

Georgia's Child Care Resource and Referral System Evaluation Report

May 31, 2013

**National Implementation Research Network
Frank Porter Graham Child Development Institute
University of North Carolina at Chapel Hill**

Executive Summary

The National Implementation Research Network and Frank Porter Graham Child Development Institute engaged in an exploratory evaluation of Georgia's Child Care Resource and Referral (CCR&R) network between September 2012 and April 2013. An exploratory evaluation provides background information and useful feedback to aid in decision-making and action planning for next steps related to research, practice and policy. The purpose of the CCR&R evaluation was to deepen the understanding of the "system as is" in terms of how the CCR&Rs support quality improvement across the state, and to identify potential areas for improvement that would help to realize a more effective "system to be." Findings are meant to generate potential next steps and stimulate thinking about realizing a "system to be" that will successfully prepare and support the CCR&S in promoting quality improvement. An exploratory evaluation is not an effectiveness study. Rather, data are used to strengthen the current system and provide a foundation for a future effectiveness study.

The evaluation was conducted during the first year of the implementation of Quality Rated in Georgia. Georgia describes Quality Rated as a "systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs. Similar to rating systems for other service related industries, Quality Rated assigns a quality rating to early and school-age care and education programs that meet a set of defined program standards" (retrieved from <https://qualityrated.dec.al.gov/> on April 19, 2013). Due to this major systems change, research questions focused on the CCR&Rs role in improving quality statewide as part of Quality Rated.

1. To what extent are current quality improvement strategies implemented by CCR&Rs fully operationalized? To what extent are these strategies consistent statewide?
2. What steps would be necessary for Georgia to develop a statewide quality improvement practice model for early care and education?
3. Once a practice model is defined, what implementation infrastructure components would need to be developed or improved to promote effective and consistent delivery of this practice model statewide?
4. How can Georgia institutionalize policy-practice feedback loops to ensure systems alignment and continuous improvement of quality improvement strategies employed by CCR&Rs?

Research questions and data collection methodology were informed by implementation science. Implementation science is the systematic study of variables and conditions that lead to full and effective use of programs, practices, and innovations in typical human service settings. Implementations research has identified standards for "implementable" practice models, core components of effective, sustainable systems infrastructures to support practice models, and strategies for continuous improvement. This research-base was used to inform the development of an in-depth, semi-structured interview protocol administered with CCR&R stakeholders to address the four research questions.

Findings from the report demonstrated the following:

Practice Model for Quality Improvement (Research Questions 1 & 2) – CCR&R stakeholders reported consistency in values and guiding principles and core strategies in terms of the delivery of training and technical assistance to childcare providers. However, stakeholders also reported the need to develop a consistent, yet flexible, T/TA conceptual framework to promote high quality, functionally consistent delivery of T/TA across the state. Currently, TA strategies are not fully defined. Implementation science frameworks are “in service” to a fully operationalized practice model. Therefore, a practice model would need to be defined before science-based implementation strategies could be used to support the successful delivery of quality improvement strategies.

CCR&R directors and staff also discussed their desire to leverage collective experience through a collaborative learning model approach across CCR&Rs to better understand how to effectively engage providers, build relationships, develop readiness, conduct joint action planning, provide necessary dosage, sustain changes, and “move the dial” on quality.

Implementation Infrastructure (Research Question 3) – CCR&R stakeholders reported on the extent to which there is a strong infrastructure for building the competency of TA staff to implement quality improvement strategies with benefits to early care provider agencies and to create hospitable organizational and systems environments for promoting quality improvement statewide. Findings showed strengths in the current infrastructure as well as areas for improvement. Specifically, selection, training, coaching and performance assessments of CCR&R staff could be strengthened to improve TA staff’s skills and abilities. Infrastructure components related to the use of data to guide decision-making and administrative policies and procedures to support quality rated could also be developed or improved.

Policy-Practice Feedback Loops (Research Question 4) – CCR&R stakeholders reported that while communication has improved recently, there were no formal policy-practice feedback loops in place. CCR&Rs requested increased and improved electronic communication, increased inclusion in decision-making processes and transparent communication, and more timely feedback from DECAL.

Three major recommendations for next steps were provided in this report:

- Develop a **fully operationalized CCR&R quality improvement practice model**, which will facilitate the development of a range of supports to build CCR&R staff competency and create a hospitable environment for effective TA strategies, as well as promote the use of continuous improvement and identify testable linkages between TA and early care provider outputs and outcomes. Effective implementation strategies are “in service” to well defined practice model. Therefore, it will be important to fully operationalize a quality improvement practice model prior to developing the infrastructure to support this model throughout the regions.

The development of a practice model will require a ***rigorous, in-depth qualitative evaluation*** of quality improvement strategies to fully operationalize principles, functions, and activities and identify developmental phases of engagement and capacity building with early care providers as well as logical linkages between TA strategies and sustainable changes in quality in early care providers.

- Develop, improve, and sustain ***implementation drivers*** to support effective delivery of quality improvement strategies. As the CCR&R quality improvement practice model is defined, the State can begin to map the functions of the implementation drivers to the quality improvement strategies to ensure that CCR&Rs are effectively supported in their new way of work related to Quality Rated and State level structures are aligned with the implementation of quality improvement strategies.
- Develop a ***formalized structure that supports communication and feedback loops*** among DECAL, CCR&Rs and early care providers. Specific strategies recommended include rapid cycle problem solving and policy-practice feedback loops. Both of these strategies require the seeding and convening of implementation teams at multiple levels of the CCR&R system.

It is recommended that DECAL form two workgroups to develop specific tasks related to practice model development and feedback loops:

- ***Practice Model Workgroup*** – a workgroup with representatives from DECAL and CCR&Rs will develop next steps for collecting the more detailed information necessary to fully populate the practice model template provided in this report, vet the model with key stakeholders, develop pathways for improvement by linking quality improvement strategies with expected provider-level milestones, and design an evaluation to test these linkages.
- ***Communication and Feedback Loop Workgroup*** – a workgroup with representatives from DECAL and CCR&Rs will develop next steps for identifying strategies to develop a “detection system” for practice barriers that will be fed up the system in a timely manner, increase and improve ongoing communication and promote systems alignment among providers, CCR&Rs, and DECAL, and ensure that data is used to guide decision-making at each level of the system.

Introduction and Purpose of the Report

The National Implementation Research Network and Frank Porter Graham Child Development Institute engaged in an exploratory evaluation of Georgia's Child Care Resource and Referral (CCR&R) Network between September 2012 and April 2013. An exploratory evaluation provides background information and useful feedback to aid in decision-making and action planning for next steps related to research, practice and policy. The purpose of the CCR&R evaluation was to deepen the understanding of the "system as is" in terms of how the CCR&Rs support quality improvement across the state, and to identify potential areas for improvement that would help to realize a more effective "system to be." Findings are meant to generate potential next steps and stimulate thinking about realizing a "system to be" that will successfully prepare and support the CCR&S in promoting quality improvement statewide. An exploratory evaluation is not an effectiveness study. Rather, data are used to strengthen the current system and provide a foundation for a future effectiveness study.

In September 2012 a meeting was convened with staff from the Department of Early Care and Learning (DECAL) and CCR&R directors. The goals of this meeting were to document the "system as is" and to conceive a "system to be" for the following areas:

1. **Strategies for improving quality childcare in Georgia** – careful assessment and identification of appropriate, feasible, high-impact strategies
2. **Strategies for improving the CCR&R implementation infrastructure** – stage-based activities to define and install an aligned infrastructure for sustainable change
3. **Strategies for continuous improvement within the CCR&R system**– data-driven decision-making and effective communication protocols to link policy and practice levels

This meeting was convened during the first year of the implementation of Quality Rated in Georgia. Due to this major systems change, many of the strategies identified by meeting participants for improving the "system as is" related to Quality Rated. Georgia describes Quality Rated as a "systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs. Similar to rating systems for other service related industries, Quality Rated assigns a quality rating to early and school-age care and education programs that meet a set of defined program standards" (retrieved from <https://qualityrated.dec.al.ga.gov/> on April 19, 2013).

