorer quality than anticipated, and had high turnover among staff, including at the leadership level. Given the QIP's experience in assessing Boston programs over the past 15 years, these challenges appear to reflect effects of the recent recession on families and communities, which affected the Early Care and Education (ECE) system. One of the central challenges to quality was the lack of a formal curriculum in several of the programs, related to the turnover of trained staff and/or leadership.

In addition, program recruitment was more difficult than anticipated, in part because program leadership was less available during the summer when recruitment began, and because some programs had unclear or new leadership. The QIP intensified their efforts in response to these challenges and was able to recruit programs by the timeline goal.

2. Initial PIPs, Resource Plans & TAP matching

The main goals of REQIP are to (1) provide programs with comprehensive supports to improve both program quality and child outcomes; (2) build the capacity of programs to use program and child data to inform program improvement plans (PIPs) and engage in a continuous quality improvement process; and (3) develop a common set of tools, protocols, and measures to demonstrate impact.

The REQIP model charges the QIP with the responsibility to work with pilot programs to meet these goals, by developing PIPs, and identifying and matching TAPs to program needs.

Strengths and challenges. The model, in which the QIP provided coordinated assessment and planning to the pilot programs, worked well. The QIP brought considerable experience and knowledge of ECE programs and of the ECE system. While working with individual programs, the QIP emphasized systemic thinking. For example, the QIP developed a PIP template that is aligned with the QRIS, and used this template to develop PIPs for each program (see Appendix A). As such, the PIPs were aligned with QRIS standards so that individual programs were provided with a roadmap to their own advancement within the Massachusetts QRIS system. Another example of systemic thinking is the selection of the five FCC homes from one FCC system. The PIPs for these five providers were supplemented with a PIP for the

REQIP: Linking Program Improvement to Child Outcomes

entire system, with the recognition that the progress of individual providers is strongly connected to the strength of their FCC *system*.

By aligning the PIPs with the QRIS standards, the QIP has also aligned the PIP with the broader model used by *Thrive in 5*. Among other areas, the QRIS standards emphasize the importance of the professional development of educators and administrators, the importance of family engagement, and the role of child assessments in documenting children's progress and informing educators' work with children.

The QIP was able to develop strong relationships with the programs based on trust. The programs accepted the expertise of the QIP and responded with candor about their performance and needs. The QIP found committed leadership and educators in each of the programs who were interested in working with the QIP to improve the quality of their programs. However, the QIP found that programs had limited data, or limited access to the data that existed. While programs reported self-study with the program-level ERS (ECERS, ITERS, FCCERS), the QIP observed that these ERS did not always match the QIP's assessments. When programs collected child outcome data, these data were often not available to classroom educators to inform practice, e.g., assessments were sent to a central office for processing, or educators did not have the skills to make use of the child-level data. In addition, when programs collected child outcome data, the assessments were often designed as screening tools, not as assessments to inform practice.

Matching TAPs. Central to the REQIP model is the identification of technical assistance providers (TAPs) who can provide needed TA. The TAP RFR application and contracting process was prolonged, as this was the first time developing these procedures. The open RFR process did work well in terms of identifying TAPs interested in working on the Pilot and it was decided to include all applicants in the "TAP pool". From this pool, the QIP selected specific TAPs to provide technical assistance to the programs based on their experience and expertise.

The REQIP model emphasizes the matching of TAPs to program needs through the process of an initial assessment and the development of a PIP. The QIP developed a system for evaluating a TAP's capacity against the needed capacity - the TAP Grid. (See Appendix B). As the TAP Grid indicates, technical assistance could include training as well as coaching or mentoring, and executive coaching or consultation. The latter two forms of technical assistance are particularly likely to be effective in supporting sustainable program improvement for community-based programs.

The QIP then developed a system using an Excel file with multiple interlocking spreadsheets, which converts PIPs to TAP matches with attached costs, to allow for budgeting and setting priorities. Each program's PIP was entered into its own spreadsheet. The QIP then reviewed the PIPs and matched TAPs with the capacity to meet the identified need, drawing on The TAP Grid. Costs were calculated based on the number of hours of TA needed and each TAP has contracted rates. A summary spreadsheet allowed the QIP to track whether the planned TA was equitably distributed across programs and was within budget. This system was then used to manually generate work orders for each TAP. The QIP observed that this process generated customized TAPs for each program, with the potential for more effective technical assistance.

The QIP was able to complete assessments, develop PIPs and match TAPs in the original time frame of four months from start of the contract to TAP selection.

3. Accountability

The QIP, in consultation with *Thrive in 5*, developed an accountability framework and logic model for REQIP (see Appendix C). The QIP also developed an accountability framework for the TAPs (see Figure 3). The QIP developed logs for trainers and coaches that are aligned with the accountability framework and that provide documentation of technical assistance activities, as well as narrative evaluations of technical assistance activities prepared by the coach or trainer.

