Evaluation of LAUP's Implementation of Race to the Top-Early Learning Challenge

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Table of Contents

Executive Summary

In 2013, LAUP joined a newly-created consortium of 16 California counties that received funding through the Race to the Top-Early Learning Challenge (RTT-ELC) grant to establish a Quality Rating and Improvement System. As part of the consortium, LAUP collaborated with the California Department of Education (CDE) to develop a QRIS that could be implemented in Los Angeles County. To learn about the implementation of this QRIS in nearly 500 Centers and FCC Homes across Los Angeles County, LAUP conducted a local evaluation of its efforts. We analyzed qualitative and quantitative data collected throughout the period of our RTT-ELC grant to arrive at the following observations.

LAUP's RTT-ELC program design emphasized coaching. Focused on empowering ECE providers through skills-based knowledge, coaching was a cornerstone of LAUP's model. Coaches helped providers to develop goals based on the Quality Continuum Framework, to improve teacher-child interactions, and to enhance program and classroom environments. LAUP's coaching model was guided by three overarching theories: Process Consultation, Appreciative Inquiry, and Servant Leadership (Lopez, 2013). Key goals of the model were to 1) develop specific, measurable, and attainable goals, 2) provide specialized training and customized support to teachers, and 3) establish and maintain positive relationships with staff.

LAUP took two approaches to program improvement. At the beginning of the RTT program, nine Coaches provided customized, on-site support to the first cohort of providers. Sites were assigned a Coach who visited the site on a monthly basis and helped sites to interpret and set goals based on their quality assessment results, to co-create goals and Quality Improvement Plans (QIPs), and to work toward improvement. Later in the program, the second cohort of providers was supported in a similar way, but support was given by Early Education Specialists instead of Coaches. Additionally, central to the Cohort 2 model were Early Education Institutes (EEIs) and Learning Communities (LCs). Providers attended EEIs – six trainings linked to the Quality Continuum Framework elements – throughout the year (a list of the EEIs held can be found in Appendix B). The LCs were two-hour meetings designed as opportunities for providers to learn, collaborate, and engage with their peers on early learning topics tied to the EEIs.

Participants included a diverse group of providers and families. The largest groups of participants (41% of providers and 45% of families) were Latino, with household incomes in the middle to low ranges. The majority of teachers and children spoke English as a primary language (63% of teachers and 56% of children).

The majority of sites increased their overall Quality Continuum Framework Tier rating by 1 or 2 tiers. At the time of the baseline measurement in 2012-13, most LAUP sites were rated 3 on a 5-point scale. By the end of the program in 2014-15, the majority of sites had increased their rating by 1 Tier, and were rated Tier 4. Most centers were rated Tier 3, and most FCCHs were rated Tier 2 during the baseline rating. At the follow-up rating, centers were rated mostly Tier 4, and FCCHs were evenly distributed across Tiers 2, 3, and 4.

In terms of specific element ratings, most sites experienced either no change or an increase between initial and final ratings. Most sites did not show change in Child Observation ratings. About half of sites showed no change, and about half showed increases in Developmental and Health Screening Ratings. More than half of sites increased their Lead Teacher Qualifications ratings. Most sites did not show a change in CLASS ratings. More than half of sites showed no change in Ratios and Group Sizes ratings, but these were already high at baseline. More than half of sites increased their ERS Ratings. Most sites increased in Director Qualification ratings, with most sites receiving high Tier ratings by the program's end. There was a slight upward trend in CLASS and ERS scores. Figure 1 summarizes these changes in element ratings.

Table 1. Summary of Pre to Post Change in QCF Element Ratings from 2012-13 to 2014-15

Element	Direction of Change for Majority of Sites	% of Sites
Child Observation	No Change	75%
Developmental and Health Screenings	NA	NA*
Lead Teacher Qualifications	Increased	51%
Teacher-Child Interactions (CLASS)	No Change	76%
Ratios and Group Size	No Change	52%
Program Environment (ERS)	Increased	54%
Director Qualifications	Increased	50%

* The percentage of sites that did not change their ratings was the same as the percentage of sites that increased their ratings (48%).

Teachers increased their confidence in the Teachers and Teaching core area. In the Quality Continuum Framework Core II area of Teachers and Teaching, teachers reported growth primarily in using results from children's assessments and in asking open-ended questions to promote higher-order thinking.

Teachers increased their confidence in the Program and Environment area. In the Core III area of the Quality Continuum Framework (Program and Environment), teachers reported improvement in their confidence on several skills. These skills included using a valid and reliable screening process, ensuring clearly defined spaces in the classroom environment, following proper health and safety procedures, and ensuring there were specialized materials in the classroom. Importantly, this set of findings demonstrates that Coaches and Specialists focused specifically on supporting teachers' understanding and use of the ERS tool in their classrooms; the ERS tool stresses the items in which teachers showed the most growth.

Teachers reported high levels of satisfaction in collaborating with LAUP staff. Teachers were asked to rate their overall satisfaction with the support they received from the field staff. Figure 18 shows the percentages of teachers in Cohort 1 (n=172) and Cohort 2 (n=131) who were satisfied or very satisfied. Overall in Cohort 1, 79% (n=136) of teachers indicated that they were satisfied or very satisfied with the support they received from their coach. In Cohort 2, 79% (n=138) of teachers indicated that they were satisfied or very satisfied with support from their specialist.

LAUP field staff members' support was provider-centric. A notable trend in interview responses from field staff was an emphasis on their providers as the drivers of the collaboration. For example, one coach described her role as promoting quality in the classroom by relying on QRIS as the foundation, commenting that "being able to tie in what teachers are already doing in the classroom and the tools used in the QRIS is vital to quality improvement goals."

Levels of investment in RTT varied across programs. Some sites were more willing or able than others to take advantage of our coaches' support. Factors that varied across sites included changing organizational structures, teacher turnover rates, levels of motivation, access to funding and resources, availability of teaching staff, attendance at trainings, and ability to implement the tools in the Quality Continuum Framework. Some of these factors varied between Centers and FCCHs. In particular, Centers were better equipped than FCCHs to use tools such as the DRDP and ASQ. However, FCCH owners were motivated to improve their businesses and to seek opportunities like RTT to assist them in improving their quality. This inclination differed from some Center-based programs, where participation in more structured programs limited new approaches.

Recommendations
While successful overall, LAUP's approach would benefit from the following recommendations made by providers and field staff.

1. **Offer more frequent visits to sites that are in the greatest need.** Providers suggested that some sites should receive more intensive support depending on their need. One provider explained:

   > *"Once a week could be better or every other week. We need support not only for teaching, not only for the children and the environment, we also need support in the business area. That also helps improve the overall quality. All of that helps in a Family Child Care program."*
   >
   > *- FCC Owner of an Cohort 2 Provider, Interview, June 2015*

2. **Consider packaging materials and support for mixed-age groups.** FCC Homes, in particular, have children of different ages and would benefit from mixed-age group approaches. One provider specified:

   > *"We received material that focused on one age group, but I have a mixed age class. It would be great to receive kits for mixed age groups or give kits for all three groups (infant, toddler, and preschool) regardless of how many classrooms we have. This is the difference between centers and homes. In order for us to get high ratings and have high quality by providing children what they need, this needs to be an important part [of] assisting Family Child Care Homes."*
   >
   > *- FCC Owner of a Cohort 2 Provider, Interview, June 2015*

3. **Ensure that attendees at professional development sessions receive complete documentation of the training.** This could be a certificate indicating the date, location, name of instructor, name of the workshop, and number of hours. One provider expressed:

   > *"Many of the documents they gave us did not have the name of the instructor. For me, this is important because we are accredited and I have to provide that information."*
   >
   > *- FCC Owner of a Cohort 2 Provider, Interview, June 2015*

4. **Provide step-by-step modeling of important functions related to the QCF elements.** Our evaluation found that some providers had very limited or no background knowledge of tools such as the DRDP and ASQ. Similarly, they were not familiar with procedures for improving their qualifications. It would be very helpful for field staff to provide teachers and directors with detailed information on how to apply for permits and other processes related to continuing their education. In addition, some providers would benefit from specific instructions and modeled step-by-step procedures for implementing the DRDPs and ASQs, and instructions on how to use these tools to provide customized support for children.

Background

A Quality Rating and Improvement System (QRIS) is a method of assessing and improving the quality of early care and education (ECE) programs. This approach has quickly gained popularity across the United States. In 2010, only 25 of the 50 states were using a QRIS; currently, in 2017, all 50 states are either implementing or planning the development of a QRIS. QRISs may vary in terms of the criteria they measure, how they reward quality, and the size of the geographical region to which they apply. However, most QRISs include quality standards; methods or frameworks for tracking compliance and increasing accountability; and coaching for providers to help them meet quality standards. Some QRISs also include financial incentives for providers who reach certain quality levels. One of the primary benefits of a QRIS is that it creates a common standard of quality that is applied to multiple early learning centers and homes. Analyses of outcomes show that Quality Rating and Improvement Systems are already contributing to the improvement of early learning sites (Sabol et al., 2013; Lugo-Gil et al., 2011; Malone et al., 2011).

In 2012, California became one of nine states to receive a Race to the Top -- Early Learning Challenge (RTT-ELC) federal grant to improve early care and learning programs. In 2013, LAUP joined the newly-created consortium of 16 counties that collaborated with the California Department of Education (CDE) to create a QRIS and supported the implementation of this QRIS in Los Angeles County. California's approach to the RTT-ELC grant was to develop and implement county-level QRISs, by strengthening existing programs and aligning them to a common statewide framework. This approach encouraged counties to build upon their existing infrastructures while maintaining control over program improvement, as well as to leverage local investments and set incentives for site improvement. Working together, all consortium members agreed to implement a common tiered framework to focus on the following three core areas:

- Core I: Child Development and School Readiness
- Core II: Teachers and Teaching
- Core III: Program and Environment -- Administration and Leadership

California's pilot efforts to address the requirements of the RTT-ELC grant are rooted in research pointing to the need to improve learning and care for young children, in order to enable them to succeed in school and life (see Organisation for Economic Co-operation and Development, 2012). To improve the quality of early care and learning and promote positive child outcomes for infants, toddlers, and preschoolers, California has developed a QRIS rating matrix that focuses on the measurement and definitions of specific criteria for quality.

The tiered QRIS rating matrix will be considered to remain in the pilot phase until the framework is established through a validation process. Thus far, the pilot effort has allowed CDE and the state RTT Team to accomplish the following goals (RTT Consortia Implementation Guide, May 29, 2015):

1. Develop and establish quality standards for programs and practitioners;
2. Support local infrastructures to meet the specific quality standards;
3. Monitor and set accountability systems to ensure compliance with the quality standards;
4. Establish financial incentives linked to meeting the quality standards;
5. Implement engagement and outreach strategies.