Discussions and break out groups at this meeting yielded major themes for further exploration. These themes informed subsequent data collection, analysis, and reporting for the evaluation and provide the basis for this report. Major topics for this report include:

1. Development of a conceptual framework that operationalizes the range of technical assistance strategies CCR&Rs implement to support quality improvement
2. Installation of an implementation infrastructure to promote effective and consistent delivery of quality improvement strategies by CCR&Rs across the state

3. Institutionalization of policy-practice feedback loops to ensure that information is moved up and down the system efficiently and effectively to promote effective and consistent implementation of quality improvement strategies
4. Recommendations for next steps

Methodology

Semi-structured telephone interviews were conducted with the six CCR&R regional directors, a stratified sample of four CCR&R technical assistance (TA) staff, and three key staff at DECAL that oversee aspects of the CCR&R system. The purpose of the interviews was to explore the three key areas noted above in more depth and provide recommendations to DECAL for strengthening the CCR&R system within these domains. The interview protocol was developed to address the following research questions:

1. To what extent are current quality improvement strategies implemented by CCR&Rs fully operationalized? To what extent are these strategies consistent statewide?
2. What steps would be necessary for Georgia to develop a statewide quality improvement practice model for early care and education?
3. Once a practice model is defined, what implementation infrastructure components would need to be developed or improved to promote effective and consistent delivery of this practice model statewide?
4. How can Georgia institutionalize policy-practice feedback loops to ensure systems alignment and continuous improvement of quality improvement strategies employed by CCR&Rs?

Research questions were informed by implementation science. Implementation science is the systematic study of variables and conditions that lead to full and effective use of programs, practices, and innovations in typical human service settings (Blase & Fixsen, 2010). Implementations research has identified standards for “implementable” practice models, core components of effective, sustainable systems infrastructures to support practice models, and strategies for continuous improvement. This research-base was used to inform the development of the interview protocol. (See Appendix for full interview protocol.) Evidence-based implementation best practices for seeding and sustaining an infrastructure to support quality improvement were used for discussion and analysis.

The protocol was reviewed and approved by DECAL. All interviews were conducted via telephone and averaged 90 minutes in length. Several CCR&R directors provided follow-up information via email. Interview data were synthesized across major topic areas to identify consistent areas for improvement and next steps. These findings are reported below.

Findings

Three major findings will be presented related to the four research questions

- Technical assistance practice model to improve program quality (Research Questions 1 & 2)
- Implementation infrastructure to support a quality improvement practice model (Research Question 3)
- Communication and feedback loops (Research Question 4)

Research Questions 1 & 2: Quality Improvement: The Role of a Technical Assistance Practice Model to Improve Program Quality

Context and Background for Quality Improvement Strategies

Quality improvement components of Quality Rating systems in early care and education typically include a set of strategies that align with an individualized quality improvement plan for participating providers and account for the provider's stage of participation (from not yet rated, to newly rated, to having received multiple ratings; Isner et al., 2011; Smith, Schneider & Kreader, 2010). These strategies are typically categorized as training or technical assistance.

- *Training Strategies* – Training is typically related to what is needed to achieve particular Quality Rated indicators. While content of this training varies, there is a strong emphasis on the assessment of the environment (or specifically, training on use of the Environment Rating Scales). Other training areas include practices to promote language and literacy, specific curriculum, social and emotional development, business practices and safety (Tout, Metz, & Bartley, 2013; Tout et al., 2010).
- *Technical Assistance Strategies* – Technical assistance is designed to address a range of issues from assisting providers with preparing documentation necessary for quality rated to classroom layout and support in implementing particular curricula (Tout et al., 2013; Tout et al., 2010).

While technical assistance (TA) has long been a standard, overarching strategy for assisting early childhood providers and building capacity of early childhood systems, the term is not consistently used or fully defined across state early childhood systems (Blase, 2009). How is technical assistance operationalized in the context of Georgia's CCR&R system? What do we mean when we use the term, technical assistance? What outcomes do we hope to achieve? What do we know about the specific technical assistance strategies that are likely to achieve particular outcomes with early care providers in Georgia? How can technical assistance strategies promote both practice and systems change in the context of CCR&Rs?

Currently Georgia's CCR&R system collects data related to TA delivery for Quality Rated. These data, though, are in the form of outputs and do not provide in-depth, qualitative descriptions of TA strategies. Data include (but are not limited to): number of programs with submitted applications; number of programs that started a Quality Rated portfolio; number of programs

that submitted the portfolio; number of programs that received a Quality Rated Level; and number of providers that exited the program prior to achieving goals. CCR&Rs also report TA activities for inclusion including: number of “unique” initial contacts receiving off-site TA; number of “unique” follow-up contacts providing TA; number of inclusion training opportunities; number of family engagement training opportunities; number of marketing visits; number of “unique” providers receiving assistance; and number of “unique” teachers receiving on-site intensive professional development.

In an effort to move from describing TA outputs to understanding the guiding principles and core strategies that inform effective quality improvement strategies, CCR&R directors and TA staff were asked to operationalize their approaches to technical assistance. Interview respondents were asked:

- What philosophical principles do you think are important and should guide your way of work when supporting childcare providers? *Philosophical principles represent “the way CCR&R staff work” with providers rather than the strategies and core activities they actually provide. However, the philosophical principles inform all of the strategies and activities carried out by CCR&R staff. (Examples might include, individualized, collaborative, developmental, strengths-based, etc.)*
- What TA strategies should be included in the role of CCR&R staff to support childcare providers in improving quality? *Strategies provide a clear description of the major functions that a CCR&R staff should use in their role as a TA provider. Potential examples might include: assessing needs, facilitating change, joint problem solving, individual skill development, organizational capacity building, coaching, and content-specific knowledge building.*
- Can you provide some examples of the types of activities that would be conducted with child care providers related to the overall strategies you just named?

Findings for Georgia’s CCR&R System: Technical Assistance Components

Major themes emerged across the CCR&R regional directors and TA staff as they described their “system as is” (current) approach to providing technical assistance. These findings included:

- Consistency in values and guiding principles and core strategies emerged across CCR&Rs in terms of the delivery of training and technical assistance to child care providers
- Guiding principles noted as important across regions included strengths-based, tailored, individualized, culturally competent, relationship-focused, developmental, collaborative, and empowerment driven
- Core strategies described across regions included assessment, goal setting, consultation, direct training, coaching, partnering, data-driven action planning, communication, joint problem solving, capacity building

As CCR&R stakeholders described their current approach to TA delivery, they noted strategies that could be developed and implemented to improve the training and technical assistance components of the CCR&R system statewide for a more effective “system to be.”

- CCR&Rs noted the need to develop a consistent, yet flexible, T/TA conceptual framework to promote high-quality, functionally consistent delivery of T/TA across the state
- CCR&Rs reported a desire to leverage collective experience through a collaborative learning model approach across CCR&Rs to better understand how to effectively engage providers, build relationships, develop readiness, conduct joint action planning, provide necessary dosage, sustain changes, and “move the dial” on quality

Based on these findings, it is recommended that Georgia move towards a more fully operationalized TA delivery model to improve quality across the state. This recommendation is described below, incorporating more detailed findings from the interviews.

Recommendation #1: Develop a CCR&R Quality Improvement Practice Model

What is a practice model?

Early childhood programs and systems encourage practice improvement and systems change through the use of practice models that emphasize quality improvement. The practice model contains definitions, explanations, and expectations for how a state system will operate and partner with early childhood providers, families and other key stakeholder to promote high quality early care and education.

Why develop a practice model?