Figure 3. TAP Accountability Framework

Ready Educators TAP Accountability Framework

- **TAPs will be accountable for:**

- Working with the program administrators and the QIP to review PIP implementation plans that identify specific types of technical assistance, timing, duration, deliverables, and outcomes, and to discuss any recommended modifications.
- Providing direct support to programs, as detailed in the PIPs, utilizing specific types of technical assistance, e.g. consultation, coaching, mentoring, training, etc.
- Participating with the QIP in regular progress meetings with the selected programs. Based on the progress made, assisting the QIP in making mid-course adjustments to the PIP if necessary, in collaboration with the program administrators.
- Reporting on all activities provided to programs by the TAP for project documentation and payment by *Thrive in 5* including, but not limited to, activity logs and progress reports.
- Participating in the overall project evaluation and proof of concept. Preparing project reports to be used in the evaluation of the impact of this continuous quality process on child outcomes.

One of the biggest challenges has been identifying TAPs who actually can do what they say they can do in their applications or on their websites – and who can do it well. The process of identifying the best training and coaching has been time-consuming. For trainings, this has required multiple conversations with trainers and programs to match available training with program needs and to schedule training dates. One area of concern with training has been the limited availability of trainers who can train in Spanish, which is particularly important for the FCC providers. However, the QIP has identified several excellent trainers, located in several different organizational TAPs.

Another challenge is working with the organizations that received EEC funding for EEC- approved training. The delays in EEC's contracting with trainers have meant delays in the availability of certain types of training, most notably, training on **Teaching Strategies GOLD®** assessments. These assessments are used most often in community programs, as well as in Head Starts and by the FCC system participating in REQIP. The Collaborative for Educational Services (CES) was eventually given the EEC contract for GOLD® training but could not offer the training the REQIP programs needed. In August 2014, CES subcontracted with the regional EPS to do the work. The QIP is hopeful that we will finally be able to get the GOLD® training that is needed by REQIP programs. The QIP responded to the lack of GOLD® training in Massachusetts, as well as the lack of training on Teaching Strategies Creative

REQIP: Linking Program Improvement to Child Outcomes

Curriculum®, by contracting directly with Teaching Strategies to send their trainers to Massachusetts to conduct trainings. The programs have reported that these trainings are excellent, but they are very expensive, and reduce funds for other needed TA activities, such as coaching.

The QIP has found some excellent coaches, but it has been difficult to find enough coaches given how time-intensive coaching is. One difficulty is that while coaches come recommended or aligned with a well-known TAP, they do not always have the needed skills, such as knowledge of the state QRIS requirements, ERS assessments, or child assessments. The QIP has addressed these challenges by developing systems for working with certain groups of TAPs. They have also solicited feedback from REQIP programs to determine which individuals provide the best TA. The QIP are no longer using certain technical assistance providers because of dissatisfaction with their quality of work or their lack of availability.

Another challenge was some coaches who were not willing to work within the REQIP model – delivering coaching in the areas identified in the PIP – and instead wanted to do their own assessments and make independent judgments about coaching content and priorities. While this is an understandable approach from the perspective of professionals, it is important that coaches view themselves as members of the REQIP team and prioritize the REQIP goals. In addition, TAP compliance with REQIP documentation has been an ongoing issue with some TAPs who did not submit logs in a timely, accurate, and thorough fashion. The QIP spent a significant amount of time monitoring the TAPs to get them to conform to REQIP expectations regarding the technical assistance they were being asked to provide and to the REQIP reporting requirements. Individual coaches and trainers who were not able to provide the requested services, or whom programs reported were not effective, were dropped from the list of coaches or trainers, although their TAP organization has been retained if other qualified coaches or trainers are available.

Finally, the QIP initially assigned multiple TAPs to individual programs. However, in response to TAP concerns about duplication of effort, and concerns about effective communication among TAPs in the same program, the QIP has revised their practices: trainings are staggered throughout the year so that there is no overlap and educators have time to apply new learning. Coaching is done by the same coach across the program, or by a team of coaches from the same TAP, for large programs, and only one set of coaches or a single coach, works with a program at any point in time. For example, a program might receive a training in general curriculum in October followed by coaching on curriculum. Then in January, the program might receive training on literacy followed by literacy coaching. Then in April, the program might receive training in GOLD assessments followed by coaching on using assessments to inform classroom practice.

While REQIP has provided a new level of accountability for TAPs, this has been a time-intensive and costly process. The lessons learned in year one will inform the work in year two, as well as plans to develop sustainability.

4. REQIP Management

REQIP called for a partnership between *Thrive in 5* and the QIP. As Jane Tewksbury noted during the evaluation, *Thrive in 5* had originally proposed “a reciprocal, interactive relationship for managing the project but that WCW would provide the overall operational management of the Ready Educator Quality Improvement Pilot (REQIP).” In contrast, the QIP, based on interviews with *Thrive in 5* during the

REQIP: Linking Program Improvement to Child Outcomes

selection process, had expected a more hands-off approach from *Thrive in 5*. Over the course of the first quarter, the management relationship evolved into one with close communication between *Thrive in 5* and the QIP, including weekly emails, bi-weekly phone calls, monthly or bi-monthly meetings, and quarterly progress reports. Both *Thrive in 5* and the QIP report that the relationship has been mutually respectful, and that all parties have contributed significantly to the success of REQIP. *Thrive in 5* provided a model and a vision for REQIP and its relation to other *Thrive in 5* activities, as well as effective intervention with community and state players on behalf of specific programs. The QIP provided their expertise and experience in early education and care and in the city of Boston, as well as their expertise in state early education and care policy and QRIS.

