

KENTUCKY STARS FOR KIDS NOW PROCESS EVALUATION

Evaluation Brief #4

Technical Assistance Provided to and Received by STARS for KIDS NOW Programs

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The Process Evaluation of Kentucky STARS for KIDS NOW was initiated by the Kentucky Department for Community Based Services, Division of Child Care to provide an examination and assessment of existing STARS components and to provide a basis for recommendations to improve STARS implementation statewide.

Kentucky is unique nationally in its investment in a process evaluation to address a set of comprehensive questions about the functioning of its QRIS after operating for over a decade.

The Evaluation questions and activities focused on five broad, interrelated components of STARS:

- The quality standards and measurement strategies
- The rating structure and process for assigning STARS levels
- The technical assistance provided to promote improvement
- The outreach methods to promote STARS to providers and to parents
- The collaboration, coordination, and administrative processes most supportive for STARS.

The Evaluation was conducted by Child Trends, a nonpartisan research organization located in Washington DC. The Evaluation was supported by funds from the American Recovery and Reinvestment Act provided by the Kentucky Cabinet for Health and Family Services, Department of Community Based Services, Division of Child Care.

A series of Evaluation Briefs were created to provide summaries of the key findings. These Briefs include:

- [Executive Summary of the Kentucky STARS for KIDS NOW Process Evaluation](#)
- [Kentucky STARS for KIDS NOW Process Evaluation: Overview of Methods](#)
- [Providers' Perceptions of the Kentucky STARS for KIDS NOW Rating Process](#)
- [Technical Assistance Provided to and Received by Kentucky STARS for KIDS NOW Programs](#)
- [Collaboration and Coordination in the Kentucky STARS for KIDS NOW Technical Assistance System](#)
- [Alternative Rating Structures for Kentucky STARS for KIDS NOW](#)
- [Evaluation of Kentucky's Child Care Resource and Referral System](#)
- [Findings from the Kentucky Early Care and Education and School-Age Care Household Survey](#)

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TECHNICAL ASSISTANCE PROVIDED TO AND RECEIVED BY KENTUCKY STARS FOR KIDS NOW PROGRAMS

INTRODUCTION

Enhancing the STARS system of technical assistance is an important goal of the process evaluation. Addressing this research question requires an examination of how STARS technical assistance and support is implemented by STARS Quality Coordinators (SQC), received by providers, and coordinated throughout the system. The purpose of this Evaluation Brief is to highlight insights gathered from SQCs, Professional Development Counselors (PD Counselors), Type I facilities, school-aged care (SAC) and certified home providers about the STARS technical assistance provided and received.

This Evaluation Brief is organized into seven sections, as outlined below. The first three sections describe overall patterns in the types of technical assistance providers received from SQCs, CCR&Rs, and other individuals or agencies they identified to help them improve the quality of their program. The next three sections report the technical assistance PD Counselors and SQCs reported providing to programs. The last section compares responses providers reported when asked about the technical assistance they received from their SQC to the needs SQCs identified among those same providers.

A summary of findings from each section of analysis is described briefly below:

- **Technical Assistance Providers Received from SQCs.** All providers, to varying degrees, reported that they received technical assistance to help them prepare for the STARS review process. This includes support such as conducting a practice ERS, completing an interim report or a needs assessment, or assisting with paperwork. Providers also frequently reported their SQC was readily available to answer questions, and offered them information about trainings and grant opportunities. Almost all providers indicated that they received high quality support from their SQC.
- **Technical Assistance Providers Received from CCR&Rs.** About one-third of all respondents indicated that they do not interact with their CCR&R. The remaining two-thirds of providers indicated that training was the main support they received from their CCR&R. Some differences emerged by type. Several certified home providers reported that their CCR&R also helped them with referrals and/or connected them to other community resources.
- **Technical Assistance Providers Received from Other Resources.** The Cabinet for Health and Family Services was the most common resource providers identified when asked about other supports they had received, specifically the Health Access Nurturing Development Services (HANDs) and Healthy Start programs. Other responses included Children's Inc. and Early Childhood Councils.