The CDE and the RTT Consortia developed a Quality Continuum Framework made up of elements of quality that fit within the three core areas listed above. An overall, site-level quality rating on a 5-point scale is created by combining individual ratings for the following seven elements: Child Observation, Developmental and Health Screening, Teacher Qualifications, Effective Teacher-Child Interactions, Ratios and Group Size, Program Administration and Leadership, and Director Qualifications.

The Quality Continuum Framework

The three core areas and seven elements of which the QCF consists are summarized in Table 2. All seven elements apply to Centers, while only five apply to Family Child Care Homes (FCCHs).

Table 2. California Quality Continuum Framework Core Areas and Elements

Core 1: Child Development and School Readiness	Core 2: Teachers and Teaching	Core 3: Program and Environment
Element 1. Child Observation	Element 3. Early Childhood Educator Qualifications: Minimum Qualifications for Lead Teacher/Family Child Care Home	Element 5. Licensing and Regulatory Requirements: Ratios and Group Size (Centers Only)
Element 2. Developmental and Health Screenings	Element 4. Effective Teacher-Child Interactions	Element 6. Program Administration and Leadership: Environment Rating Scale(s) – ECERS-R, ITERS-R, FCCERS-R
		Element 7. Program Administration and Leadership: Director Qualifications (Centers Only)

LAUP's Evaluation

To learn about the implementation of the RTT-ELC QRIS in nearly 500 Centers and FCC Homes across Los Angeles County, LAUP conducted a local evaluation of its efforts. LAUP's complete RTT network included 272 sites who received support through First 5 LA, for a total of 499 sites in the network. However, because the First 5 LA sites received separate funding for their program improvement efforts and some of their rating efforts, only the 227 sites that were funded by the RTT-ELC grant were the focus of this evaluation.

LAUP's evaluation followed a mixed-methods approach, including site observations of RTT Coaches and RTT Specialists, interviews with directors and FCC owners, focus groups with RTT Coaches and RTT Specialists, and a Teacher Retrospective and Feedback Survey of all participating teachers (see Appendix A for more details on methodology). We sought to answer questions about the effectiveness of our two program models, the impact of the RTT program, and the knowledge that teaching staff gained through their participation. This report presents the findings of our evaluation spanning from 2013 to 2015.

The following evaluation questions guided this study:

1. How were the program models for Cohort 1 (Coaching support) and Cohort 2 (Education Specialist support) implemented in LAUP sites?
2. What were tier and element ratings at the beginning and end of the program for Centers and for FCCHs?
3. How was LAUP's RTT program experienced by site staff, and what did they learn?
4. What were the catalysts and barriers to program staff's ability to reflect on QRIS feedback and to make improvements based on that feedback?

Findings: LAUP's Implementation of RTT

Sites that joined LAUP's effort in 2013 (Cohort 1) received on-site coaching based on approaches that had been developed and refined by LAUP in previous years, while sites that joined in 2014 (Cohort 2) participated in training sessions located near them and facilitated by Early Education Specialists. This section describes how the two different approaches for Cohorts 1 and 2 were implemented at LAUP sites.

Two cohorts emerged because of the way funding was structured. In early 2013, LAUP partnered with the Los Angeles Office of Education (LACOE) to work with 90 Head Start providers, and recruited an additional 63 early care and education providers from throughout Los Angeles County. These sites came to be called Cohort 1 sites. In January 2014, LAUP was awarded additional funding to work with an additional 125 ECE sites across Los Angeles County. We referred to these new sites as Cohort 2 sites. Sites across the cohorts included Head Start/Early Head Start programs, state-funded programs, licensed Family Child Care Homes, and private

centers. LAUP offered training, technical assistance, customized coaching, incentives, and CLASS and ERS Assessment reviews to providers in both cohorts. However, the support offered one type of support to Cohort 1 (focused on monthly coaching visits to sites), and a different type of support to Cohort 2 (focused on central trainings and some on-site support from Education Specialists).

LAUP's RTT-ELC program design emphasized coaching. There is growing evidence of the effectiveness of practice-based coaching in improving quality early learning and care (Isner et al., 2011; Smith et al., 2012). Studies have shown positive outcomes of coaching for teachers, for observed practice, and for children. For example, one study of coaching using random selection and random assignment found positive outcomes for program quality and for teachers' levels of motivation. Family Child Care Homes significantly improved in quality compared to a control group, which showed no improvement. Participating teachers also increased their professional motivation scores compared to control teachers (Bryant et al., 2009). In another randomized control group study, researchers found that an integrated on-site coaching program led to gains in the overall quality of teachers' practices, and in children's phonological awareness skills (Bryant et al., 2009). In a third study, early childhood educators who received on-site coaching improved at higher rates than did a comparison group (21% versus 8%) (Campbell & Milbourne, 2005).

In sum, "Coaching and other on-site, individualized professional development strategies (consultation, mentoring, and technical assistance) have emerged as promising strategies to support the application of new teaching strategies and overall quality improvement among practitioners in early care and education settings" (Isner et al., 2011, 4). Coaching is a vital component of a QRIS, because coaches offer support for understanding quality standards, model practices, and provide feedback to inform and empower educators.

Coaching was also a cornerstone of LAUP's RTT-ELC model. LAUP's coaching focused on empowering ECE providers through skills-based knowledge. This included helping providers to develop goals based on the Quality Continuum Framework, to improve teacher-child interactions, and to enhance program and classroom environments. LAUP's coaching model was guided by three overarching theories: Process Consultation, Appreciative Inquiry, and Servant Leadership (Lopez, 2013). Key goals of the model were to 1) develop specific, measurable, and attainable goals, 2) provide specialized training and customized support to teachers, and 3) establish and maintain positive relationships with staff.

LAUP took two approaches to program improvement. Table 3 summarizes the differences between the experiences of Cohort 1 and Cohort 2 participants. At the beginning of the RTT program, nine coaches were hired to provide on-site, specialized support to the sites. Sites were assigned a coach who visited the site on a monthly basis. Coaches used the results from CLASS and ERS pre-assessments to establish baselines for quality, from which they could begin to structure the development of individualized continuous quality improvement plans for each program in their caseload. Coaches also co-created goals with their ECE providers, helping them to work towards aligning their existing programs to the California Quality Continuum Framework. During monthly site visits, coaches utilized data from tools related to the rating matrix (e.g., CLASS, ERS, DRDP, ASQ and ASQ-SE) to facilitate their coaching. Site visits were documented through activity logs using Efforts to Outcomes (ETO) software, which allowed the monitoring of progress towards Quality Improvement Plan goals (see Appendix B for more information).

Early Education Specialists began supporting Cohort 2 providers in a similar way – through quality assessment, assignment of Tier ratings, and co-creation of goals and Quality Improvement Plans (QIPs). Goals, QIPs, and customized site support were based on initial classroom observations and on trends observed among Cohort 1 providers. Central to the Cohort 2 model were the Early Education Institutes (EEIs) and Learning Communities (LCs). Providers attended the EEIs – a six-part series of trainings linked to the Quality Continuum Framework elements – throughout the year (a list of the EEIs held can be found in Appendix B). The EEIs were hands-on, interactive trainings that focused on various topics relating to support for children ages zero to five. Incentives in the form of materials and resources were tied to the training topics. The Learning Communities were two-hour meetings designed as opportunities for providers to learn, collaborate, and engage with their peers on early learning topics tied to the EEIs. Specialists followed up with providers during site visits to facilitate the implementation of best practices and strategies from the EEIs. To accommodate providers who were unable to leave their sites during the day, EEIs and LCs were offered during evenings and weekends at two locations across the county.

Table 3. Key Support Approaches by Cohort

	Cohort 1	Cohort 2
Key Approaches	On-site, individualized coaching	Early Education Institutes and Learning Communities
Number of Sites	153 sites[1]	105 sites
LAUP Staff	Nine Coaches	Eight Specialists
On-Site Visits	Monthly	Every other month
Average Caseload	14 sites per Coach	13 sites per Specialist

Participants in the two cohorts experienced similar but staggered program cycles. Both cohorts underwent assessments using the CLASS and ERS tools, received program improvement support, and received a QCF Tier rating. However, the two cohorts participated in these activities at different times of year and in different orders. Table 4 shows the timelines followed by the two cohorts.

Table 4. Timeline by Cohort

	Winter 2013	Spring 2013	Fall 2013	Fall 2014	Winter 2015	Spring 2015	Fall 2015
Cohort 1	Sites recruited	Sites assessed and Pre Tier ratings assigned	On-site support begins		Sites assessed	Sites assessed	Post Tier ratings assigned
Cohort 2				Sites recruited	On-site support begins		Sites assessed with one-time rating

Participants included a diverse group of providers and families. Tables 5 and 6 summarize demographic information about the providers and families who participated in our effort. The largest groups of participants (41% of providers and 45% of families) were Latino, with household incomes in the middle to low ranges. The majority of teachers and children spoke English as a primary language (63% of teachers and 56% of children). Appendix C contains more information on demographics.

[1]By 2014-2015, 122 sites were left in Cohort 1. A total of 31 sites left the project because of staffing, restructuring, reorganization of sites and agencies, and other reasons.

Table 5. Provider Staff Demographics (N=466)

	% Provider Staff
Race/Ethnicity	
Hispanic	40.6%
White	34.9%
Asian	13.1%
Black	4.7%
Other	4.3%
Unknown	2.4%
Primary Language	
English	62.5%
Spanish	28.3%
Other	4.9%
Unknown	4.3%
Household Income	
Less than $19K	22.5%
$20K-29.9K	29.6%
$30-39.9K	21.0%
$40-49.9K	5.6%
$50-59.9K	2.6%
$60 or more	1.7%
Unknown	16.9%

Table 6. Child Demographics (N=4,665)

	% Children
Race/Ethnicity	
Hispanic	44.9%
White	23.9%
Asian	9.0%
Black	4.2%
Other	8.5%
Unknown	1.4%
Primary Language	
English	56.4%
Spanish	37.3%
Other	5.6%
Unknown	3.6%
Household Income	
Less than $19K	42.0%
$20K-29.9K	19.0%
$30-39.9K	9.0%
$40-49.9K	4.0%
$50-59.9K	2.0%
$60 or more	11.0%
Unknown	13.0%

Participants in the two cohorts experienced similar but staggered program cycles. Both cohorts underwent assessments using the CLASS and ERS tools, received program improvement support, and received a QCF Tier rating. However, the two cohorts participated in these activities at different times of year and in different orders. Figure 1 shows the timelines followed by the two cohorts.

Findings: Pre- and Post- QCF Tier Ratings

To answer the evaluation question, "What were Tier and element ratings at the beginning and end of the program for Centers and for FCCHs?" we compared the overall Tier and specific element ratings for the 122 sites (104 Centers and 18 FCCHs) that had a complete set of pre- and post-intervention ratings. Information about the complete datasets of all sites that were rated is included in Appendix D. It should be noted that these 122 sites were part of Cohort 1, and received the program supports associated with that Cohort. Outcomes for Cohort 2 sites are described through available qualitative data in sections three and four of this report.