One challenge has been different understandings about the incorporation of family engagement practices into the REQIP model. The original model did not include an explicit family engagement component; however, other *Thrive in 5* work has demonstrated the importance of family engagement in decision-making processes. The QIP has incorporated family engagement practices through the use of the QRIS as the foundation for the PIPs, including QRIS requirements¹, “A daily two way communication system is available between the educators and families,” and “Educators and family input are solicited on an annual basis through a survey to evaluate the program,” as well as QRIS Level 3 requirements, “Staff include parental input in the progress reports,” and “Staff has received formal PD in working with children from diverse families.”

An additional challenge lies in the contracting process at United Way. At the beginning of REQIP, United Way changed from a paper-based system to an on-line system. *Thrive in 5*, with no administrative support, experienced significant delays in contracting with the TAPs, and in paying invoices from the TAPs. Some TAPs agreed to begin work without contracts, but then did not get paid for extended periods of time because of the delay in contracts and in paying invoices. Other TAPs, such as the vendor for substitute teachers for educators participating in trainings, refused to provide services without a contract. The QIP has sometimes had complaints from the TAPs about delays, and some TA has been delayed because of the United Way contracting delays. These contracting delays weaken the system of technical assistance upon which the REQIP model relies.

¹ <http://www.mass.gov/edu/birth-grade-12/early-education-and-care/qr/massachusetts-qr-standards.html>

Part III: Evaluation of the Impact of REQIP

During Year 1 of the REQIP Pilot, we assessed the impact of REQIP by examining the extent to which the Pilot was able to affect:

- The amount of professional development received by ECE educators,
- The resources and support made available at the program level to increase program stability and quality;
- Improvements in program practices and observed classroom quality.

1. Impact on Professional Development for ECE Educators

REQIP provided two types of professional development for ECE educators: training and classroom coaching. Table 1 provides an overview of the training provided. Highlights include the training of 35 to 37 FCC educators on curriculum and assessments; literacy training for 37 educators; STEM training for 59 educators; and training by Teaching Strategies on Creative Curriculum[®], a necessary precursor to training on GOLD[®] assessments, to four programs serving preschoolers and two programs serving infants and toddlers.

Training Topic	Number of programs	Number of Educators	Number of Team Leaders, Administrators, etc.
<i>Curriculum Training:</i>			
Developmentally Appropriate Practice: Infants & Toddlers	2	16	2
Developmentally Appropriate Practice: Preschoolers	1	3	1
Infant/Toddler Curriculum	1	7	
FCC Curriculum	35	35	4
Lesson Planning	1	30	3
Literacy	3	37	5
STEM	3	59	3
Massachusetts Curriculum Guidelines: Centers	4	89	17
Massachusetts Curriculum Guidelines: FCCs	37	37	2
Creative Curriculum [™] Infants & Toddlers	2	*	
Creative Curriculum [™] Preschool	4	*	
<i>Using Assessments:</i>			
Introduction to Using Assessments in Centers	4	92	4
Introduction to Using Assessments in FCCs	36	36	4
Observing & Recording in the Classroom	1	13	2
<i>Relationships:</i>			
Social Emotional Development	1	16	
Classroom Management	2	33	
<i>Other:</i>			
Working with Diverse Families & Children	2	47	1
Health & Nutrition	1	12	
NAEYC Code of Ethical Conduct	1	56	

REQIP: Linking Program Improvement to Child Outcomes

Because some educators attended multiple trainings, it is not possible to give a total number of unique educators who received training across all topics, but using the highest number of educators at each program for any training, we would estimate a minimum of 189 unique educators in centers and 37 FCC educators, received training in one or more topics.

Coaching. The other form of professional development offered to ECE educators was coaching, which NAEYC defines as²: “A relationship-based process led by an expert with specialized and adult-learning knowledge and skills, who often serves in a different professional role than the recipients(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal setting and achievement for an individual or group.” Coaching is, by definition, labor intensive. REQIP offered over 350 hours of coaching to 48 (unique) educators in centers and four FCC educators. Among the total 52 unique educators who received coaching, 47 received coaching on curriculum topics and 19 received coaching on using assessments.

The Coaching Process. While there were multiple challenges in identifying and matching TAPs with programs, the QIP and programs report that almost all training was high quality and well-received, and much of the coaching was high quality and effective (see *Part III. Impact*, below). To illustrate the quality and effectiveness of good coaching, the QIP developed a case study of an individual coach to demonstrate both what good coaching involves, and how coaching affects educators. This case study was created by Dr. Jenny Grossman, based on an analysis of 24 TA logs from one coach, each including several dates of observation and feedback from multiple classes within a single center. Analyses focused on the process and outcomes of coaching, beginning with classroom observations prior to coaching, followed by coaching feedback provided to the teachers; teachers’ responses to feedback (e.g., their level of openness to and engagement with coaching); and finally the coach’s observed changes in teaching process (how they talk about their teaching); and classroom behavior. The coaching case study is included in Appendix D.