There is a need to deepen the understanding of “what it takes” to move the dial in quality for providers. Research on quality rating systems across the country indicates that the duration and intensity of on-site technical assistance varies based upon the needs of the provider (Tout et al., 2010). Furthermore, while there are findings that demonstrate satisfaction with quality improvement services across states using quality rating systems, research findings underscore the importance of understanding the content, scope, and effectiveness of different approaches (Tout et al., 2013).

Key questions remains for CCR&R systems nationwide.

- What technical assistance strategies are most effective?
- How can these strategies be operationalized so they are “teachable, learning, and doable across a range of early care and education settings” (Metz, Bartley, Blasé, & Fixsen, 2011; Metz, Halle, Bartley, & Blasberg, 2013)?
- What is the dosage necessary for these strategies to have their intended benefit? How do we build providers’ readiness to engage in the process?
- What does it take to ensure sustainable change at the provider level?
- How do we ensure competent delivery of technical assistance strategies across a state?

- How do we build an aligned infrastructure that promotes the ability of CCR&Rs to implement TA strategies effectively?
- What resources are needed to promote consistency across quality improvement strategies used with early care providers? Who will develop these resources and ensure effective transfer of knowledge and learning?

The development of a testable quality improvement practice model for Georgia’s CCR&R network will help to answer these questions. In order for the practice model to be testable, principles and core functions will need to be identified and operationalized. Findings from the interviews provide a foundation to build from in the development of a practice model.

How to develop a practice model?

CCR&R TA staff are active agents in the change process for improving quality. A practice model describes how TA staff carry out the core strategies of the CCR&R network and support the childcare providers in achieving their goals.

The TA staff’s role in consulting and supporting early childcare providers is comparable to what practitioners do in many early childhood settings. (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). In both cases, the work can be made more deliberate and effective through the use of clearly defined *programs* and *practice models* that identify core activities and the expected benefits associated with this new way of work (Barr, Tubman, Montgomery, & Soza-Vento, 2002; Cooke, 2000; Durlak & DuPre, 2008; Kallestad & Olweus 2003; Ringwalt et al., 2003). Just as early care educators use defined practices and programs to guide their interactions with children and families, CCR&R TA staff will use a shared set of developmental strategies and approaches to guide their interactions with early care providers seeking to improve quality.

To be useful in practice, any program or practice model should describe the model’s philosophy, values and principles, the core components of the model, core activities associated with each core component, and practical assessments of fidelity (Metz et al., 2013; Blasberg, 2013; Fixsen, Blase, Metz & Van Dyke, 2013). A well-defined quality improvement practice model will allow Georgia’s CCR&R network to build supports and hospitable environments necessary to promote and sustain TA staff’s competence and confidence.

One of the key components of any practice model is a clear description of what the practitioners do to implement the model. In the case of Georgia’s CCR&R Network, we can characterize the TA staff’s role along the following dimensions:

- The *philosophy, values, and principles* that underlie TA provided through the CCR&Rs – these guide the TA staff’s decisions and evaluations and ensure consistency, integrity, and sustainable effort across early care providers statewide
- The temporal, developmental or iterative *phases* of the work that frame sets of activities and promote reflection on next steps with early care providers
- The *milestones* or objectives to be accomplished with providers during each phase of the work as defined by essential functions (“How do we know TA is working?”)

- Clear description of the *essential functions* that define the role of the TA staff and inform activities within each phase of work – essential functions provide a clear description of the features that must be present to say that this is the role of a CCR&R TA staff (“essential functions” sometimes are called core components, active ingredients, or practice elements)
- *Operational definitions* of the essential functions - *practice profiles* describe the core activities associated with each essential function of the TA staff and allow their role to be teachable, learnable, and doable across a range of community and network contexts, and promote functional consistency across TA staff at the regional and provider levels while allowing for local flexibility in the delivery of the essential functions (Metz et al., 2011; Hall & Hord, 2010).

A practice model framework will have several benefits for Georgia’s CCR&R Network:

- Provide a fully operationalized practice model for engaging and supporting early care providers in Georgia to improve and sustain quality
- Facilitate the development of effective training protocols, coaching strategies, and staff performance assessments for CCR&R TA staff
- Refine the organizational and systems supports the CCR&R Network (state and regional levels) will need to install to facilitate consistent and effective practice across the regions
- Promote the use continuous improvement strategies and data-driven decision making as essential functions and activities of the CCR&R quality improvement practice model are tested in interactions with early childcare providers
- Increase the replicability of the CCR&R quality improvement practice model across a range of settings and contexts
- Inform DECAL’s ongoing strategic planning efforts to leverage resources that can advance what CCR&Rs are trying to accomplish with early childcare providers across the state
- Ensure that outputs and outcomes as they relate to Quality Rated and expected provider level milestones can be accurately interpreted

Below are a few examples of guiding principles, essential functions, and core activities based on interviews with CC&RR directors, TA staff, and DECAL leadership. These examples can serve as a foundation for creating a **quality improvement practice model** for Georgia’s CCR&R system. **These are meant to be examples only.** Right now, the template is only partially populated with data collected from the interviews and informed by a review of the literature. Further information would need to be gathered to fully flesh out these domains, define developmental phases of the work, and provide logical and testable linkages between essential functions and early care provider milestones. In addition, elements of the profile can be strengthened by further review of

research and evaluation literature to ensure that these functions and activities are supported by the literature.

Figure 1 - Potential Guiding Principles and Essential Functions of a Statewide Quality Improvement Practice Model

<i>Guiding Principles (these apply to all essential functions across phases of work)</i>
Strengths-based – CCR&Rs focus on and facilitate early care providers to build on their resources, skills, and assets to plan for, implement, and affect quality improvement.
Tailored, Individualized, and Context-Specific – CCR&Rs explore quality improvement strategies as appropriate to and consistent with the local context, current readiness, and resources.
Culturally competent - CCR&Rs interact with early care providers without making assumptions, respecting and learning from the unique characteristics and strengths of the providers’ staff and families while acknowledging and honoring the diversity within and across cultures, and applying these skills to the partnership with the provider and the development of quality improvement goal planning
Developmental – CC&Rs will motivate early care provider agencies for quality improvement by “meeting providers where they are” and ensuring that providers have the opportunity to understand, learn about, and consider the implications of quality improvement strategies in their agency.
Collaborative and Relationship-focused – CCR&Rs establish and maintain respectful, interactive, mutually beneficial, and well-defined relationships with early care providers to achieve the goals of Quality Rated. The CCR&Rs work alongside providers to evolve strategies to meet the emerging needs and opportunities presented by providers. CCR&R staff approach providers as the experts on their programs and families, listening openly to their concerns and seeking solutions with them.
Empowerment-driven – CCR&Rs support a process in child care provider agencies that empowers providers to take initiative and play a leadership role in defining and addressing issues that affect them. CCR&Rs support providers to recognize quality issues through an emergent process of exploration, conversation, and analysis.
Principle #7 TBD
Principle #8 TBD (and so on)

<i>Essential Functions</i>	<i>Core Activities</i>
Assessment – CCR&Rs gather accurate, comprehensive information utilizing relevant and credible sources of information including ERS to help provider agencies determine the best course of action for quality improvement. The assessment process must inform next steps with the provider including goal planning. Assessments are ongoing beginning at the first contact with a provider agency and continuing until the provider completes goals.	<ul style="list-style-type: none"> • Establish connection with program • Orient program to services to CCR&R provides • Conduct initial visit to tour the program and meet staff • Develop MOU • Conduct baseline assessment using ERS • <i>Other information that is important to baseline assessment not mentioned by respondents</i>
Goal Planning – CCR&Rs develop plans with early care providers to help them utilize current	<ul style="list-style-type: none"> • Uses detailed information to complete a written goal plan. Information builds on strengths and

Essential Functions

strengths and resources to set quality improvement goals. Plans include goals, strategies, tasks and schedules and are derived from ERS data

Data Driven Action Planning – CCR&Rs promote the use of data within their own organizations to guide decision-making in terms of TA strategies (including type and dosage) with provider agencies to achieve goals; CCR&Rs promote the use of data to guide early care providers' decisions and action planning for continuous improvement.