The majority of sites increased their overall Quality Continuum Framework Tier rating by 1 or 2 tiers. Sites in Cohort 1 were assigned Tier ratings in 2013 and were rated again at the end of the program in 2015. (Because Cohort 2 sites were not assigned a second rating, they are not included in our pre/post ratings analysis. Their single-time ratings are summarized in Appendix D.) Ratings were determined based on the sum of points achieved for individual element ratings. The scale of the Tier and element ratings ranged from 1 to 5, with 5 being the highest score. At the time of the baseline measurement in 2012-13, most LAUP sites were rated 3. At the end of the program in 2014-15, the majority of sites had increased their rating by 1 Tier, and were rated Tier 4.

Figure 1 shows the frequency distributions of Tier levels for Centers and FCCHs, for both pre- and post- ratings. Centers were largely rated Tier 3, and FCCHs were rated mostly Tier 2 during the baseline rating. At the follow-up rating, Centers were rated mostly Tier 4, and FCCHs were evenly distributed across Tiers 2, 3, and 4.

Figure 1. Overall Tier Ratings

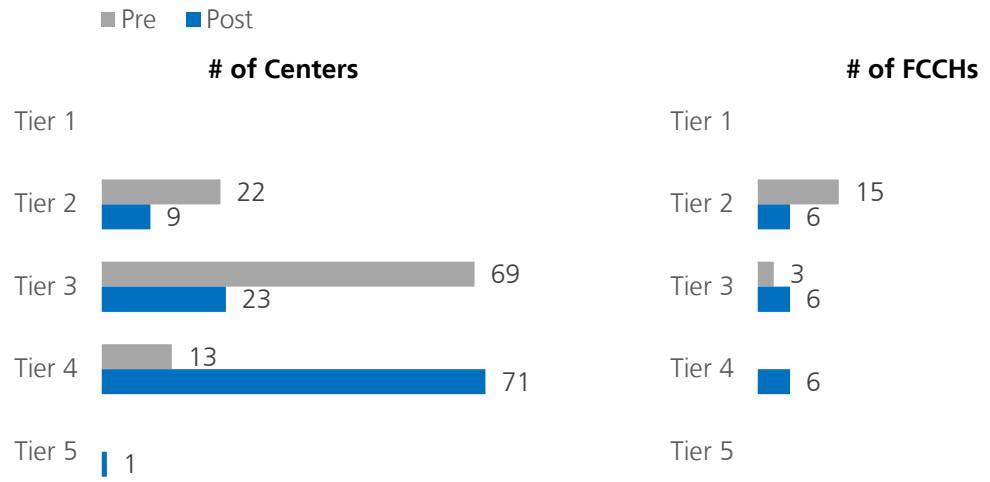


Table 7 shows the large percentage of sites that increased their Tier ratings; nearly two-thirds increased by one or two Tiers. About one-third remained unchanged. Only two sites decreased in their rating by one Tier - one was a Center, and the other was an FCCH.

Table 7. Summary of Change in Ratings of Overall Tier Rating

Change in Tier	Centers	FCCHs	Total	% of All Sites
Decreased	1	1	2	2%
Did Not Change	34	6	40	33%
Increased	69	11	80	65%
Total	104	18	122	100%

To identify specifically which elements decreased, remained the same, or increased from pre- to post- ratings, we examined the element ratings in detail. As indicated by the QCF matrix, Centers were rated on Child Observation, Developmental and Health Screening, Lead Teacher Qualifications, CLASS, Ratios and Group Sizes, ERS, and Director Qualifications. Family Child Care Homes were rated on almost all these elements (excluding Ratios and Group Sizes and Director Qualifications). What follows are analyses of these element ratings.

Most sites did not show change in Child Observation ratings. From pre- to post- measurements, the majority of sites did not change in their Child Observation ratings. Figure 2 shows that the distribution of Tier ratings for both Centers and FCCHs was fairly similar at the first and second rating times. Most Centers were initially and subsequently rated in Tier 4 for this element, while FCCHs were rated either Tier 1 or Tier 4 at both points in time.

Figure 2. Child Observation Ratings

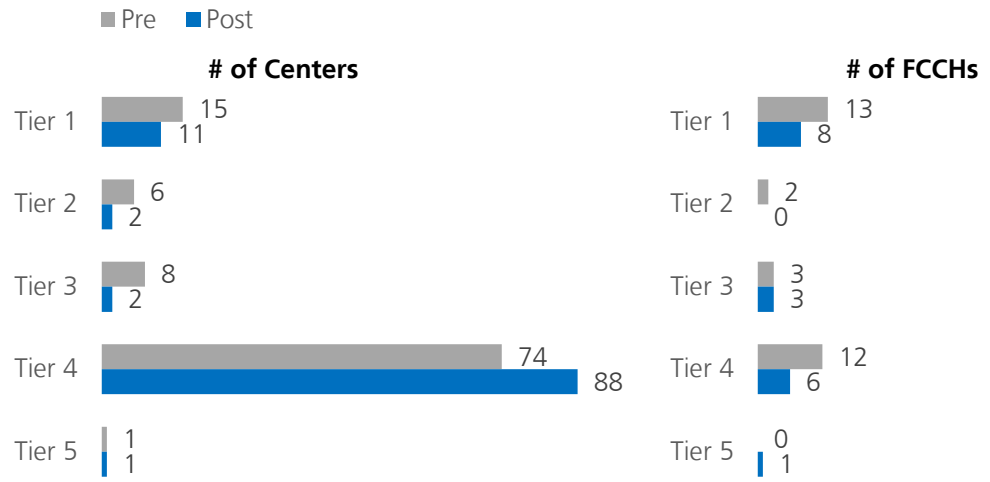


Table 8 further details the finding that most sites did not decrease or increase their Child Observation rating from pre- to post- ratings. Three-quarters of the sites did not change with respect to this element; one-fifth of the sites increased their ratings; and 4% decreased.

Table 8. Summary of Change in Child Observation Ratings

Change in Tier	Centers	FCCHs	Total	% of All Sites
Decreased	3	2	5	4%
Did Not Change	84	8	92	75%
Increased	17	8	25	21%
Total	104	18	122	100%

About half of sites showed no change, and about half showed increases in Developmental and Health Screening Ratings. This element is one of two elements on which sites made the largest gains, both at Centers and FCCHs. Portraits of sites' performance with regard to this element followed a similar pattern for Centers and FCCHs, though their specific beginning and ending Tiers were different. Centers started out primarily in Tiers 2 and 5 at the baseline rating and moved to primarily Tier 5 by the post- rating. Family child care homes were rated mostly Tier 1 at baseline, but by the end of the project, many sites had moved up to Tier 5. Figure 3 shows the specific distributions for this element by type of site.

Figure 3. Developmental and Health Screening Ratings

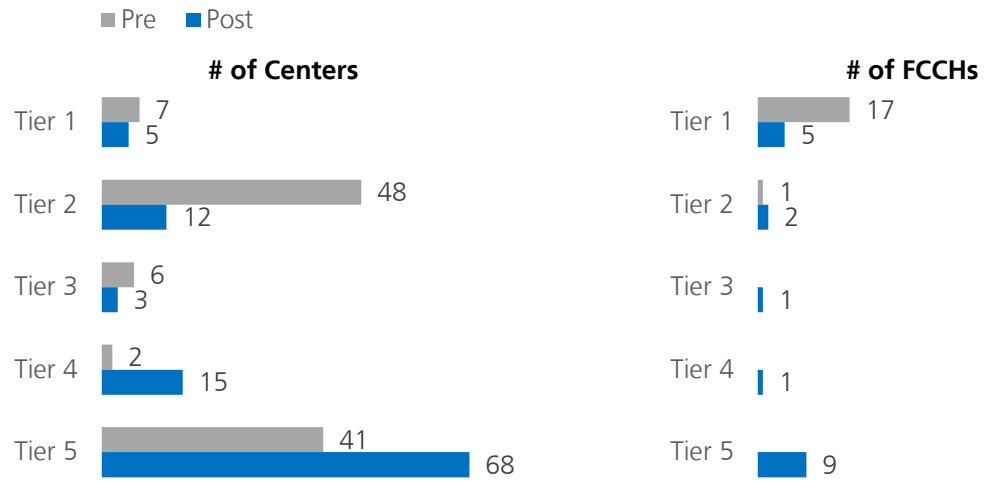


Table 9 shows that about half of the sites did not change their Developmental and Health Screening ratings, and that about half of the sites increased their ratings by between 1 and 4 Tiers.

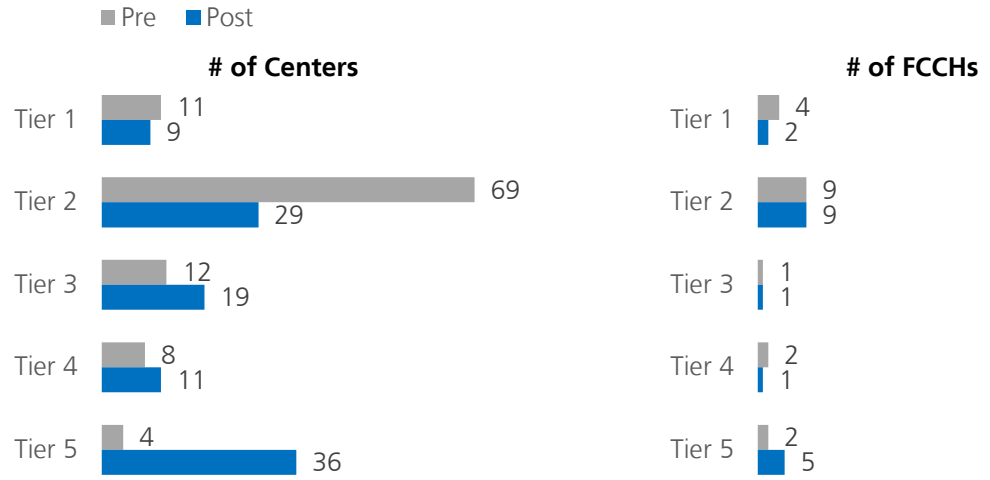
Table 9. Summary of Change in Developmental and Health Screening Ratings

Change in Tier	Centers	FCCHs	Total	% of All Sites
Decreased	4	0	4	3%
Did Not Change	54	5	59	48%
Increased	46	13	59	48%
Total	104	18	122	99%*

*Due to rounding, percentages do not add up to 100%.

More than half of sites increased their Lead Teacher Qualifications ratings. This is another element in which sites made strong improvements. Both Centers and FCCHs were most often rated Tier 2 when initial ratings were collected. However, by the post- rating, the majority of sites were rated Tiers 3, 4, or 5. Figure 4 illustrates these patterns.

Figure 4. Teacher Qualifications Ratings



This element was one in which sites improved greatly, with slightly more than half of the sites increasing their rating by 1, 2, or 3 Tiers. Table 10 shows that this improvement was more pronounced at Centers, although no FCCHs decreased in their Tier ratings.