“I saw a big difference today in this classroom. She was well prepared to conduct a science conversation with a small group of children. She did a terrific job of facilitating peer interactions, drawing kids in, restating their ideas and helping them to share their ideas with each other, then try them out.”

Impact of training and coaching. To illustrate the ways in which training and coaching can affect practices, the QIP Director, Wendy Robeson, developed the following case study of one center:

Through intensive classroom coaching, one center’s understanding of language and literacy has resulted in improved language in all of the classrooms. This center serves only preschool-aged children and the educational coordinator felt that the teachers were lacking in book reading as well as circle time and conversations in general. After a half day training based on language and literacy, three coaches worked in the individual classrooms with the teachers. Through observation, discussion and tips on what to try in the future, the coaches are noticing improvements. For example, the coach’s log reports that one session focused on “having frequent conversations w/back & forth exchanges, open ended questions, contingent responses” and the coach observed that, after that session, “it

² NAEYC. Early Childhood Education Professional Development: Training and Technical Assistance Glossary, Appendix A, 2011; http://naeyc.org/files/naeyc/file/ecprofessional/NAEYC_NACCRRRA_TrainingTAGlossary.pdf.

REQIP: Linking Program Improvement to Child Outcomes

seemed like they were having more intentional conversations with their children. I also noticed that teachers persisted in these efforts. For example if one comment or question didn't elicit the expected response, the teacher tried another. It was great to see this as sometimes teachers just stop trying if what they're doing doesn't seem to be working."

Another week, the focus was on "using self-talk and parallel talk to map words to actions." A week later, the coach observed this: "Teacher made good efforts to use self and parallel talk: 'I'm going to color it (she does) write my name on it (she does) and glue it (she demonstrates the gluing), then we'll count to ten (invites kids to join her) and put the bracelet on the book shelf to dry (she does).' She has an interesting way of getting the children to tell her what's the right thing to do by asking them if they're going to do the wrong thing! Ex: 'Do I want you to tear this paper bracelet? Kids: NO! Teacher: Then what?' She's good at engaging children in problem solving by asking questions. Ex: 'We only have a little bit of sand today...why is that? How can I get more sand?'"

2. Resources and Support Provided at the Program Level

REQIP provided several types of resources and support at the program level including executive or administrative coaching, consultation on classroom environments, funds to purchase needed curriculum materials, and assistance in leveraging other funding sources.

Executive coaching. Seven of the programs and the FCC system, received executive coaching. Executive coaching addressed the development of Individual Professional Development Plan (IPDP) forms and other forms required by QRIS; the implementation of the QRIS-required family survey, Strengthening Families; as well as staff supervision, curriculum development, and program management including fiscal management. To illustrate the ways in which executive coaching can affect programs, the QIP Director, Wendy Robeson, developed the following case study of executive coaching for the FCC system:

The executive coach worked with the Family Child Care System administrator to develop a Family Engagement Survey, which was sent to all the families receiving care through the system. This survey is a QRIS requirement, and will provide important data to the FCC system to improve program quality.

Through executive coaching, the Family Child Care System (FCCS) has made improvements that will, in turn, affect the family child care providers in the Pilot as well as all of the providers in the System. First, an Individual Professional Development Plan (IPDP) form was developed, based upon EEC and QRIS requirements, which all the providers in the system will be required to complete. For those providers having trouble developing their IPDPs, telephone and in-home consultation will be given. The Ready Educator coaches helping the Pilot's family child care providers are also providing them help when needed. Next, the executive coach worked with the FCCS to develop a Family Engagement Survey, which was sent to all the families receiving care through the system. This survey is a QRIS requirement, and will provide important data to the FCCS to improve program quality. In addition, the executive coach is working with the FCCS to revise or develop home visitor forms. These include the form that visitors use at every visit, a new form for when providers feel a child needs a referral for services, and a home visitor protocol used to discuss how providers can focus on promoting positive relationships. The coaches to individual providers are also going to focus on how the FCCS can help providers understand

REQIP: Linking Program Improvement to Child Outcomes

the ASQ child screening, which is presently done with the children at intake into the System.

Classroom environments and curriculum materials. Educators need classrooms and FCC homes with the materials and furnishings that support age-appropriate curriculum practices, and classrooms and FCC homes need to be arranged in ways that facilitate children's learning. During the first year of REQIP, TAPs provided consultation to seven centers and four FCC homes on materials and furnishings, space arrangement, as well as funds for materials. During year one, REQIP provided \$5,106.76 for classroom materials for six centers and \$9,478.63 to purchase Creative Curriculum materials and kits for three centers and five FCC homes. REQIP also provided environmental consultation to nine centers and four FCC homes. The environmental consultation focused on bringing classrooms up to QRIS standards at Level 2 or higher, and bringing gross motor indoor space in line with QRIS standards.