Capacity Building – CCR&Rs develop the skills and abilities of the provider agency and its staff to perform functions aligned with high quality child care, solve problems and address challenges related to quality, and set and achieve objectives related to quality improvement. Capacity building is multi-level including individual and organizational development.

Communication – CCR&Rs send and receive information regarding provider agency progress,

Core Activities

resources of the provider

- Completes the initial written plan within X months of initial orientation and development of MOU
- Empowers providers to establish their own goals to achieve quality and fully involves the provider in developing the plan
- Establishes goals that are measurable and feasible
- Plans are updated as goals are achieved
- *Other activities to be identified*

- CCR&Rs develop plans and protocols to address effectiveness of their own TA strategies
 - Who needs to make decisions?
 - What information is needed to make these decisions?
 - How will CCR&Rs know that TA is beneficial to provider agencies?
- CCR&Rs develop plans and protocols to promote the use of data for action planning at the provider level:
 - Who needs to make decisions regarding quality practice (administrators, teachers, parents)
 - What information is needed to make these decisions?
 - How will providers know that childcare is delivered with quality at their agency?
- *Other activities to be identified*

- CCR&Rs focus on the development of individual skills and conditions to ensure that skills are used productively by agency staff and teachers
- CCR&Rs focus on the development of effective organizations within which individuals can work
- CCR&RS work to strengthen interrelationships and develop enabling environments for quality innovations to thrive
- *Other activities to be identified*

- CCR&Rs have frequent communication with providers

Essential Functions	Core Activities
goals, and expectations and are responsive to provider needs.	<ul style="list-style-type: none"> • CCR&Rs conduct on-site meetings and telephone or video conferencing to initiate and manage change. • CCR&Rs execute frequent cycles of planning, execution, evaluation, and articulation of next steps to move the work forward and solve problems • <i>Other activities to be identified</i>
Joint Problem Solving – CCR&Rs establish trust with providers as the foundation for identifying mutually agreed upon challenges, potential strategies for quality improvement, and measurable goals to continually assess until achieved.	<ul style="list-style-type: none"> • CCR&Rs and early care providers work jointly to 1) define the challenges; 2) generate alternatives; 3) evaluate and select alternatives; and 4) implement quality improvement strategies. • <i>Other activities to be identified</i>
Essential Function #6 TBD	
Essential Function #7 TBD (and so on)	

Research Question #3: Implementation Infrastructure to Support a Quality Improvement Practice Model

Context and Background for Implementation “Drivers”

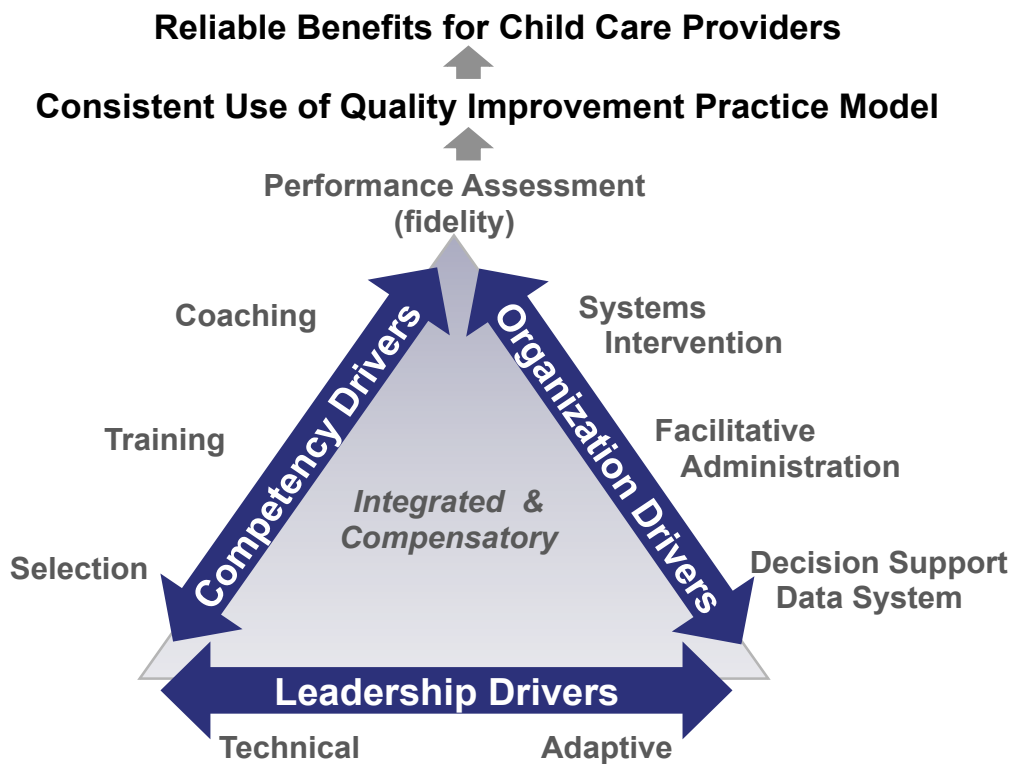
After an initial **CCR&R quality improvement practice model** for training and technical assistance is developed, it will be possible to consider the necessary implementation supports – or **implementation “drivers”** – for ensuring effective and sustainable implementation of the CCR&R practice model over time and across regions. As Quality Rated unfolds throughout Georgia, DECAL and the CCR&R network will most likely need to consider other structural and organizational changes needed to build the competencies of CCR&R staff, assess fidelity to the practice model, and create hospitable conditions for Quality Rated to move the dial on child care quality in Georgia. Such changes will result in a sustainable infrastructure needed to promote effective implementation of CCR&R quality improvement strategies at the provider level, which, in turn, will produce the key precursors to impact in child care quality and child outcomes across the state.

The **implementation drivers** are the core components or building blocks of the infrastructure needed to support practice, organizational, and systems change. The implementation drivers emerged on the basis of the commonalities among successfully implemented programs and practices (Fixsen et al., 2005; Fixsen, Blase, Duda, Naoom, & Wallace, 2009; Metz & Bartley,

2012) and the structural components and activities that make up each implementation driver contribute to the successful and sustainable implementation of practice model - in this case, the CCR&R quality improvement practice model (see Figure 1).

There are three types of implementation drivers and when used collectively, these drivers ensure effective and sustainable program implementation: competency drivers, organization drivers, and leadership drivers. The competency drivers are mechanisms to develop, improve, and sustain the CCR&R staff’s ability to implement quality improvement strategies with benefits to early care provider agencies. **The four competency drivers include selection, training, coaching, and performance assessment.** The organization drivers intentionally develop the State’s and CCR&R’s network’s supports and systems interventions needed to create a hospitable environment for the CCR&R’s quality improvement practice model by ensuring that the competency drivers are accessible and effective and that data are used for continuous improvement. **The four organization drivers are decision-support data systems, facilitative administration, and systems interventions.** Leadership drivers ensure that state and regional leadership use appropriate leadership strategies to address different types of challenges as the State and CC&Rs implement Quality Rated.