Table 10. Summary of Change in Lead Teacher Qualifications Ratings

Change in Tier	Centers	FCCHs	Total	% of All Sites
Decreased	4	0	4	4%
Did Not Change	42	13	55	45%
Increased	58	5	63	51%
Total	104	18	122	100%

Most sites did not show a change in CLASS ratings. CLASS ratings at both Centers and FCCHs remained largely unchanged, having been rated mostly in Tier 3 at pre- and at post- ratings (see Figure 5). Nevertheless, there was a trend towards improvement, in that slightly more sites increased than decreased their Tier ratings (see Table 11). The section on CLASS and ERS ratings that follows describes this slight improvement in these quality assessments in more detail.

Figure 5. CLASS Ratings

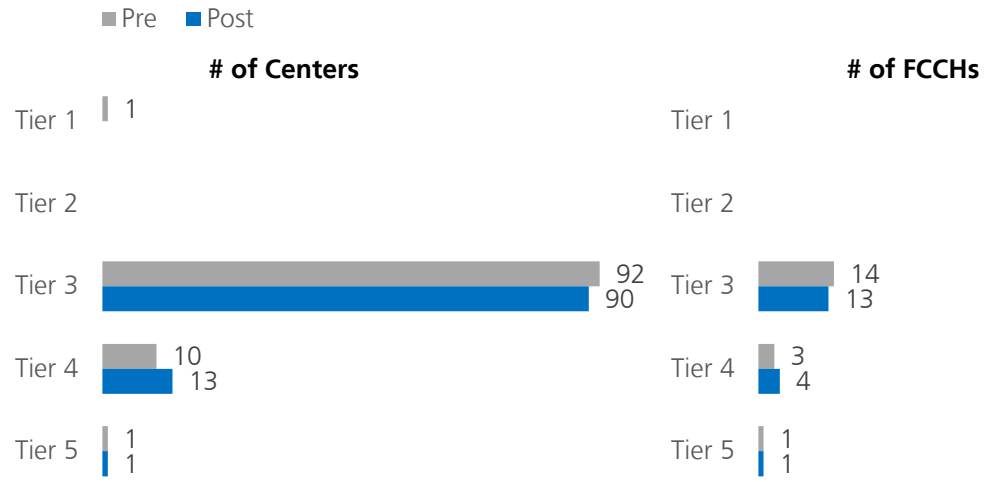


Table 11. Summary of Change in CLASS Ratings

Change in Tier	Centers	FCCHs	Total	% of All Sites
Decreased	10	2	12	10%
Did Not Change	80	13	93	76%
Increased	14	3	17	14%
Total	104	18	122	100%

More than half of sites showed no change in Ratios and Group Sizes ratings, but these were already high at baseline. In this element, which was rated only for Centers, most sites did not change, but a large proportion of sites (76%) were already scoring in Tiers 4 and 5 at the baseline rating (see Figure 6). At the second rating, 94 sites (77%) scored in Tiers 4 and 5. Further, as shown in Table 8, more sites increased their ratings (36%) than decreased their ratings (12%).

Figure 6. Ratio and Group Size Ratings

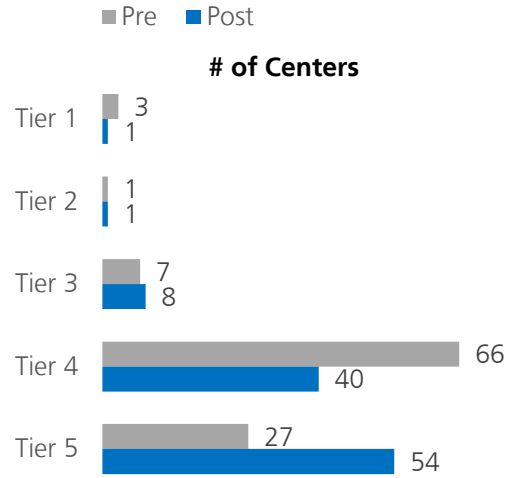


Table 12. Summary of Change in Ratios and Group Size Ratings

Change in Tier	Centers	% of All Sites
Decreased	12	12%
Did Not Change	54	52%
Increased	37	36%
Total	103	100%

More than half of sites increased their ERS Ratings. Sites made significant improvements in this element, although most sites were rated no higher than Tier 3 at the post- rating. At baseline, Centers were mostly Tiers 2 or 3, and FCCHs were mostly Tiers 1 and 2 (see Figure 7). At the second rating two years later, most Centers were rated Tier 3, with some in Tier 4, while FCCHs were primarily rated Tier 2, with some in Tier 4.

Figure 7. ERS Ratings

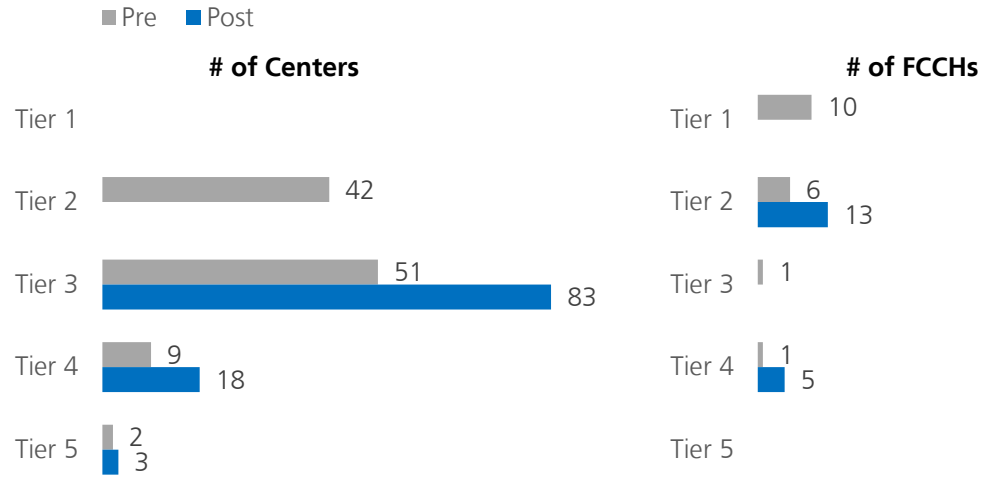


Table 13 shows that over half of sites increased their Tier by 1, 2, or 3 Tiers. Because a large proportion of sites started in the lowest tiers, however, this rate of improvement was not enough to place the majority of sites in the higher tiers at the post- rating.

Table 13. Summary of Change in ERS Ratings

Change in Tier	Centers	FCCHs	Total	% of All Sites
Decreased	10	1	11	9%
Did Not Change	39	6	45	37%
Increased	54	11	65	54%
Total	103	18	121	100%

Most sites were rated in the high Tiers in Director Qualification ratings by the program's end. This scale applied only to Centers, not FCCHs. Figure 8 shows that initially, over half of the Centers were rated Tiers 1 or 2. After the intervention, nearly three-quarters of the Centers were rated Tiers 4 or 5. Table 14 further emphasizes this jump in quality ratings: About half of the sites gained at least one Tier.

Figure 8. Director Qualification Ratings

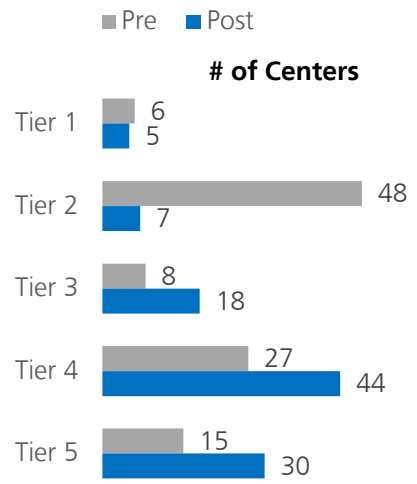


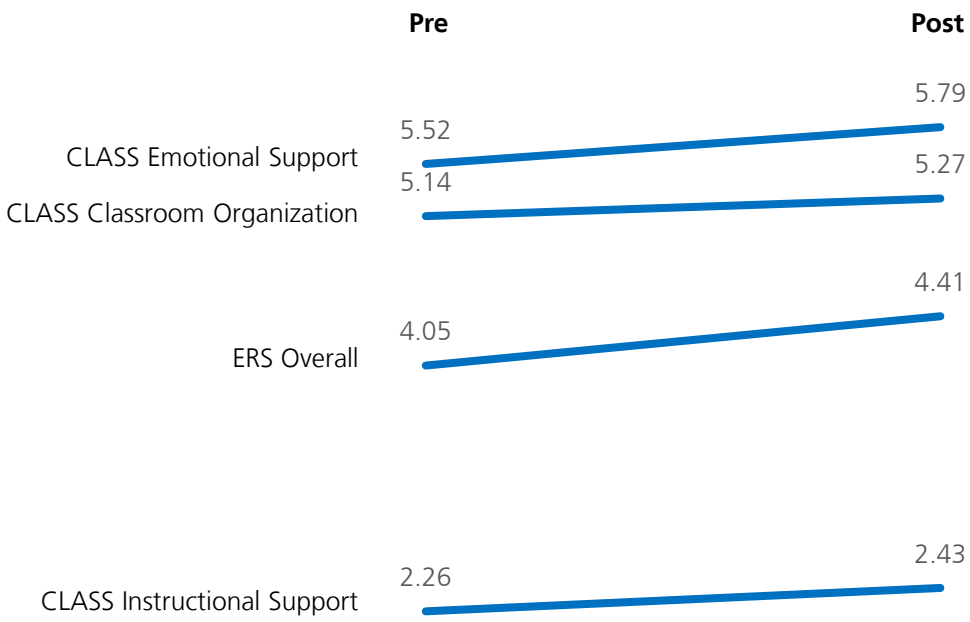
Table 14. Summary of Change in Director Qualifications Ratings

Change in Tier	Centers	% of All Sites
Decreased	5	5%
Did Not Change	47	45%
Increased	51	50%
Total	103	100%

There was a slight upward trend in CLASS and ERS scores. Although, as described in the previous section, the group of 121 sites with pre- and post- data did not show marked improvements in their CLASS or ERS QCF element ratings, examining these sites' CLASS and ERS assessment data more closely gives a more detailed picture of the patterns of sites' performance in program environment and teacher-child interactions. Figure 18 shows a consistent pattern of improvement in sites' average ratings on CLASS-Emotional Support, CLASS-Classroom Organization, CLASS-Emotional Support, and ERS-Overall. The largest average gains were made in sites' ERS-Overall ratings.

Research on the minimum CLASS quality associated with improvements in child outcomes suggests that the score for Emotional Support ideally should be in the 5- to 7-point range, while Instructional Support should be at least 3.25 to create gains in child outcomes (Burchinal et al., 2010). Collectively, sites were within the suggested range, albeit at the lower end, in Emotional Support (as well as in Classroom Organization), but were below the recommended minimum in Instructional Support.