The photos, below, provide an example of the kinds of changes in the environment that were made. In the Before photo, the quiet reading area is next to the noisy blocks area. In the After photo, the quiet reading area is located away from the noisier areas, making it easier for children to find a quiet space when they want it, and to explore the available books.



Assistance in leveraging other funding sources. The final resource provided to programs and the FCC system was support in preparing grant applications for the Mayor's Capital Resources for Early Educators Fund (CREEF), Children's Investment Fund funding, and other external funding sources.

REQIP: Linking Program Improvement to Child Outcomes

Because several of these deadlines were in the early fall of 2013 before TAPs were in the programs, the QIP provided this technical assistance. The QIP wrote Mayor’s CREEF applications for five family child care homes and eight centers, and worked with TAPs to support programs in spending the funds once the grants were awarded. In December of 2013, the QIP helped several centers and the FCC system to write applications for the license plate grant; the FCC system was one of the programs awarded these funds. The QIP also helped many of the centers to write successful grants to the EEC/United Way program improvement grants. In addition to supporting specific funding applications, the QIP and executive coaches worked with programs and the FCC system to improve their capacity to respond to future funding initiatives.

3. Improvements in Observed Program Quality

In February/March, 2014, we conducted classroom observations, using the ERS family of measures (ECERS, ITERS, FCCERS) after all programs/providers had received some technical assistance, and again six months later, in August/September 2014.

February/March 2014 ERS observations

Preschool classrooms. By mid-year, nine of the 10 observed preschool classrooms (7 of 8 centers) had total ECERS scores of 3.0 or higher, and two preschool classrooms (two centers) had total ECERS scores higher than 4.5. To put these scores in perspective, the QRIS standards (revised by the Department of Early Education and Care on 6/10/14 with a required implementation date of 1/1/15) requires that all classrooms in a center have total ECERS scores that are a minimum of 3.0 for QRIS Level 2, and a minimum of 4.5 for QRIS Level 3.

Coaching, training and consultation efforts during the first part of the Pilot year focused on general curriculum, space use, and language/literacy. The ECERS subscale scores provide evidence of improvement in these areas. All but one preschool classroom had a Space & Furnishings ECERS subscale score of 3.0 or higher, the subscale requirement for QRIS Level 3. Two classrooms had scores of 4.8, surpassing subscale requirement for QRIS Level 4. All but one preschool classroom had Language & Reasoning ECERS subscale scores of 3.0 or higher, the subscale requirement for QRIS Level 2. Five classrooms (4 centers) had Language & Reasoning ECERS subscale scores higher than 4.0, the subscale requirement for QRIS Level 3.

Preschool Classrooms	ECERS Mid-year							
	Total ECERS	Space & Furnishings	Personal Care	Language-Reasoning	Activities	Interactions	Program Structure	Parents & Staff
Center 1	4.6	3.1	3.6	5.3	4.7	4.8	5.0	7.0
Center 2	3.9	3.0	2.2	3.5	4.2	2.8	4.3	6.3
Center 3	3.9	3.4	2.8	4.0	3.9	4.2	3.0	5.8
Center 4	3.2	3.8	2.5	2.8	2.1	2.0	3.0	6.0
Center 5	2.4	2.5	1.5	3.0	2.5	2.6	2.3	2.3
Center 6, Room A	3.6	3.4	2.8	3.8	3.4	3.2	4.0	5.3
Center 6, Room B	3.6	3.5	2.7	4.5	3.2	4.6	4.0	5.3
Center 7, Room A	5.0	4.8	4.7	5.3	3.8	6.2	4.3	7.0
Center 7, Room B	4.2	3.1	3.3	4.3	4.2	5.0	3.8	7.0
Center 8	3.9	4.8	2.2	3.3	3.1	3.6	3.7	6.0

REQIP: Linking Program Improvement to Child Outcomes

Infant & toddler classrooms. By mid-year, seven of the eight observed infant or toddler classrooms (6 of 7 centers) had total ITERS scores of 3.0 or higher and four infant or toddler classrooms had total ITERS scores of 4.5 or higher. To put these scores in perspective, the QRIS requires all classrooms in a center to have total ITERS scores that are a minimum of 3.0 for QRIS Level 2, and a minimum of 4.5 for QRIS Level 3.