Figure 2 – Implementation Drivers “In Service To” Quality Improvement Practice Framework



© Fixsen and Blase 2008

Findings for Georgia's CCR&R System: Developing an Infrastructure to Support Effective Quality Improvement Strategies

Major themes emerged across the CCR&R regional directors and TA staff as they described the current infrastructure ("system as is") to support the delivery of high-quality technical assistance. Below findings are reported by each implementation driver:

- Selection – Currently CCR&Rs have developed selection criteria for TA staff (e.g., experience with administering Environmental Rating Scales) but receive limited guidance on other important pre-requisites for TA staff.
- Training – CC&RS reported that while they work to put together pre-service and in-service trainings for their TA staff, additional training is desirable. CCR&R staff reported that the Art of TA and the NACCRA trainings provided limited to no skill-based training, which CCR&R directors noted was needed. CCR&R stakeholders also reported that TA staff needed training on foundational skills related to coaching, engaging, motivating and active listening.
- Coaching – CCR&R staff reported that the NACCRA training does include a coaching component which helps to facilitate the generalization of newly learned skills from the training into actual childcare settings. However, the coaching component does not include direct observation and feedback. Consequently, CCR&R TA staff does not use these best practices when coaching early care providers (i.e., there is a lack of emphasis on direct observation and feedback when working with provider agencies). Direct observation is a critical component of effective coaching and supported by the literature as a key factor in achieving change.
- Performance Assessment – Due to the newness of the Quality Rated initiative, CCR&R stakeholders reported that there is not yet data related to the effectiveness of CCR&Rs in supporting providers in improving quality. Currently, there are no fidelity measures for technical assistance delivery. Fidelity measures would allow CCR&Rs to have a deeper understanding of what they are working towards when using specific TA strategies to improve quality with providers. A fully operationalized practice model for technical assistance would be a prerequisite for developing such fidelity criteria. CCR&R stakeholders noted that the high level of flexibility afforded to CC&Rs in TA delivery has, on a small scale, led to a lack of accountability among regions. While CCR&Rs would like to maintain a certain level of flexibility in delivering services, they did note that adhering to established fidelity criteria would increase accountability and functional consistency in TA delivery.
- Decision Support Data System - Currently CCR&Rs provide TA reports to DECAL. As noted in the introduction, the TA reports focus on quantity and not quality of TA (e.g., outputs such as the number of site visits conducted are reported). There is little to no information regarding what happens while on site. CCR&Rs have different resources related to data systems. While some CCR&Rs have data systems that allow them to track TA efforts (e.g., Efforts to Outcomes used by QCC), other regions do not have a systematic strategy for using data to guide decision-making and improve TA efforts.
- Facilitative Administration – CCR&Rs reported fragmentation across DECAL in terms of divisions that support and align with Quality Rated (e.g., PD Registry, Licensing). All

CCR&Rs reported there was too little support for the Child Care Resource and Referral Agency Manager at DECAL. Generally, CCR&Rs reported understaffing at DECAL.

- Systems Intervention – A major theme across all of the interviews was a lack of effective communication and policy practice feedback loops among DECAL, CCR&Rs and providers. While some improvements were noted, the type and frequency of communication was described as inadequate, and the inclusiveness and transparency of decision-making was reported as needing improvement.

As CCR&R stakeholders described their current infrastructure to support TA, strategies emerged for improving the infrastructure to create an effective, sustainable, and aligned “system to be.” These recommendations are reported below.

- Selection – CCR&R stakeholders noted the need to focus on classroom experience rather than just ERS skills. It would be helpful to develop interview guides to help CCR&Rs select for “unteachables” and soft skills such as resiliency, empathy, ability to listen, receptivity to feedback (i.e., “coachability”) and communication when hiring new TA staff. It was also noted that while more guidance on staff selection would be helpful, there is still progress to be made in identifying the knowledge, skills, and abilities needed for competent TA staff. The development of the quality improvement practice model will allow for these staff qualifications to be more easily identified.
- Training – CCR&R staff requested more web-based training to limit travel time. As noted above training in foundation skills and “soft skills” was identified as a need. In particular, training needs included active listening, holistic listening, appreciative inquiry, motivational interviewing, and resiliency. CCR&R directors noted it was important for their TA staff to receive training related to engaging and motivating early care providers for change. Some CCR&R directors also requested content training on developmentally appropriate practice (DAP). Finally, a major theme across regions was the interest in creating a cross-regional learning collaborative and to increase the use of affinity groups. Finally, CCR&R stakeholders noted that CCR&R directors’ lack of experience related to inclusion impacts their ability to coordinate effectively with inclusion staff in the regions that are supervised by a state inclusion coordinator. Additional training regarding inclusion should be explored.
- Coaching – CCR&R stakeholders noted the importance of direct observation of TA staff in the field particularly around their use of “soft skills.” Coaching service delivery plans would need to be developed, installed and monitored across regions to support the delivery of effective coaching of TA staff.
- Performance Assessment- CCR&R stakeholders noted that it would be helpful to have fidelity assessments or staff performance assessments that were linked to progress with early care providers.
- Decision Support Data System – CCR&R stakeholders would like to incorporate qualitative data to better understand the experiences of providers, from directors to teachers to parents, during the CCR&R intervention process to improve quality. It was noted that rigorous, systematic qualitative reviews are needed to help “make sense” of what works in quality improvement. A qualitative assessment would help DECAL go from “making lists” (TA outputs) to “making sense” (understanding the linkages

between strategies, dosage, context, and outcomes). The need to understand what is happening on site was a major theme across regional staff and DECAL staff. CCR&Rs want to use data and information to describe “what works” for quality improvement and moving early care providers from one level of quality to the next level.

- Facilitative Administration – CCR&R stakeholders reported that leaders need to take a closer, qualitative look at what it means to be working in this environment and create greater horizontal and systems alignment (e.g., with PD registry, licensing, etc.) to support quality improvement. In particular, CCR&Rs noted that inclusion services and coordination needed to be better integrated into the overall CCR&R approach. CCR&Rs and DECAL suggested taking a closer look at restructuring the regions to ensure equity in caseloads and travel time. It was noted that DECAL might need to change the rubric for the Quality Rated portfolio because it is geared towards administrators and not appropriate for family providers. Finally, across regions, CCR&R directors and staff reported that while communication has improved with the new commissioner, there are areas in which communication could be improved. CCR&Rs suggested strategies for more transparent and inclusive rapid cycle problem solving activities and policy-practice feedback loops (these communication strategies are discussed in more detail in the next section of the report).
- Systems Intervention – CCR&RS stakeholders would like to establish more collaboration among providers, CCR&Rs, and DECAL. It was also suggested that collaboration with regionally based cultural community centers be improved.

Recommendation #2: Develop, Improve, and Sustain Implementation Drivers to Support Effective Delivery of Quality Improvement Strategies

As the CCR&R quality improvement practice model is articulated and refined (see recommendation #1 above), key questions can be addressed for the implementation drivers. For example:

- *Selection* – What are the pre-requisite knowledge, skills, and abilities necessary to competently deliver quality improvement strategies?
- *Training* – What are the training needs of CCR&R staff?
- *Coaching* – What are the coaching needs of CCR&R staff? Can coaching plans be developed for TA staff?
- *Staff Performance Assessments* – How do staff performance assessments need to be modified to assess the implementation of quality improvement strategies as defined by the CCR&R practice model?
- *Decision Support Data System* – How can data be used for continuous improvement of the CCR&R quality improvement practice model?
- *Facilitative Administration* – What types of policies, procedures or processes does the State (DECAL) need to develop or change to support the CCR&R staff’s role and responsibilities related to quality improvement?

- *Systems Intervention* – What external resources and relationships are important for the effective implementation of quality improvement strategies? How important is collaboration with various state or regional organizations?

As the CCR&R quality improvement practice model is defined, the State can begin to map the functions of the implementation drivers to the quality improvement strategies to ensure that CCR&Rs are effectively supported in their new way of work related to Quality Rated and State level structures are aligned with the implementation of quality improvement strategies. This type of mapping exercise will ensure that the “what” (CCR&R quality improvement practice model) is directly aligned with the “how” (the implementation drivers). In doing so, each of the drivers would be defined, installed, and monitored to support effective, sustainable implementation quality improvement strategies.