Figure 9. Pre- and Post- Ratings for Pre-K CLASS and ERS



Findings: Participants' Experiences and Learning

This section answers the question: "How was LAUP's RTT program experienced by site staff, and what did they learn?" To answer this question, we conducted surveys, observations, and interviews with lead teachers, directors, and FCCH owners. Interviews and focus group sessions were conducted with directors and FCCH owners from both cohorts, in order to gain insights on the support received by teachers, and to understand some of the challenges and limitations in implementing the statewide QRIS.

Teacher surveys, site observations, and interviews allowed us to capture teachers' and directors' insights regarding the support they received from their coaches and specialists. A retrospective survey[2] was administered to teachers from both cohorts. This approach allowed us to measure changes in teachers' confidence in their knowledge of the ECE areas targeted by LAUP's improvement efforts. Two versions of the survey were designed to assess both models implemented. For Cohort 1, 345 surveys were distributed to lead teachers, and 50% (n=172) of the teachers returned the survey. In Cohort 2, 296 surveys were distributed, and 44% (n=131) of teachers completed and submitted the survey.

Teachers increased their confidence in the Teachers and Teaching core area. In the Quality Continuum Framework Core II area of Teachers and Teaching, teachers reported growth primarily in using results from children's assessments and in asking open-ended questions to promote higher-order thinking (Table 15).

[2]Conducting separate pre- and post- surveys was not feasible for the evaluation of the program, because providers entered the program at different stages of implementation. Providers in Cohort 1 were recruited in 2013 while Cohort 2 providers entered the program in 2014.

Table 15. Survey Results for the Quality Continuum Framework's Core II Area: Teachers and Teaching

	Cohort 1		Cohort 2	
	Post Mean	**Pre-Post Difference**	**Post Mean**	**Pre-Post Difference**
Confidence in using child observation tools to assess children's developmental progress.	3.93	+0.54	3.91	+0.68
Confidence in using results from children's assessments to develop lesson plans.	4.08	+0.74	3.97	+0.68
Confidence in using various strategies to support child language and communication.	4.16	+0.69	4.11	+0.67
Confidence in being flexible with my activities to follow children's interests.	4.21	+0.57	4.23	+0.62
Confidence in managing instructional time to maximize children's opportunities to learn.	4.17	+0.66	4.13	+0.66
Confidence asking open-ended questions to promote higher-order thinking.	4.24	+0.80	4.16	+0.73
Confidence engaging children in activities using materials at their own developmental level and pace.	4.24	+0.58	4.23	+0.54
Confidence in my own skills and professional development as an educator.	4.12	+0.39	4.18	+0.48

Teachers increased their confidence in the Program and Environment area. In the Core III area of the Quality Continuum Framework (Program and Environment), teachers reported improvement in their confidence in several skills. These skills included using a valid and reliable screening process, ensuring clearly defined spaces in the classroom environment, following proper health and safety procedures, and ensuring there were specialized materials in the classroom (see Table 16). Importantly, this set of findings demonstrates that Coaches and Specialists focused specifically on supporting teachers' understanding and use of the ERS tool in their classrooms; the ERS tool stresses the items in which teachers showed the most growth.

Table 16. Survey Results for the Quality Continuum Framework's Core III area: Program and Environment

	Cohort 1		Cohort 2	
	Post Mean	**Pre-Post Difference**	**Post Mean**	**Pre-Post Difference**
Confidence using valid and reliable screening tools to make referrals and implement appropriate intervention strategies in the classroom.	4.07	+0.76	3.83	+0.79
Confidence ensuring I had clearly defined spaces in my environment.	4.22	+0.78	4.10	+0.73
Confidence following proper health and safety procedures related to cleanliness, hand washing, and sanitizing practices.	4.29	+0.74	4.33	+0.73
Confidence ensuring the class environment included materials for fine motor, art, sensory, nature/science, math, and diversity.	4.27	+0.76	4.27	+0.76
Confidence building respectful partnerships with parents to strengthen parent engagement and communication.	4.25	+0.45	4.24	+0.53
Confidence in the quality care and learning I offered in my classroom.	4.32	+0.53	4.30	+0.53
Confidence in my knowledge of licensing requirements and regulations.	4.11	+0.58	--	--
Confidence providing hands-on opportunities and creating inviting spaces inside and outside the classroom to promote meaningful play.	4.23	+0.67	--	--
Confident promoting children's interest in literacy by modeling language and using storytelling for children to strengthen their language and literacy skills.	4.27	+0.60	--	--
Confidence engaging parents in helping their children develop their social and emotional skills at home.	4.18	+0.62	--	--
Confidence encouraging children's interest in math and science by providing age-appropriate activities inside and outside the classroom environments.	4.16	+0.71	--	--

Lead Teachers in Cohort 2 were asked to respond to additional items about their participation in the Early Education Institutes and Learning Communities (Table 17). Teachers reported increased confidence in encouraging children's interest in math and science by providing age-appropriate activities inside and outside the classroom environments. The teachers retrospectively rated their confidence levels at an overall mean of 3.34 before RTT. Post- ratings reflect a gain of +0.79 in their level of confidence, for an overall mean of 4.13. This gain is important because it reflects the success of one of the Early Education Institutes, which focused on encouraging children's natural curiosity about math and science, and offered strategies to help promote math and science in classroom environments.

Table 17. Survey Results for Cohort 2 participation in the Early Education Institutes and Learning Communities

	Post Mean	Pre-Post Difference
Confidence promoting children's interest in literacy by modeling language and using storytelling for children to strengthen their language and literacy skills.	4.38	+0.70
Confidence engaging parents in helping their children develop their social and emotional skills at home.	4.16	+0.68
Confidence encouraging children's interest in math and science by providing age-appropriate activities inside and outside the classroom environments.	4.13	+0.79
Confidence providing age-appropriate food choices and portions.	4.21	+0.59
Confidence promoting tolerance and anti-bias environment	4.24	+0.58
Confidence attending trainings and implementing teaching practices in the classroom based on these trainings.	4.31	+0.72
Confidence networking with other providers to share my successes and experiences implementing new techniques in the classrooms	3.99	+0.68

Teachers reported high levels of satisfaction in collaborating with LAUP staff. Teachers were asked to rate their overall satisfaction with the support they received from the field staff. Figure 10 shows the percentages of teachers in Cohort 1 (n=172) and Cohort 2 (n=131) who were satisfied or very satisfied. Overall in Cohort 1, 79% (n=136) of teachers indicated that they were satisfied or very satisfied with the support they received from their coach. In Cohort 2, 79% (n=138) of teachers indicated that they were satisfied or very satisfied from their specialist.

Figure 10. Teachers' Satisfaction with Support from LAUP Coach or Specialist

Teachers were asked, "How satisfied are you with the collaboration between you and your coach in creating quality improvement goals?" Figure 11 shows the percentages of teachers in Cohort 1 (n=172) and Cohort 2 (n=131) who were satisfied or very satisfied. In Cohort 1, 82% (n=142) of the teachers indicated that they were very satisfied with their collaboration with the coaches in creating goals for the quality improvement of the programs. Similarly, 78% (n=67) of teachers in Cohort 2 indicated that they were very satisfied with their collaboration with the specialists.

Figure 11. Teachers' Satisfaction in Collaborating with LAUP Staff with Co-Creating Improvement Goals

The following quotes from teachers characterize their satisfaction with their LAUP staff:

> *"My coach was very professional from the beginning. She was very helpful in improving my classroom environment in all areas. She taught me and my assistant useful tools to teach the children."*
> *- Cohort 1 Provider, RTT Cohort 1 & 2 Retrospective Survey, May 2015*

> *"I love the positive criticism our coach gave me. She is a great coach and she is always willing to give us resources and even modeling for us."*
> *- Cohort 1 Provider, RTT Cohort 1 & 2 Retrospective Survey, May 2015*

> *"My coach was very effective and well-versed in ECE instructional practices. She spent extra time coaching me on ECERS implementation. She also gave me detailed feedback and exciting new ideas on concept development."*
> *- Cohort 1 Provider, RTT Cohort 1 & 2 Retrospective Survey, May 2015*

> *"She is very patient especially since my English is limited. She taught me new strategies to read with the kids. She also provided me with materials for arts and crafts projects."*
> *- Cohort 2 Provider, RTT Cohort 1 & 2 Retrospective Survey, May 2015*

> *"We could not have … created a wonderful learning environment, center, etc., without our Specialist's support and encouragement."*
> *- Cohort 2 Provider, RTT Cohort 1 & 2 Retrospective Survey, May 2015*

> *"She has been a phenomenal mentor, teacher, and guide. I am confident and take pride in the changes that have been made thanks to her listening, openness, and leadership. I feel I am a better educator."*
> *- Cohort 2 Provider, RTT Cohort 1 & 2 Retrospective Survey, May 2015*

LAUP field staff members' support was provider-centric. During the focus group session, coaches and specialists were asked to define their role in supporting the implementation of a QRIS. They tended to give definitions that focused on the provider as the driver of the collaboration with the coach, and the coach as responsively building on the providers' existing practices. For example, a coach supporting providers in Cohort 1 described her role as promoting quality in the classroom by relying on QRIS as the foundation, commenting that:

> *"Being able to tie in what teachers are already doing in the classroom and the tools used in the QRIS is vital to quality improvement goals."*
> *- RTT Coach of a Cohort 1 Provider, Focus Group, August 2014*

A specialist supporting teachers in Cohort 2 stated:

> *"The role of the specialist is to help providers familiarize themselves with the different sections of the QRIS that explain the standards that define quality. As a specialist, we support them by giving them trainings on a variety of tools from the QRIS that sometimes may be new to them, and I strive to make connections to what they are already working on in the classroom. The tools are meant to help teachers enhance what many are already doing."*
> *- LAUP Support Specialist of a Cohort 2 Provider, Focus Group, June 2015*

Providers also expressed the idea that field staff engaged providers collaboratively. The following quote exemplifies this view:

> *"I think that a coach who comes in with a singular purpose of supporting them in their quest to do a really good job gives a message to the teacher of— here's support, what you do is important? We know you want to do it well. We're going to support you to do it well; and I think that having someone like Race to the Top come in, is a powerful message."*
>
> *- Director of a RTT Cohort 1 Provider, Interview, October 2014*

On-site support was helpful for providers. The teacher surveys and interviews captured the benefits that on-site assistance provided to the directors and FCC owners, teachers, and children. Because on-site support was closely tied to the implementation of Quality Continuum Framework elements, field staff played a large role in assisting ECE providers with program quality enhancement and support for children's school readiness.