Infant Toddler	ITERS Mid-year							
	Total ITERS	Space & Furnishings	Personal Care	Listening & Talking	Activities	Interactions	Program Structure	Parents & Staff
Center 1	5.4	5.2	3.2	5.7	3.8	6.8	7.0	6.9
Center 2	5.2	3.6	3.2	5.0	5.7	6.3	5.8	6.4
Center 3	4.5	4.0	4.3	5.0	3.4	5.5	4.0	5.7
Center 4	3.5	4.0	1.8	3.3	2.7	3.8	2.0	6.1
Center 5	1.9	1.0	1.0	2.3	1.9	3.5	2.3	2.5
Center 8	4.5	4.0	2.2	4.7	3.8	5.0	5.7	6.7
Center 9, Room A	4.1	3.4	1.8	5.3	2.3	6.3	5.7	5.9
Center 9, Room B	3.6	3.2	3.0	4.7	3.7	5.0	3.3	5.9

Coaching, training and consultation efforts during the first part of the Pilot year focused on general curriculum, space use, and language/literacy, as well as healthy personal care practices. The ITERS subscale scores provide evidence of improvement in these areas. All but one infant or toddler classroom had a Space & Furnishings ITERS subscale score of 3.0 or higher; the subscale requirement for QRIS Level 3. Four classrooms had scores of 4.0 or higher, the subscale requirement for QRIS Level 4. All but one infant or toddler classroom had Listening & Talking ITERS subscale scores of 3.0 or higher, the subscale requirement for QRIS Level 2; six classrooms (5 centers) had Listening & Talking ITERS subscale scores higher than 4.0, the subscale requirement for QRIS Level 3; and four classrooms were at scores of 5.0 or higher, the subscale requirement for QRIS Level 4.

Family child care providers. By mid-year, three of the four FCC homes had total FCCERS scores of 3.0 or higher, but some of the individual subscale scores fell below 3.0, the minimum QRIS requirement for Level 2. To put these scores in perspective, the QRIS requires that FCCs have total FCCERS scores that are a minimum of 3.0 for QRIS Level 2, and a minimum of 4.5 for QRIS Level 3.

Coaching, training and consultation efforts during the first part of the Pilot year focused on general curriculum, space use, and language/literacy. The FCCERS subscale scores provide evidence of improvement in these areas. Two of the homes had a Space & Furnishings FCCERS subscale score of 3.0 or higher, the subscale requirement for QRIS Level 3. All four homes had Listening & Talking FCCERS subscale scores of 3.0 or higher, the subscale requirement for QRIS Level 2 and two homes had scores of 4.7 surpassing the subscale requirement for QRIS Level 3. All four homes had Parents & Providers FCCERS subscale scores of 5.3 or higher surpassing subscale requirement for QRIS Level 4.

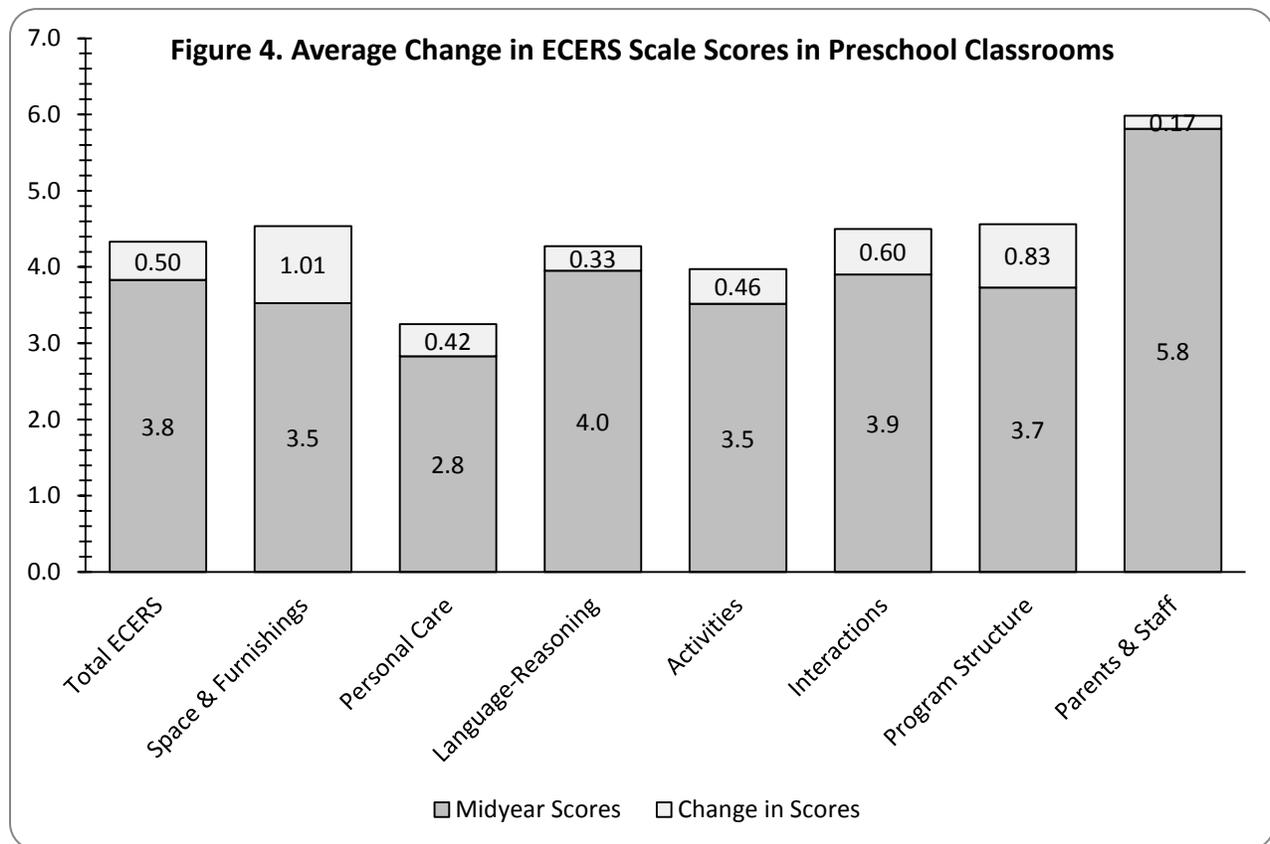
Program	FCCERS Scores: Mid-year							
	Total FCCERS	Space & Furnishings	Personal Care	Listening & Talking	Activities	Interactions	Program Structure	Parents & Provider
FCC Provider 1	4.7	3.5	2.8	4.7	4.9	6.2	5.0	6.5
FCC Provider 2	3.7	2.8	2.0	3.0	3.1	5.0	5.7	5.8
FCC Provider 3	3.3	3.2	1.2	4.7	2.2	5.0	3.7	6.0
FCC Provider 4	2.7	2.7	2.0	3.0	2.1	2.8	2.0	5.3