Figure 3 – Example of Mapping Exercise for Practice Model and Implementation Drivers

Potential Essential Functions of the Quality Improvement Practice Model						
Implementation Drivers	Assessment	Goal Planning	Data Driven Action Planning	Communication	Capacity Building	Joint Problem Solving
Selection	<ul style="list-style-type: none"> • What are the prerequisites CCR&R staff would ideally have to implement these essential functions? • What essential functions would be important to assess through behavior rehearsals during the selection process? • How can a job description clearly articulate expectations related to each of these essential functions? 					
Training	<ul style="list-style-type: none"> • Are these essential functions included in training for CCR&R staff? How would training need to change to ensure that CCR&R staff could implement these essential functions? • Does training for CCR&R TA staff include opportunities to practice skills associated with these essential functions and receive feedback? • What aspects of these essential functions would be important to include in a pre-post assessment? 					
Coaching	<ul style="list-style-type: none"> • What type of support would CCR&R directors and managers need to coach TA staff to use these essential functions effectively? • How can coaching on these essential functions be integrated into ongoing supervision of TA staff? • How can CCR&R directors gather information on TA staff’s level of competency in using these essential functions with providers? 					
Performance Assessment	<ul style="list-style-type: none"> • What are some ways that performance assessments of TA staff could incorporate fidelity assessments for essential functions of the quality improvement practice model? • What are some potential data sources for assessing whether and how often these skills are used, as well as how competently skills are used? (E.g., satisfaction surveys, interviews, observation, documentation)? • What processes can be put in place to ensure that staff performance assessment data are used to improve practice? 					
Decision-Support Data System	<ul style="list-style-type: none"> • Which aspects of fidelity are important to include in a CCR&R decision support data system? • What outcomes (both intermediate and long-term) are important to include in a decision-support data system? 					

	<ul style="list-style-type: none"> • How can we ensure that data entry is built into regular TA staff practice routines and reported frequently? • How can we ensure that data are used to drive decision-making at all levels of the CCR&R system? • How can we assess what implementation drivers (staff competency or organizational) need to be strengthened based on process and outcome data?
Facilitative Administration	<ul style="list-style-type: none"> • Will new policies or procedures need to be developed by DECAL to support a quality improvement practice model? • What role does leadership need to play at state and regional levels to reduce administrative barriers to a quality improvement practice model? • How can State leadership institute policy-practice feedback loops? These feedback loops will ensure that practice-level barriers related to implementing a quality improvement practice model are communicated to the policy level, and recommendations and solutions are fed back down the system to TA staff and providers.
Systems Interventions	<ul style="list-style-type: none"> • How will leadership need to work with external systems partners to ensure the resources required to implement the quality improvement practice model are available? • How can leadership reduce systems level barriers to implementing the quality improvement practice model? • How can leadership engage multiple champions of the quality improvement practice model at the systems level?

Finding #3: Communication and Feedback Loops for Continuous Improvement

Context and Background for Communication and Feedback Loops

New practices and approaches do not fare well in existing organizational structures and systems. Without constant and consistent attention to the Quality Rated change effort and the development of new practices, structures, and approaches to support this effort, the effectiveness of quality improvement strategies implemented by CCR&Rs will be diminished. In addition, TA staff, CCR&Rs, and the early childcare system cannot change everything at once. The changes associated with Quality Rated are complex and involve multiple actors and organizations that make it impossible to change simultaneously. These types of change processes can be particularly challenging because the people, organizations, and systems are not able to stop and re-tool; changes to the system must be made while the work continues. For these reasons, it is important to develop a culture of learning for Quality Rating that supports continuous improvement.

A common framework for achieving this learning culture is the Plan, Do, Study, Act (PDSA) Cycle (Shewhart, 1931; Deming & Juran, 1948).

- Plan – Decide on the specific objective and processes to achieve this objective
- Do – Implement the processes as intended
- Study – Monitor the process, and assess whether processes were implemented as intended and analyze the outcomes achieved.
- Act – Make adjustments and apply what was learned during the process
- Cycle – Do over and over again until the intended benefits are realized

Findings for Communication and Feedback Loops

Major themes emerged across the CCR&R regional directors and TA staff as they described current communication and feedback loops within the CCR&R “system as is.” These themes include:

- CCR&R stakeholders reported a lack of effective communication and policy-practice feedback loops among providers, CCR&Rs, and DECAL. There were no formal strategies reported for ensuring that barriers experienced at the practice level are fed up to the policy level (e.g., challenges that TA staff experience engaging providers who are reported by DECAL to be eligible for Quality Rated but CCR&Rs perceive as “not quite ready” for what the process will take).
- Additional support for the Child Care Resource and Referral Agency Manager was recommended in order to support the multiple areas CCR&Rs require guidance, including responses to requests for information that require decisions or actions by DECAL that take additional time and impact the timeliness of feedback to the CCR&R agencies.
- Breakdowns in communication have led to early care providers learning about changes in policy, processes, or guidelines before the CCR&Rs.

As CCR&R stakeholders described current challenges with feedback loops, strategies emerged for improving communication for the “system to be.”

- CCR&Rs requested increased and improved electronic communication. Specific recommendations included a password-protected portal for CCR&Rs to communicate with each other and DECAL.
- CCR&Rs reported they would like increased inclusion in decision-making processes and transparent communication.
- CCR&Rs reported a need for more timely feedback from DECAL.

Recommendation #3: Develop Formalized Communication Loops and Feedback Cycles

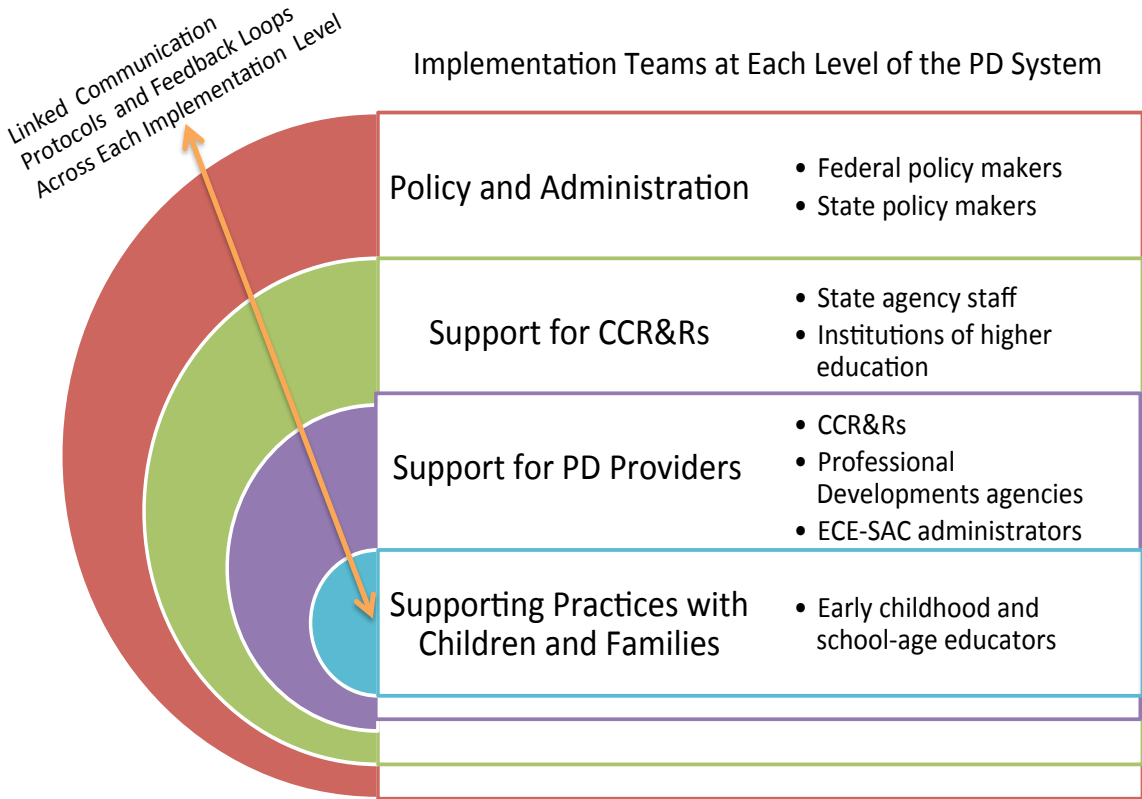
There are different uses of the PDSA improvement cycle method that would benefit the effective implementation of quality improvement strategies in Georgia. Below we recommend two potential methods:

Rapid Cycle Problem Solving –Implementation teams can be formed to serve as Rapid Cycle Problem Solving Teams at each level of the system to address a challenging problem or to guide on-going improvement efforts through the analysis of process and outcome data and the development and implementation of long-term solutions. When conducting rapid cycle problem solving, a team will be formed (4 to 6 individuals) that represents different system perspectives. Team members will be focused on their role of analyzing and solving the problem, using a Plan-Do-Study-Act process. Once this problem has been solved, the group will disband. The same group or new group will be formed when another problem arises or when ongoing fidelity assessments have been scheduled.