Research on the implementation of Quality Rating and Improvement Systems reveals that effective methods for quality assistance include models that incorporate strategies to promote children's learning (Smith et al., 2010). The LAUP models incorporated on-site observations of teacher-child interactions, positive feedback and assistance, and modeling of teaching techniques and strategies. Field staff also provided specialized on-site trainings for teachers unable to attend LAUP trainings, and incentives in the form of supply kits were distributed to classrooms to support the improvement of classroom environments. A list of incentives can be found in Appendix E. Because many different programs participated in this pilot initiative, many providers benefitted from the support received. A director expresses these sentiments in the following quote about receiving support from a coach:

> *"Our coach was very approachable. She was very knowledgeable. It was a great experience because she would take a negative situation and find something positive about it and help us grow. She pushed us ever so gently by setting goals and covered all the areas of curriculum, interaction with the children."*
>
> *- Director of a RTT Cohort 1 Provider, Interview, July 2015*

Findings: Providers' Barriers and Catalysts to Improvement Efforts

The data that we gathered from directors, teachers, and field staff as they implemented the Quality Continuum Framework in their Centers and Family Child Care Homes gave us important insights into the challenges and limitations they faced. During our site observations and interviews, participants also told us about what made their jobs easier and what additional support they would appreciate.

Levels of investment in RTT varied across programs. Some sites were more willing or able than others to take advantage of our coaches' support. Factors varying between sites included: changing organizational structures, teacher turnover rates, levels of motivation, access to funding and resources, availability of teaching staff, attendance at trainings, and ability to implement the tools in the Quality Continuum Framework. Some of these factors varied between Centers and FCCHs. In particular, Centers were better equipped than FCCHs to use tools such as the DRDP and ASQ; however, FCCH owners were very willing to improve their businesses and to seek opportunities like RTT to assist them in improving their quality. This willingness differed from some Center-based programs, where participation in more structured programs limited new approaches. Furthermore, while FCCH owners personally sought to be part of RTT, teachers at Centers were required to participate in RTT, and there was a disconnect between teachers and directors in their commitment to the program. Because many teachers were experiencing internal restructuring of programs due to funding difficulties and high turnover rates, teacher motivation differed and was sometimes low at Centers. One coach expressed that it was especially difficult to coach some Center-based programs:

> "Especially taking into account getting teacher buy-in. Are they passionate about participating? Is it something that they are just doing to successfully complete that goal, and once that goal is complete, drop it and forget all about it?"
>
> - RTT Coach of a Cohort 1 Provider, Focus Group, August 2014

In contrast, many providers appreciated the opportunity to participate in a larger program. For example, the owner of a Family Child Care Home said:

> "Before, we weren't part of any school district or any Head Start, so we were kind of here and we really didn't have the resources, and this is the best thing I have gained from this – feeling that we are connected, that there is someone I can go to if I have questions on how we should be doing things."
>
> - Director of a RTT Cohort 1 Provider, Interview, October 2014

Requirements for teacher qualifications were not commensurate with the current pay rates of the ECE workforce. ECE providers were not able to retain highly qualified teachers in low-paying jobs because, once they earned their degrees, they often sought higher-paying employment. Due to limited budgets, ECE providers were also unable to increase the pay for highly qualified staff.

Many teachers were not motivated or able to improve their qualifications. In some cases, teachers had been in the ECE field for a number of years, and many did not plan to go back to school to complete their degrees or seek additional professional development. Often, teachers were also unable to go back to school because they could not afford the expenses.

Limited budgets prevented programs from accessing important resources. Some sites could not afford use of the DRDP Tech, the assessment tools, or the materials necessary to improve their inside and outside environments. Sites also struggled to afford substitute teachers to cover classrooms, which would have allowed their lead teachers to attend trainings.

Some programs were not willing or able to support the implementation of assessment tools such as the Physician's Report and ASQ assessments. This was especially evident in FCCHs, where providers had difficulties with parents submitting the required documentations.

Some programs were not willing to change their approaches. In some cases, sites were committed to philosophies and beliefs such as religious curricula and Montessori approaches. These views stood in contrast to the recommendations of the QCF, and may have affected sites' abilities to receive higher ratings.

High teacher turnover rates limited coaches' ability to work with teaching staff. Almost year-round, field staff had to orient new staff to the requirements of the QRIS, and continue to support new teachers' improvement and application of teaching techniques in the classroom.

There was insufficient time to effectively implement assessment tools for some providers who had never used these. Field staff expressed that teaching staff struggled to become familiar and comfortable with implementing these tools in their classrooms.

Some sites were not motivated to invest in improvement efforts that potentially could not be sustained. There was fear among some field staff, directors, and teachers that their sites would lose the necessary motivation and commitment to continue their progress in applying quality improvement activities after the program concluded. Some also felt overwhelmed at the thought of continuing to improve their programs without the support of mentors to guide their progress.

The following quote from a RTT coach illustrates some of the frustrations experienced due to limited time and resources:

"With the private centers the biggest challenge I have is that they really want to apply the tools but they don't have the staff to implement it…it's just, if they had extra funds to pay someone… they want to go to the trainings but if you have 1 to 12 staff and these are all the people you have at your site, these wonderful trainings we are providing for them, they can't even attend them because they don't have anyone to come to their classroom and sub for them. The simple thing like cleaning the table, that's hard to do when you have 12 toddlers running around and you are the only person in there, and you are trying to talk about washing your hands according to the standards of ECERS. I sense their frustration because it's not that they don't want to do it, they don't have the resources to really do it."

- RTT Coach Cohort 1, Focus Group, August 2014

Access to funding and resources affected programs' alignment with the QCF. Access to funding and resources differed by program type, and this access significantly impacted providers' ability to align their programs to the Quality Continuum Framework standards. Because many programs operated with limited funding, many were unable to buy, be trained on, and use the child assessment tools; to pay their teachers during non-working hours to attend trainings for professional development; and to hire more staff who could support the quality improvement activities. One provider described her multiple limitations as follows:

"Money, supplies, staff, and time– we are limited. We don't have too much to buy outside toys, classroom toys, and stuff like that. We don't have storage space. We don't have all of the materials we are required to have in a home daycare because of storage and money. We find ways to meet the needs of the children; we can take the small things and make them into beautiful things. We can take paper rolls and make something. We have to change different things in order to supplement what we don't have."

- FCC Owner of a Cohort 2 Provider, Interview, June 2015

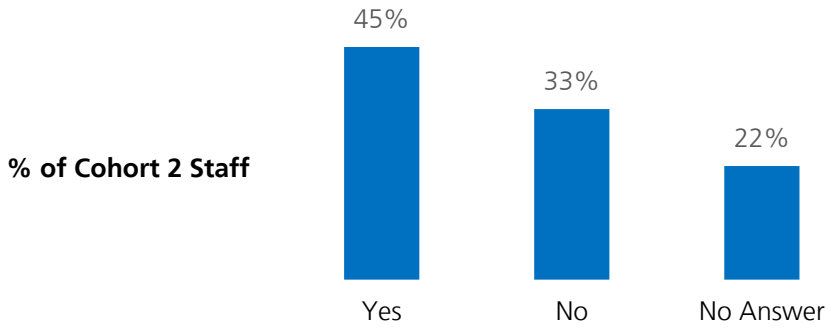
The following quote from a Center Director also illustrates the problem of teachers needing to leave their sites to attend professional development sessions:

"Unfortunately, we can't afford to pay for them to attend [trainings]. I know the trainings are free but if they go, we would have to hire a sub and we do not have the money. That would probably be a very helpful use of resources. That is why I am happy that [trainings] were able to happen here because we do have a weekly staff meeting that we have put into the budget. But our budget is very tight so we can't add a lot of professional development off-site. It really needs to be during the working day because they have children as well as going to college. I guess more on-site trainings would be great. We are one of the centers that would really take advantage of them."

- Director of a RTT Cohort 1 Provider, Interview, October 2014

Limited access to trainings was a barrier for many providers. Many of the FCCH owners and Center directors had difficulty with the logistics around their staff's attendance at the LAUP trainings. About a third of the Cohort 2 teachers indicated that they had not attended any of the Early Education Institutes or Learning Communities (see Figure 12). To address this challenge, the RTT Specialists made trainings available on Saturdays and evenings to accommodate teachers' schedules. When teachers were unable to attend any sessions, the RTT Specialists held the trainings at their sites; if sites were unable to provide their staff with any opportunities to attend the sessions, the specialists offered targeted assistance to update teaching staff on current teaching methods and strategies.

Figure 12. Percentages of Cohort 2 staff who attended Early Education Institutes and Learning Communities



Providers had difficulty sustaining a program aligned with the QCF standards. Teachers and directors named the following factors as challenges to implementing the QCF:

- Educational and professional development requirements were too high.
- Resources, including staff, were limited, especially for Family Child Care Homes.
- Implementing assessment and screening tools was cost-prohibitive.
- Staff were unfamiliar with assessment and screening tools that were part of the QCF.

Among the most frequently mentioned challenges were the high educational standards and professional development requirements of the QCF. Limited opportunities for educational advancement, as well as low teacher wages, were major challenges for directors in encouraging teachers to move toward the higher QCF standards. Other challenges included lack of resources and limited staff, which prevented effective implementation of new strategies and practices based on the QRIS. Specifically, ECE educators expressed the challenges of implementing the assessment and screening tools because they lacked the resources to purchase the tools, and in some instances, the programs lacked teaching staff to assist in implementing the assessment and screening tools in the classroom. Additionally, some of the programs were not familiar with the assessment and screening tools before participating in RTT. Thus, teaching staff needed to become familiar with the tools and receive training before implementing the tools in the classroom. One director said, "You've got to be able to hire quality people and the reimbursement rate just does not allow us to do that. Neither does the reimbursement rate allow us to buy some of the materials like buying the ASQ for the entire site. I just bought them for my Head Start program. I am sharing them across, but I still spent $2,000 and so my question is, 'Do I spend $2,000 on materials to enrich a classroom or do I spend $2,000 to buy the ASQ, or do I spend $2,000 and hire three teachers and pay them fifty cents more an hour?' It feels as if I'm constantly being asked to take what limited budget we have and make priority decisions that should not be priority decisions."

Field staff provided resources and incentives to help providers overcome barriers. To address these educational and professional development challenges, the field staff provided the ECE educators with information about scholarships and programs such as the ASPIRE Stipend Program to advance their education and work towards meeting the teacher requirements of the QCF. Field staff offered on-site trainings and referred site staff to training opportunities sponsored by LAUP. Trainings were offered on all of the elements in the QCF, including the DRDP, ASQ and ASQ:SE, CLASS, and ERS tools. Additional trainings were offered to enhance teacher-child interactions and provide teachers with opportunities to practice new strategies in the classroom. For Cohort 2 providers, the Learning Communities served as safe spaces for teachers to share their experiences with implementation of teaching strategies. They also allowed field staff and teachers to model teaching practices, and created a space for teachers to provide their fellow teachers with feedback on ways to improve their programs, based on shared challenges and limitations. Moreover, to build a strong social network among educators, LAUP hosted Provider Network Meetings and encouraged providers to network with other providers in Los Angeles County. All sites also received Lakeshore kits to enhance their environment inside and outside the classroom. Centers and FCCHs were provided with ASQ and ASQ:SE kits to facilitate the implementation of these tools.