REQIP: Linking Program Improvement to Child Outcomes

Improvements in ERS scores over the final six months of the Pilot year

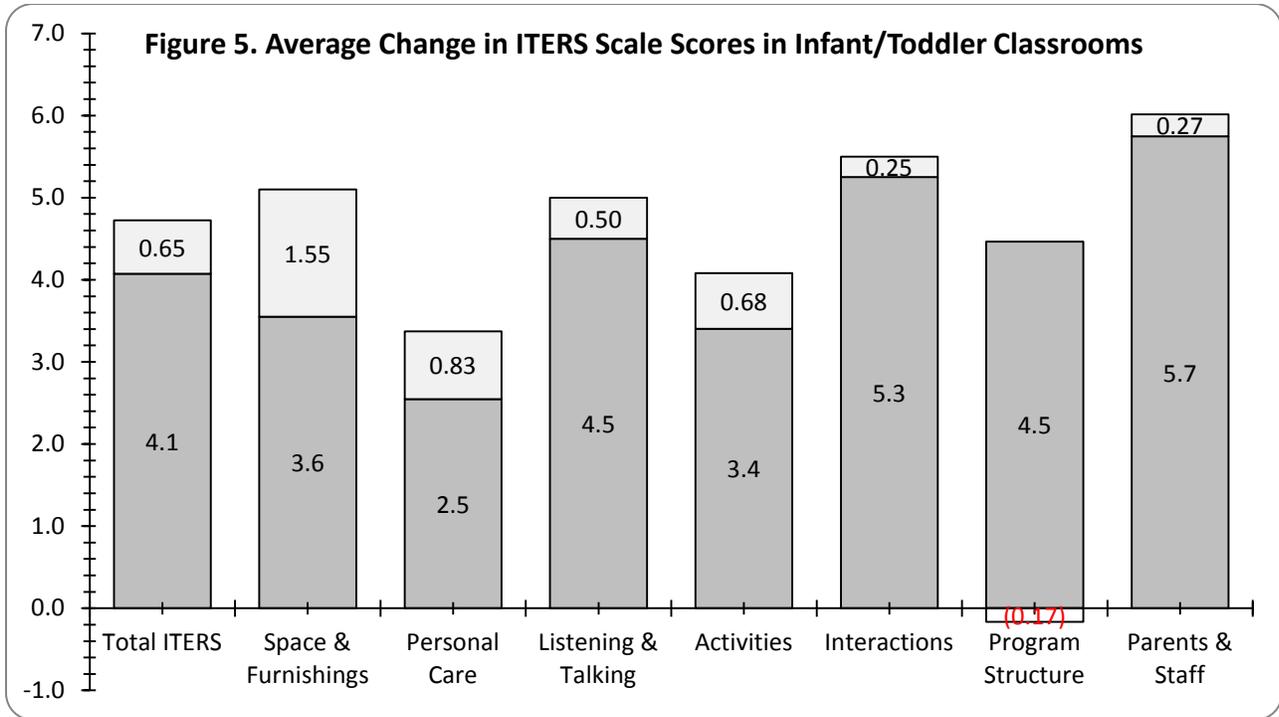
In August/September, 2014, we conducted ERS observations six months after the mid-year assessments and compared these scores to the mid-year scores for each classroom or FCC home.

Preschool classrooms. Figure 4 graphs the change in average scores from the mid-year observations to the end of year observations. **The greatest improvements were in Space & Furnishings, Program Structure, Language & Reasoning, and Interactions.** The total ECERS scores improved, on average, by .50 points on the 7 point scale. Two of the 10 classrooms improved by one point or more and four other classrooms improved by at least 0.50. The subscale scores provide more information. Preschool classrooms improved, on average, by one point on Space & Furnishings and four out of 10 classrooms improved a point or more. Three classrooms improved 1.5 points on Language & Reasoning and four classrooms improved at least one point on Interactions. In addition, six classrooms improved at least one point on Program Structure, an indicator of the classroom's curriculum.