As the CCR&R quality improvement practice model is created (see recommendation #1) and implementation supports are developed and monitored (see recommendation #2), Rapid Cycle Problem Solving Teams may be deployed to provide periodic checks of fidelity to the practice model. If it is determined that quality improvement strategies are not being implemented as intended, recommendations can be made for additional support or resources to CCR&Rs. The Team may also determine that quality improvement strategies differ across sectors and make a decision to invest in a new infrastructure for promoting the quality improvement practice model across regions. Rapid Cycle Problem Solving Teams will use data and information to address all problems.

Policy – Practice Feedback Loops - Often PDSA cycles are carried out on a practice level; however, the Practice-Policy Feedback Loop is a variation of the PDSA cycle that is carried out on a larger scale in the more complex early childhood systems environment. A challenge in the early childhood context is that policy is not always developed with sufficient understanding of the reality of the practice, and many times there are no formal mechanisms to have practice inform the policy. Instead, there are usually layers of individuals between those implementing the practice and the policymakers. Whether intentional or not, these layers often buffer the policymakers from hearing about or experiencing the unintended problems created by the policy or from understanding other variables that maybe preventing implementation from occurring as intended. The policy-to-practice and practice-to-policy feedback loops can help ensure that barriers to effective practice are brought to the attention of policymakers and to assist in the development of “policy-enabled practices” and “practice-informed policies”. It is recommended that Implementation Teams are formed to develop an effective, transparent process for a policy practice feedback loop to support continuous improvement of the delivery of quality improvement strategies to Georgia’s early child care providers (see Figure 4, adapted from Tout et al., 2013).

Figure 4 – Policy to Practice Feedback Loops for Georgia’s CCR&R System



In order to be effective, the feedback loops will need to be created by answering the following questions:

- What decisions are we making?
- Who is making these decisions?
- What data would help us make decisions?
- How would we know that quality improvement strategies are being implemented as intended and with high quality?
- What data would tell us how well we are implementing quality improvement strategies in the regions?
- What data do CCR&R staff need to make decisions regarding their practice?
- How will we ensure that CCR&R staff have access to this data in a timely fashion?

The data that is collected needs to include meaningful metrics that are actionable, relevant, and accessible. The process for moving data up and down the system between practice and policy levels must be transparent, timely, and accountable.

Conclusions and Next Steps

Three major recommendations for next steps were provided in this report:

- Develop a **fully operationalized CCR&R quality improvement practice model**, which will facilitate the development of a range of supports to build CCR&R staff competency and create a hospitable environment for effective TA strategies, as well as promote the use of continuous improvement and identify testable linkages between TA and early care provider outputs and outcomes. Effective implementation strategies are “in service” to well defined practice model. Therefore, it will be important to fully operationalize a quality improvement practice model prior to developing the infrastructure to support this model in practice.

The development of a practice model will require a **rigorous, in-depth qualitative evaluation** of quality improvement strategies to fully operationalize principles, functions, and activities and identify developmental phases of engagement and capacity building with early care providers as well as logical linkages between TA strategies and sustainable changes in quality in early care providers.

- Develop, improve, and sustain **implementation drivers** to support effective delivery of quality improvement strategies. As the CCR&R quality improvement practice model is defined, the State can begin to map the functions of the implementation drivers to the quality improvement strategies to ensure that CCR&Rs are effectively supported in their new way of work related to Quality Rated and State level structures are aligned with the implementation of quality improvement strategies.
- Develop a **formalized structure that supports communication and feedback loops** among DECAL, CCR&Rs and early care providers. Specific strategies recommended include rapid cycle problem solving and policy-practice feedback loops. Both of these strategies require the seeding and convening of implementation teams at multiple levels of the CCR&R system.

It is recommended that DECAL form two workgroups to develop specific tasks related to practice model development and feedback loops:

- **Practice Model Workgroup** – a workgroup with representatives from DECAL and CCR&Rs will develop next steps for collecting the more detailed information necessary to fully populate the practice model template provided in this report, vet the model with key stakeholders, develop pathways for improvement linking quality improvement strategies with expected provider-level milestones, and design an evaluation to test these linkages.

- ***Communication and Feedback Loop Workgroup*** – a workgroup with representatives from DECAL and CCR&Rs will develop next steps for identifying strategies to develop a “detection system” for practice barriers that will be fed up the system in a timely manner, increase and improve ongoing communication and promote systems alignment among providers, CCR&Rs, and DECAL, and ensure that data is used to guide decision-making at each level of the system.

References

- Barr, J.E., Tubman, J.G., Montgomery, M.J., & Soza-Vento, R.M., (2002). Amenability and implementation in secondary school antitobacco programs. *American Journal of Health Behavior, 26*, 3-15.
- Blasberg, A. (2013). Aligning stage-appropriate evaluation with the stages of implementation: Formative evaluation and fidelity. In T. Halle, A. Metz & I. Martinez-Beck (Eds.), *Applying implementation science to early care and education programs and systems: Exploring a new frontier*. Baltimore, MD: Brookes Publishing.
- Blase, K. (2009, November). *Technical assistance to promote service and system change* (Roadmap to Effective Intervention Practices #4). Tampa, FL: University of South Florida, Technical Assistance Center on Social Emotional Intervention for Young Children.
- Cooke, M. (2000). The dissemination of a smoking cessation program: Predictors of program awareness, adoption and maintenance. *Health Program International, 15*, 113-124.
- Durlak, J. A., & DuPre, E.P. (2008). Implementation matters: A review on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology, 41*, 327-350.
- Deming, W. E. (1986). *Out of the crisis*. Cambridge, MA: MIT Press.
- Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. V. (2013). Statewide implementation of evidence-based programs. *Exceptional Children, 79*(2).
- Fixsen, D. L., Blase, K., Duda, M., Naoom, S., & Wallace, F. (2009) Core implementation components. *Research on Social Work Practice, 19*, 531–540.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature* (FMHI Publication No. 231). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network.
- Fixsen, D.L., Blase, K.A. (2008). The National Implementation Research Network, Frank Porter Graham Child Development Institute, University of North Carolina, Chapel Hill, NC. <http://nirn.fpg.unc.edu/>
- Hall, G. E., & Hord, S. M. (2010). *Implementing change: Patterns, principles and potholes* (3rd ed.). Boston, MA: Allyn and Bacon.

