

Contract #28143

Agency Name: Child Care Services Association

RTT/ELC Activity Name: 4&5 Star I/T Slots in T-Zone

RTT/ELC Project #: 6.2

For GRADS reporting:

Goal – 109 new IT slots in 4-5 star ELD programs in the T-Zone

Actual - 94 new IT slots in 4-5 star ELD programs in the T-Zone

Project Description

This activity was designed to support programs to implement high quality early learning experiences for infants and toddlers resulting in the addition of 125 “new” 4- or 5-star slots for infants and one year olds in the Transformation Zone. Initially child Care programs with less than 4 stars serving infants and toddlers on subsidy in Beaufort, Bertie, Chowan, and Hyde Counties were eligible to apply to receive improvement grants and technical assistance support from the Infant-Toddler Specialist dedicated to this activity in support of the goal that the programs achieve a 4- or 5-star rated license. Two sites with 4 stars were eager to participate and were approved by DCDEE to participate with the goal that each would move up to 5 stars. Participating programs that achieved their goal of a 4 or 5 star rating were eligible to receive enhanced payments for infants and toddlers on DCDEE subsidy and ongoing technical assistance to support continuous quality improvement.

Successes

- The specialist was able to build on relationships she had in two counties as a result of her prior work as a regional specialist.
- Sites that were “ready” to engage with the specialist worked very hard to increase their knowledge and implement new practices to support infant and toddler early learning. For example, with the grant funds available to purchase needed material and equipment, one director/owner was able to support her staff to travel to attend one of the ITQEP CEU modules. On her next visit, the specialist noted the enthusiasm of the teachers as they shared what they’d learned and how they intended to use it in their classrooms.
- Administrators in sites that benefited from increased financial stability as a result of the enhanced subsidy payments for infants and one year olds in their care were able to focus on engaging with the specialist to support a culture of continuous improvement and reach beyond what they’d already achieved.
- Two participating sites that achieved a higher star rated license as a result of the support received were later approved as NCB1 sites. This approval led to one of these sites adding an additional infant-toddler classroom with capacity for ten additional infants and ones (including 8 half-day NCB1 slots).

Challenges

- The pace at which various county teams (leadership, implementation) progressed in their work was a challenge and impacted support for implementation of this activity.
- A significant challenge for sites serving infants and toddlers is financial instability. Target sites for this activity struggled with low enrollment (and continue to do so) due to a distressed economy in this part of the state. Quality improvement work with teachers was often delayed in sites where enrollment dropped to zero

or the few children enrolled were not consistently in attendance. One potential site closed during the recruitment period, and another closed after being approved to participate due to low enrollment. Many sites that achieved higher star ratings as a result of participation in this activity continued to see low enrollment.

- Only a few participating sites were able to increase their star rating early enough in the RTT/ELC grant period to benefit from the enhanced subsidy rates.
- The availability of grant funds allowed the specialist to engage with sites that have high need for this type of support, but this did not guarantee readiness of staff and administrators in all sites to make the required commitment to quality improvement work over time.
- Hiring qualified and effective infant-toddler teachers is a challenge. The specialist worked with teachers who were resistant to make changes in their practices or continue their education. Other teachers were open to change but required intensive coaching over time. One GS-110 struggled to maintain qualified and effective staff, including a director. Ultimately this influenced the site's Board to decide not to go through a rated license assessment as planned even though they are committed to improving the quality of their center.

Lessons Learned

- Providing support for low quality sites requires a TA Professional who can effectively build relationships, determine their TA partner's readiness for QI work and approach to learning, and use/teach reflective practices. When the approach to TA in an area has been either short-term or "quick fix" support, sites may be reluctant to participate in an activity that expects to provide on-site TA over time and has expectations for everyone to engage the QI work.
- Administration of grants for materials and equipment takes time.
- Lesson re-learned - Adding high quality slots for infants and ones requires more than access to highly qualified infant toddler specialists over time and money for materials and minor facility improvements. Financial stability of sites and effective administrators are essential to continuous improvement.

Recommendations

- To effectively support quality improvement, all TA Professionals need access to varied PD opportunities to enhance their knowledge and skills related to implementation of relationship-based TA practices, including using reflective practices and a strengths-based approach that considers each TA Partner's approach to learning.
- When funding is available to purchase materials or support other facility improvements, expenditures should not be made until improvement plans have been written based on assessments such as the ERS. Additionally, expenditures should be delayed until the TA professional is able to document progress related to improvement goals that are not dependent on grant funding. This supports time to assess a site's readiness to engage fully in the TA process.
- Prioritize support for TA activities/programs that require signed TA agreements and provide "intensive" TA focused on implementation of evidence based practices and continuous improvement over those TA activities that provide a "quick fix" or last minute TA before an ERS assessment.

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- Implement strategies to support financial stability of sites achieving and maintaining high quality infant and toddler care such as subsidy contracts (refer to recommendation to states in the CCDF plan), additional increases to subsidy rates for 5-star infant and one year old care, and increase funding support for compensation supplements specifically targeting infant and toddler lead teachers with degrees.

Summary

Below is some feedback from program directors about changes made as a result of participation in this activity.

- *The assistance provided has been phenomenal. Our infant/toddler program has improved in quality and execution as well as the physical appearance. We have fully implemented the strategies, techniques and best practices provided by our Infant Toddler Specialist.*
- *The program has been very beneficial to our center as a whole as well as to my teachers and their perspective as related to their role in children's lives.*
- *I see the teachers interacting more with the infants, more books are read, etc. We were able to increase the number and variety of toys in the room. We now use a low table and individual low chairs for young toddlers instead of high chairs.*
- *We expanded classroom space by removing an unused bathroom, installed mirrors for optimal supervision and improved accessibility of learning materials.*

The impact of this activity cannot be told with a single "story". Each participating site had its own unique strengths and challenges as the director and infant-toddler teachers joined the infant-toddler specialist on the continuous improvement journey made possible through this RTT/ELC activity. A few sites had more resources and supports to begin the journey...strong leadership, teachers with a little more education or who were willing to learn, environments with at least some good design elements, local communities showing economic improvement overall. The happy ending is that each site showed improvement as these examples of "after" pictures show and babies benefitted even when star ratings did not reflect this.



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| 2015 | Outcome | Actual |
|-------------------------|---|--|
| IT Exp Outcome 1 | 85% of programs with enhanced infant toddler slots will maintain a 4- or 5-star rating as of the end of 2015. | 75% of programs with enhanced infant toddler slots maintained a 4- or 5 star rating as of the end of 2015 Note: Ten programs applied and were approved for this activity. Only 8 of the programs fully participated in QI work with the IT Specialist and were active as of the end of 2015. This outcome has been reported based on these 8 programs. One of these 8 programs was approved by DCDEE to participate without expectation of achieving 4 stars. The second program was a GS-110 that decided not to apply for the rated license as of the end of 2015 due to staff turnover. All 8 programs had documented improvements in the participating infant/toddler classrooms over the course of the grant. |
| IT Exp Outcome 2 | 85% of participating programs receiving technical assistance completing an evaluation will document increased knowledge of high quality infant toddler programming. | 100% of participating programs receiving technical assistance completing an evaluation documented increased knowledge of high quality infant toddler programming. |
| 2015 | Projected Outputs (Counts of Program Activities) | Actual |
| | Provide 135 TA consultations (45 per quarter) to support implementation and maintenance of high quality IT slots. | 197 on-site TA consultations were provided. |