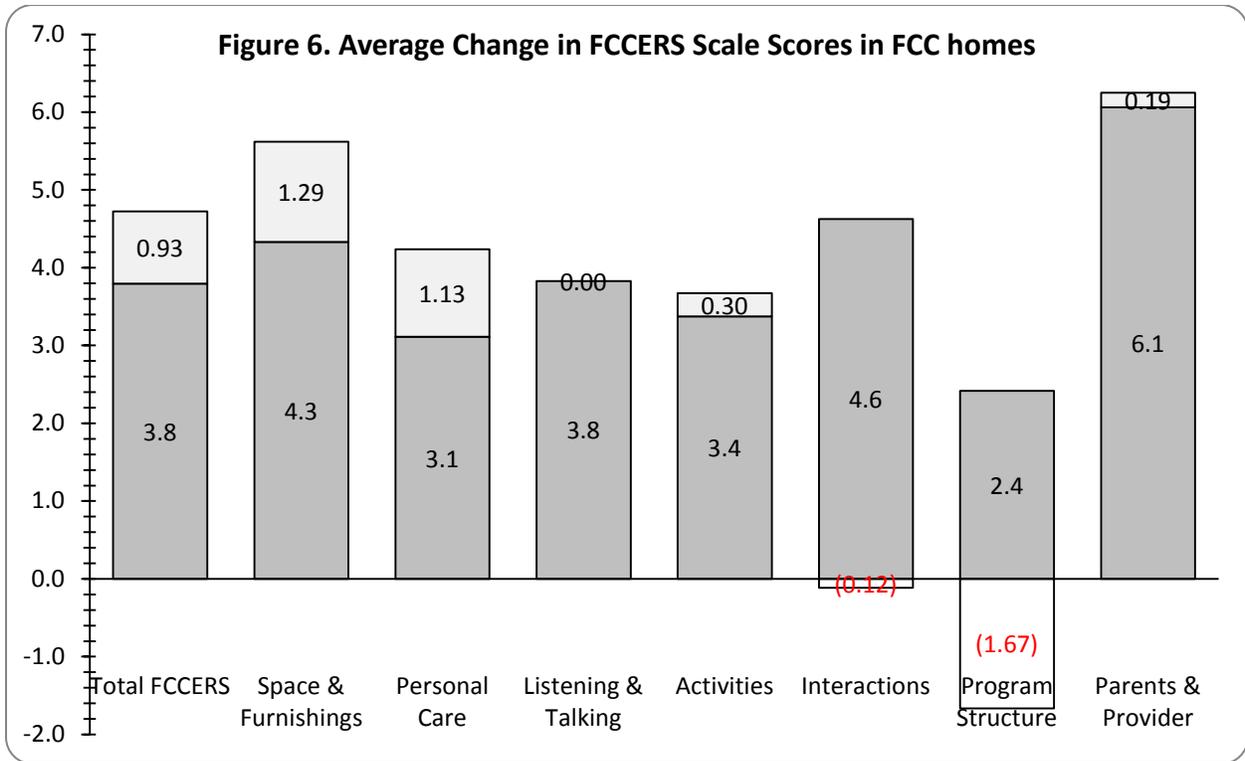


REQIP: Linking Program Improvement to Child Outcomes

Infant and toddler classrooms. Figure 5 graphs the change in average scores from the mid-year observations to the end of year observations. *The greatest improvements were in Space & Furnishings, Program Structure, Listening & Talking (pre-language), and Personal Care.* The average change in the total ITERS score was 0.65, with one classroom improving 1.95 points. The subscale scores provide more information. Infant and toddler classrooms improved, on average, by 1.55 points on Space & Furnishings and six out of eight classrooms improved a point or more. Two classrooms improved at least one point on Listening & Talking and three classrooms improved at least one point on Program Structure. In addition, five classrooms improved at least one point on Personal Care (diapering and toileting, meals and snacks, and naps).



Family child care homes. Figure 6 graphs the change in average scores from the mid-year observations to the end of year observations, for four FCC providers. *The greatest improvements were in Space & Furnishings and Personal Care.* The average change in the total FCCERS score was 0.21, with one FCC improving 1.06 points. The subscale scores provide more information. FCCs improved, on average, by 1.29 points on Space & Furnishings and 1.13 points on Personal Care (diapering and toileting, meals and snacks, and naps). While Parents & Providers FCCERS subscale scores were already high at mid-year, these scores improved even more for two of the homes. The large drop in Program Structure is primarily attributable to one provider, whose subscale score dropped by 4.7 points, although she showed a 2 point increase in her use of Space and Furnishings.



Did REQIP have an impact on program quality? There are many factors that affect quality in early care and education programs. However, given the emphasis on technical assistance to support general curriculum, space use and language/literacy, as well as personal care for FCCs and infant/ toddler classrooms, we would conclude that these changes in ERS scores are preliminary evidence of the effectiveness of REQIP.