- Isner, T., Tout, K., Zaslow, M., Soli, M., Quinn, K., Rothenberg, L., & Burkhauser, M. (2011). *Coaching in early care and education programs and quality rating and improvement systems (QRIS): Identifying promising features*. Washington, DC: Child Trends.
- Kallestad, J.H. & Olweus, D. (2003). Predicting teachers' and schools' implementation of the Olweus bullying prevention program: A multilevel study. *Prevention & Treatment, 6*.
- Metz, A. & Bartley, L. (2012). Active implementation frameworks for program success: How to use implementation science to improve outcomes for children. *Zero to Three Journal, 34 (4)*, 11-18.
- Metz, A., Bartley, L., Blase, K., & Fixsen, D. (2011). *A guide to developing practice profiles*. The National Implementation Research Network, Frank Porter Graham Child Development Institute, University of North Carolina, Chapel Hill, NC.
- Metz, A., Halle, T., Bartley, L., & Blasberg, A. (2013). The key components of successful implementation. In T. Halle, A. Metz & I. Martinez-Beck (Eds.), *Applying implementation science to early care and education programs and systems: Exploring a new frontier*. Baltimore, MD: Brookes Publishing.
- Ringwalt, C.L., Ennett, S., Johnson, R., Rohrbach, L. A., Simons-Rudolph, A., Vincus, A., & Thorne, J. (2003). Factors associated with fidelity of substance use prevention curriculum guides in the nation's middle schools. *Health Education & Behavior, 30*, 375-391.
- Shewhart, W. A. (1931). *Economic control of quality of manufactured product*. New York, NY: D. Van Nostrand Co.
- Smith, S., Schneider, W., & Kreader, J. L. (2010). *Features of professional development and on-site assistance in child care quality rating improvement systems: A survey of state-wide systems*. National Center for Children in Poverty, Columbia University Mailman School of Public Health.
- Tout, K., Metz, A., & Bartley L. (2013). Considering statewide professional development systems through an implementation lens. In T. Halle, A. Metz & I. Martinez-Beck (Eds.), *Applying implementation science to early care and education programs and systems: Exploring a new frontier*. Baltimore, MD: Brookes Publishing.
- Tout, K., Starr, R., Soli, M., Moodie, S., Kirby, G., & Boller, K. (2010). *Compendium of quality rating systems and evaluations*. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Appendix

Semi-Structured Telephone Interviews Protocol

Thank you so much for taking the time to talk with me today. After we met as a group on September 25th, I culled through our collective notes from the meeting and some themes emerged. Today, I want to talk a little more in-depth about each of these themes, which include:

1. How can we more fully define the technical assistance strategies CCR&Rs will use to support the QR system and increase providers' quality ratings?
2. What type of infrastructure do we need to put in place that will support CCR&R staff in delivering TA that will support providers in achieving the goals associated with QR?
3. How can systems alignment (i.e., alignment of strategies used at each level of Georgia's R&R system) support the consistent use of functional TA strategies to support providers in achieving QR milestones?
4. How can we develop and institutionalize policy-practice feedback loops so that the CCR&Rs experiences working with providers to improve their quality ratings are shared with DECAL staff in a timely manner, and DECAL staff's recommendations to improve implementation are shared with CCR&Rs and providers efficiently and effectively?

As we go through the questions together, I want to encourage you to *"think out of the box."* This is an opportunity to brainstorm strategies for supporting CCR&R staff so that they have what they need to support the sites they work with, strengthening technical assistance approaches, and improving communication and feedback loops with DECAL.

PART I: Technical Assistance to Support Providers in Increasing their Quality Ratings

In the meeting we talked about technical assistance as a central strategy for increasing the quality of early education in Georgia and meeting Quality Rated expectations. I want to ask you about how you currently provide technical assistance, and then how you think technical assistance could be strengthened.

System "As Is"

- Can you describe the technical assistance strategies you currently use with providers? How have these strategies changed with the implementation of QR in January 2012?
- Do you use different strategies for different purposes? If so, can you describe two different examples of working with providers where you chose to use a particular TA strategy?

- How do you assess a providers' readiness to receive technical assistance?
- How do you make decisions regarding the dosage of technical assistance? When do you know you have successfully completed technical assistance?
- What type professional development do you receive related to using TA strategies?

System "To Be"

- How do you think technical assistance to providers could be strengthened? What would look different than how TA is currently provided?
 - Would TA be more consistent?
 - Would TA strategies be explicitly linked to QR milestones?
 - How would provider readiness be assessed?
 - Would guidance be provided related to TA dosage?
- Are there specific tools and resources you wish you had when working with sites to meet QR expectations?
 - TA needs analysis tool to develop "good fit" TA strategies for providers
 - TA guidance documents

Now I would like to ask you to describe an overall approach to TA that you think would support child care providers in achieving QR goals. I want to talk about three things related to technical assistance: 1) the philosophical *principles* that guide your way of work with providers; 2) the broad TA *strategies* you use with providers to support their quality ratings; and 3) a few examples of some of the *activities* you may conduct with providers as part of the TA strategies.

We don't need to provide an exhaustive list right now. I just want to get a better understanding of how we might fully operationalize technical assistance if given the opportunity.

- What philosophical principles do you think are important and should guide your way of work when supporting child care providers?

Further Explanation to Participant to Prompt Response: Philosophical principles represent "the way CCR&R staff work" with providers rather than the strategies and core activities they actually provide. However, the philosophical principles inform all of the strategies and activities carried out by CCR&R staff. (Examples might include, individualized, collaborative, developmental, strengths-based, etc.)

Do these principles currently guide the way TA is provided?

- What TA strategies should be included in the role of CCR&R staff to support child care providers in improving quality?

Further Explanation to Participant to Prompt Response: Strategies provide a clear description of the major functions that a CCR&R staff should use in their role as a TA provider. Potential examples might include: assessing needs, facilitating change, joint problem solving, individual skill development, organizational capacity building, coaching, and content-specific knowledge building.

Are these TA strategies used currently?

- Can you provide some examples of the types of activities that would be conducted with child care providers related to the overall strategies you just named?

PART II: Infrastructure to Support CCR&R Technical Assistance to Improve Quality Ratings

Now, I would like to talk with you about how we can build a better infrastructure to support technical assistance services to child care providers to improve their quality ratings.

- What background and characteristics would CCR&R staff ideally have to implement TA? In the future, how can we support selecting staff with these characteristics?
- What types of professional development are needed to build the competence and confidence of CCR&R staff to implement TA strategies that support providers in improving quality?
- How can staff performance assessments be tied to the provision of TA?
- What data would be helpful to review monthly or quarterly to assess and improve the delivery of TA to child care providers? Who should review this data?
- What administrative changes might be necessary (e.g., new policies or procedures) for CCR&Rs to put in place to support TA delivery? What do DECAL administrators need to do to better support effective TA delivery?
- How will CCR&Rs need to work with partners and key stakeholders to ensure that TA strategies will support improvements in child care quality?

PART III: Systems Alignment to Support High-Quality Technical Assistance to Providers

In our meeting, we talked about the “who” at every level of the system. For change to occur, someone needs to do something differently.

- Learners and families they serve
- Early Care Educators
- Child Care Providers
- Trainers
- Quality Coaches
- CCR&Rs
- County and Regional Leadership
- State Leadership
- Federal Leadership

Thinking of the list above, can you say “Who needs to do what differently?”

- Does this change require new knowledge?
- Does this change require new attitudes?
- Does this change require new skills?
- Does this change require professional courage?
- Does this change require developing new partnerships?
- Does this change require political support / political will?

PART IV: Policy-Practice Feedback Loops

- In your role, how do you use (or encourage the use of) improvement processes?
- To what extent do practice-policy feedback loops exist between providers, CCR&Rs and DECAL? Are there formal, transparent, and regular methods for hearing from the ‘practice level’ or “next level” about what’s working and needs to change?for moving information ‘up’ the system and back ‘down’?
 - What have been the challenges in developing these processes?
 - What have been the benefits?
- What might be barriers and facilitators for developing Practice-Policy feedback cycles?
- What are the next right steps in creating effective feedback loops?

Part V: Final Thoughts

- Is there anything I didn’t ask you that you wished I had asked?
- If you were to name 2-3 “quick wins” for strengthening technical assistance and aligning TA with QR, what would they be?