Conclusions and Recommendations

LAUP's implementation of RTT has produced important improvements in participating programs' quality, and this evaluation has given us insight into the processes that providers undertook to improve their abilities to prepare young children for school. By focusing on the components of the Quality Continuum Framework, LAUP coaches and specialists were able to collaboratively develop and work towards goals with their providers, provide consistent on-site support, nurture positive relationships, supply customized materials, and ultimately help providers improve in key areas of quality. The following quote typifies the positive experience of a provider participating in Race to the Top:

> *"I am grateful and thankful that I am able to get resources, feedback, more professional development techniques, and more ideas. I can go on and on, and describe the things I have changed in my program. Also, they gave me books with additional resources – a lot of resources that I do not think I could have gotten myself. For example, the social-emotional component for the ASQ is very expensive. It is worth so much."*
>
> *- FCC Owner of a RTT Cohort 1 Provider, Interview, June 2015*

While successful overall, LAUP's approach would benefit from some adjustments recommended by providers as well as field staff. (Both groups were interviewed and asked for feedback about how to improve the program.) These recommendations are organized by topic below.

1. Offer more frequent visits to sites that are in the greatest need. Providers suggested that some sites should receive more intensive support depending on their need. One provider explained:

   > *"Once a week could be better or every other week. We need support not only for teaching, not only for the children and the environment, we also need support in the business area. That also helps improve the overall quality. All of that helps in a Family Child Care program."*
   >
   > *- FCC Owner of a Cohort 2 Provider, Interview, June 2015*

2. Consider packaging materials and support for mixed age groups. FCC Homes, in particular, have children of different ages and would benefit from mixed age group approaches. One provider specified:

   > *"We received material that focused on one age group, but I have a mixed age class. It would be great to receive kits for mixed age groups or give kits for all three groups (infant, toddler, and preschool) regardless of how many classrooms we have. This is the difference between centers and homes. In order for us to get high ratings and have high quality by providing children what they need, this needs to be an important part [of] assisting Family Child Care Homes."*
   >
   > *- FCC Owner of a Cohort 2 Provider, Interview, June 2015*

3. Ensure that attendees at professional development sessions receive complete documentation of the training. This could be a certificate indicating the date, location, name of instructor, name of the workshop, and number of hours. One provider expressed:

   > *"Many of the documents they gave us did not have the name of the instructor. For me, this is important because we are accredited and I have to provide that information."*
   >
   > *- FCC Owner of a Cohort 2 Provider, Interview, June 2015*

4. Provide step-by-step modeling of important functions related to the QCF elements. Our evaluation found that some providers had very limited or no background knowledge of tools such as the DRDP and ASQ. Similarly, they were not familiar with procedures for improving their qualifications. It would be very helpful for field staff to provide teachers and directors with detailed information on how to apply for permits and other processes related to continuing their education. In addition, some providers would benefit from specific instructions and modeled step-by-step procedures for implementing the DRDPs and ASQs, and instructions on how to use these tools to provide customized support for children.

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Appendix A. Methodology

Site Observations of Field Staff. Researchers conducted 17 observations in Summer 2014 and Spring 2015 in which nine RTT Coaches and eight RTT Specialists were shadowed during site visits. Observations ranged from two to five hours in duration. The purpose of the observations was to assess how field staff established rapport with the ECE providers. The observational data also provided insights on the implementation of both models, specifically, 1) how field staff fostered collaboration and communication among teachers, site directors, and parents; 2) how positive support and feedback were implemented to empower provider staff to make changes; 3) how resources were shared on child development, environments, and other ECE topics; and finally, 4) how field staff modeled exemplary practice activities and behaviors in the classroom and throughout the program.

Focus Groups with Field Staff. Two 90-minute sessions were conducted with the RTT Coaches and Specialists to explore providers' experiences with receiving coaching, the impact of coaching on quality improvement, and the challenges and limitations ECE providers face in implementing and sustaining programs that align with TQRIS standards. The first focus group was conducted in June 2015 and involved nine RTT Coaches. The second focus group was conducted in April 2015 and involved eight RTT Specialists. The focus groups were recorded and transcribed. The data was then coded and analyzed using ATLAS.ti software.

Interviews with Directors/FCC Owners. In Fall 2015, interviews were conducted with five Directors/FCC owners in Cohort 1. In Summer 2015, interviews were conducted with six Directors/FCC owners in Cohort 2. Providers were randomly selected, and all districts were represented in the sample group. The purpose of the interviews was to examine providers' experiences with receiving coaching, the impact of coaching on quality improvement, and providers' engagement with the support provided. The interview also focused on the impact of providers' participation in RTT in strengthening their existing programs. Interviewers inquired about any changes providers had made to align their standards with the TQRIS, and examined any challenges and limitations they faced in sustaining programs that aligned with TQRIS standards. Interviews were approximately 1 hour in length. Participants received a $20 gift card at the end of the interview. The focus groups were recorded and transcribed. The data was then coded and analyzed using ATLAS.ti software.

Retrospective Pre- and Post- Teacher Survey. In May 2015, retrospective and feedback surveys were distributed to all 641 lead teachers (n=345 in Cohort 1 and n=296 in Cohort 2) to assess implementation of the Quality Continuum Framework. For the Cohort 1 survey, 345 surveys were distributed to lead teachers and 50% (n=172) of the teachers returned the survey. In Cohort 2, 296 surveys were distributed and 44% (n=131) of teachers completed and submitted the retrospective survey. Questions focused on teachers' knowledge and confidence before and after their participation in the Race to the Top program. Responses were based on a five-point rating scale, where 1 represented the lowest level of confidence and 5 represented the highest level. Teachers' responses for each survey question were tabulated, and quantitative analyses were conducted to compare differences in teachers' self-reported confidence levels in their own knowledge before and after their participation in RTT. One of the advantages of utilizing a retrospective evaluation model was the ability to ask lead teachers both to assess their knowledge and confidence as a result of participating in the program, and to reflect on their knowledge and confidence prior to the program. The survey was administered in English and Spanish.

Site Observations. Site observations were conducted with all RTT Coaches and Specialists. Observation notes were documented, and debriefs were conducted after the site visits to gain greater insights about the impact of coaching procedures and the use of the QRIS matrix.

Appendix B. Quality Improvement Activities

Quality Improvement Plans

The Individualized Quality Improvement plans focused on goals related to the five (for FCCHs) or seven (for Centers) elements of quality in the Quality Continuum Framework. Support staff tracked information on the action plans and steps required to complete Quality Improvement activities, and the performance measures completed by providers to meet their goals. All information was entered into LAUP's Efforts to Outcomes (ETO) software, which was used to store the data. The CLASS and ERS assessment scores and data guided support staff's co-creation of goals with the providers to develop individualized Quality Improvement (QI) plans. Support staff recorded the progress of providers' QI activities through an Activity Log that tracked the elements discussed during site visits, observations made, and goals created.

Efforts to Outcomes

In order to use data to drive decisions, it was essential to effectively store data to be analyzed and used to direct support staff in implementing research-based practices at the sites. Support staff utilized the Efforts to Outcomes (ETO) software to enter all of the information from the activity logs and Quality Improvement plans. Goals that support staff co-created with the providers were tracked in ETO from the time the goal was created to the time the goal was completed.

SMART Goals

To engage in meaningful Quality Improvement (QI) activities and to create progress in aligning programs to the Quality Continuum Framework, support staff co-created goals for quality improvement based on the SMART approach. Goals had to be Specific, Measurable, Attainable, Realistic and Timely. Using this approach allowed field staff to support providers in making improvements, as well as to measure their progress in meeting the goals. Field staff collaborated with lead teachers to develop goals that were specific, measurable, and were able to be completed in a realistic timeframe. Goals were captured in ETO by field staff.

One example of a SMART goal: "Teacher will introduce and define at least two unfamiliar words during circle time to increase the use of advanced language."

Early Education Institutes

- *Series #1: Licensing & Nutrition.* This training provided information on licensing requirements and regulations, age-appropriate food choices and portions, and techniques to easily and enjoyably incorporate cooking and nutrition into daily program schedules.

- *Series #2: Inviting Spaces for Young Children.* This training provided information on creating an engaging and enriching classroom environment to support positive child behavior. This training offered ideas to enhance the inside and outside environments to promote meaningful play. A hands-on presentation was offered by Trash for Teaching.

- *Series #3: Teaching for Change and Promoting Tolerance.* This training was presented by the ADL (Anti-Defamation League), and provided information on promoting an anti-bias environment and curriculum, with special attention given to gender, race, ethnicity, religion, and abilities, as well as respecting the uniqueness of each individual (child, family and community).

- *Series #4: Supporting Children's Success through Positive Interactions.* This training discussed children's behaviors and needs. Presenters presented practical classroom techniques for dealing with challenging behaviors, and discussed how to engage parents and other professionals in addressing those behaviors.

- *Series #5: The Power of Language and Literacy in Early Education.* This training provided information on how children acquire language and literacy skills. Presenters presented strategies for stimulating children's interest in literacy and setting up a rich environment, and shared ideas for modeling language and storytelling.

- *Series #6: Bringing the Magic of Math and Science to your Classroom.* This training provided information on encouraging children's natural curiosity with math and science. The training offered strategies to help promote math and science in classroom environments.

Appendix C. Demographics

In 2014-15, LAUP served a total of 14,202 children at 502 sites. Of these sites, 227 were part of LAUP's newly recruited RTT network, and 275 had existed as part of LAUP's network funded by First 5 LA.[3] The majority of the sites were Centers, with an average of about 3 classrooms per site.

Table 18. Numbers of Participants Served in 2014-15

	Cohort 1	Cohort 2	First 5 LA	Total
Centers	104	59	215	378
FCCHs	18	46	60	124
Classrooms	306	237	894	1,437
Children	6,119	3,947	10,255	14,202
Lead Teachers	317	289	636	1,242

Figures 13 and 14 display the characteristics of LAUP's RTT network for 2012-13 and 2014-15.

[3]Only 272 sites were rated out of the 275 sites that were funded by First 5 LA.

Figure 13. Race to the Top – Early Learning Challenge Factsheet, 2012-13

PROVIDER SUMMARY

Total Providers 141

Provider Type Center Based: 86.9%; Family Child Care: 13.1%

County Supervisorial District

District 1	District 2	District 3	District 4	District 5
26.9%	29.0%	8.3%	22.1%	13.8%

PROVIDER STAFF DEMOGRAPHICS

Source: Staff Information Form, 2012-2013 (N=217)

Total Staff Lead Teachers: 439; Directors: 73

Average Years in ECE 14.8

Race/ Ethnicity

Hispanic	White	Asian	Black	Other
68.2%	35.0%	11.1%	6.5%	3.7%

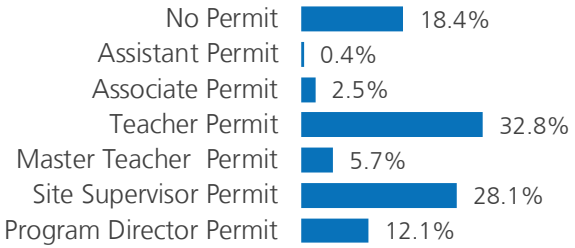
Primary Language

English	Spanish	Other	Unknown
60.4%	32.7%	5.1%	1.8%

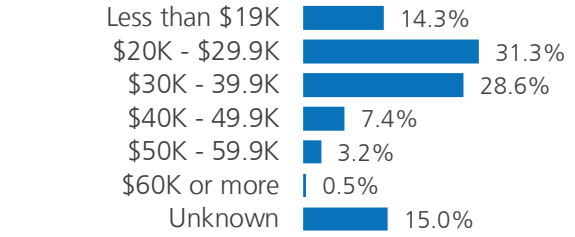
Education

HS Diploma	AA/AS Degree	BA/BS Degree	Graduate Degree	Unknown
2.9%	16.2%	46.1%	4.5%	30.3%

Permit Held[1]



Household Income



CHILD DEMOGRAPHICS

Source: Child Information Forms (N=3,975)

Total Children Served (Ages 0-5) 7,373

Age Groups Served Infant: 1.4%; Toddler: 4.8%; Preschool: 93.5%

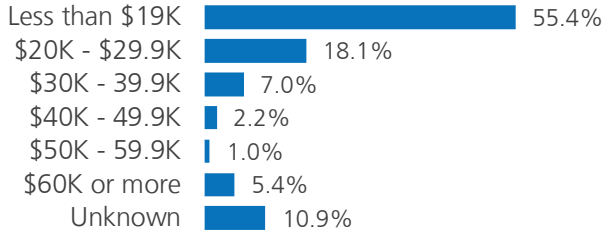
Race/ Ethnicity

Hispanic	White	Black	Asian	Multiracial	Other
73.8%	21.5%	9.0%	3.0%	9.3%	0.6%

Primary Language English 49.2%; Spanish 45.6%; Other 1.9%; Unknown: 3.3%

Dual Language Learner 47.4%

Household Income



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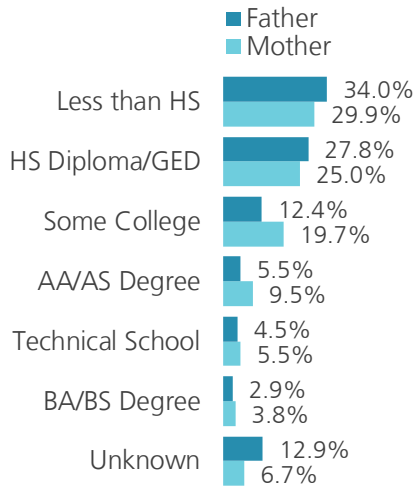

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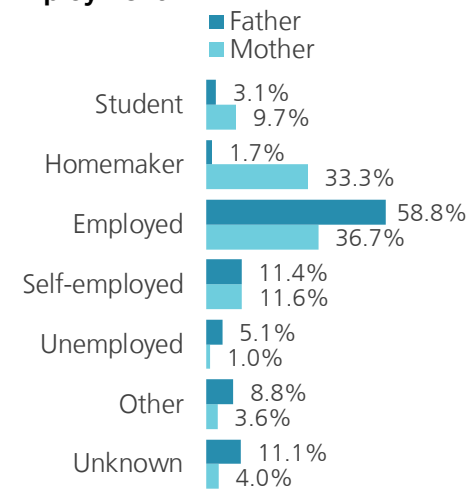


Note: The category "Unknown" includes decline to state and no response.

[1] Source: Permit information collected for Lead Teachers and Directors during 2012-13 for 141 providers (n=512 staff members)

Figure 14. Race to the Top – Early Learning Challenge Factsheet, 2014-15

PROVIDER SUMMARY

Total Providers 227

Provider Type Center Based: 71.8%; Family Child Care: 28.2%

County Supervisorial District

District 1	District 2	District 3	District 4	District 5
21.6%	28.6%	12.8%	22.0%	14.97%

PROVIDER STAFF DEMOGRAPHICS

Source: Staff Information Form, 2014-2015 (N=466)

Total Staff Lead Teachers: 554; Directors: 121

Average Years in ECE 15

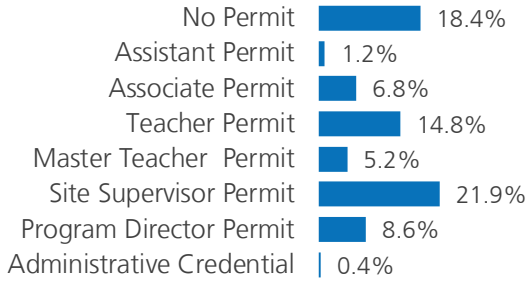
Race/ Ethnicity

Hispanic	White	Asian	Black	Other	Unknown
40.6%	34.9%	13.1%	4.7%	4.3%	2.4%

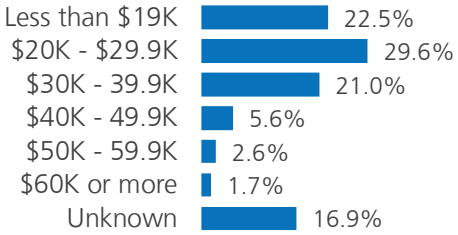
Primary Language

English	Spanish	Other	Unknown
62.5%	28.3%	4.9%	4.3%

Permit Held[1]



Household Income



CHILD DEMOGRAPHICS

Source: Child Information Forms (N=4,665)

Total Children Served (Ages 0-5) 10,066

Age Groups Served Infant: 1.3%; Toddler: 11.9%; Preschool: 84.7%

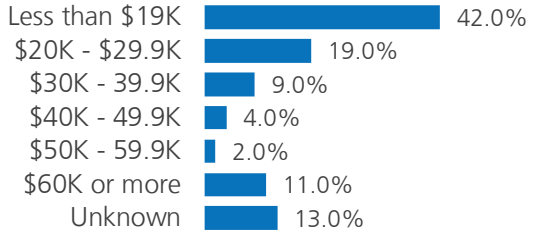
Race/ Ethnicity

Hispanic	White	Black	Asian	Multiracial	Other
44.9%	23.9%	9.0%	4.2%	8.5%	1.4%

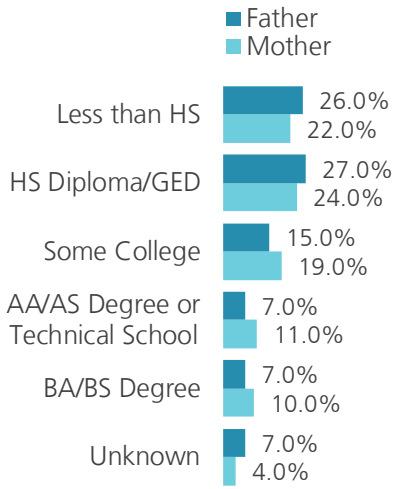
Primary Language English 56.4%; Spanish 37.3%; Other 5.6%; Unknown: 3.6%

Dual Language Learner 40.0%

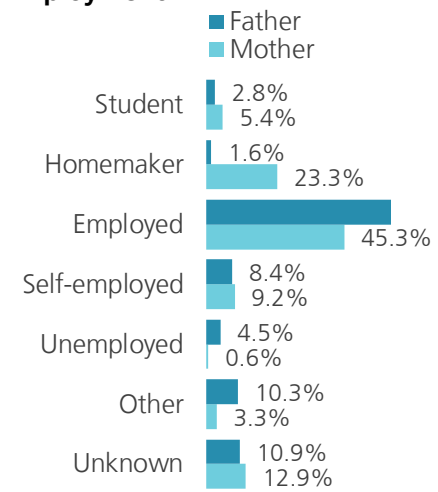
Household Income



Parent Education



Parent Employment



Note: The category "Unknown" includes decline to state and no response.

[1] Source: Permit information collected for Lead Teachers and Directors during 2014-15 for 227 providers (n=675 staff members)

Appendix D. Overall Tier Ratings by Program Year

During the first year of LAUP's implementation of RTT-ELC, ratings were assigned to 153 center- and home-based programs across Los Angeles County. Most of these sites received an initial Tier rating of 3. By the end of the program, when 499 programs, including those funded by First 5 LA, had been rated, most sites received ratings of Tier 4.

Figure 15. Overall Tier Ratings for All Participating Providers, 2012-13 (N=153)

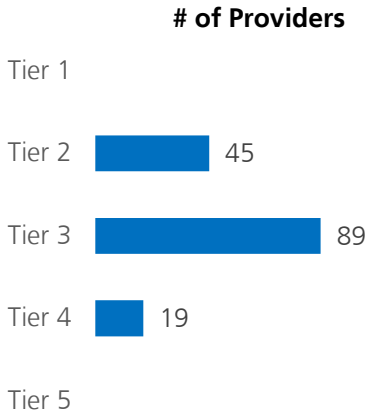
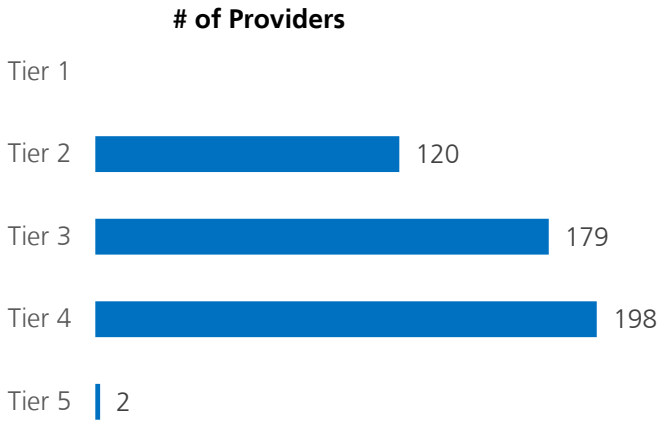


Figure 16. Overall Tier Ratings for All Participating Providers, 2014-15 (N=499)



Appendix E. Incentives Received by Programs

The following is a list of all incentives received by programs during their participation in Race to the Top.

Quality Assessment Tools:
- ERS subscales (based on the ages of the children and type of program, the sites received ECERS, ITERS or FCCERS)
- "All About" resources for the ECERS or ITERS subscales
- CLASS Dimension Guides and CLASS Manuals
- ASQ-3 and ASQ-SE kit

Books:
- Preschool English Learners Book
- Caring for our Children
- The Intentional Teacher
- Powerful Interactions book

Manipulatives and Art Supplies:
- Slow-Roll Visual Tracker
- Regular Dot Art Painters - 6 Color Set
- Construction Paper - 9"x12" (10 packs per classroom)
- Washable Broad-Tip Markers - Class Pack
- Jumbo Crayons – 8 Color Box
- Baby Band musical instruments
- Lakeshore Kit for infants, toddlers and Pre-K children

Health and Fitness Resources:
- Dr. Craft's Active Play book
- Building Healthy Habits Board Games
- Building Healthy Habits Board Book
- Kids' Fun and Healthy Cookbook
- Healthy Snacks on MyPlate (What's on MyPlate?)
- MyPlate Pop & Match Game
- Top 100 Baby Purees