- **Technical Assistance Provided by Professional Development Counselors.** Most PD Counselors reported that on a daily or weekly basis they help providers select appropriate degree or credential programs. Other daily or weekly activities that about two-thirds of the responding PD Counselors indicated that they engaged in frequently include helping programs apply for the KY Early Childhood Scholarship, complete scholarship forms, meet STARS requirements, or apply for Milestone Achievement Awards.
- **Technical Assistance Provided by SQCs.** The ERS played a strong role in helping SQCs identify providers' needs and was the primary focus of technical assistance SQCs reported providing to programs. Specific examples include helping providers identify specific strategies to improve their ERS score, conducting the ERS and giving providers feedback on their strengths and weaknesses, and discussing effective room arrangement.
- **Additional Supports, Activities, Topics, and Strategies Utilized by SQCs.** SQCs reported they engaged in a specific set of activities or supports related to the STARS evaluation process with almost all providers. Among the specific STARS activities and supports identified by the interviewer, SQCs indicated they spent the most time developing an improvement plan based on the recent ERS score for almost half of the providers. When asked if they provided support on a specific set of topics, 'health and safety practices' was most frequently identified. In addition, SQCs reported that they engaged in the following strategies when working with almost all providers: observing the provider at work and giving them feedback on their practices; discussing tasks or improvements that need to be done; and providing and reviewing written materials or resources.
- **Alignment between Technical Assistance Provided by SQCs and Received by Programs.** SQCs were asked about specific providers' greatest needs, and providers were asked about the technical assistance they received from their SQC in the past year. When compared together, there was some alignment between responses, which may indicate that expectations about technical assistance between these pairs was clearly communicated and met, or were at least evident to both the provider and the SQC.

FINDINGS

TECHNICAL ASSISTANCE PROVIDERS RECEIVED FROM SQCS

Most Type I, certified home, and school-aged providers (n = 62) participating in the study have been working with their SQC for less than three years and have been participating in STARS, on average, for four years. Most providers indicated that they communicated with their SQC at least once a month, typically by phone, though email and site visits were also frequently mentioned. In addition, a few Type I providers reported that their SQC was on their local Early Childhood Council, and that these regular meetings provided another opportunity for them to connect with their SQC.

Each provider was asked a series of questions to better understand the types of technical assistance (TA) they have received and who has provided them with technical assistance. The

section below includes analysis of the following questions: *What services or supports did (insert SQC name) provide in the last year? Toward what goal? How would you describe the quality (effectiveness/usefulness) of the services you received?* Responses to each of these open-ended questions were first coded then categorized based on key themes. Coded responses were quantified during analysis to determine overall patterns in the data. Qualitative terms such as “most”, “many”, “several”, and “a few” are used to provide the reader with an indication of how frequent particular responses were mentioned. The methods section of this Evaluation Brief provides a key for understanding how these qualitative terms were defined.

Type I Facilities

When asked what services or supports their SQC provided to them in the last year, Type I providers (n = 28) identified a range of different types of supports that fell into three common categories, listed below in order of most to least common response:

- 1) On-call support and information;
- 2) Preparation and support for STARS review; and
- 3) Individualized technical assistance related to the ERS requirements.

On-call support and information. Most Type I providers reported their SQC was a regularly utilized resource for their program and that their SQC was readily available to answer questions. This was the most commonly referenced activity in this category and the most common type of support Type I providers indicated their SQCs offered overall. For example, one provider indicated, “she’s always been very good if I had a question or concern, she’s always tried to help” or another commented, “I have had questions I couldn’t get answered from anyone else. She has helped me so much on all kinds of things.”

Many of these providers also indicated their SQC checked in with them regularly, and a few noted that they provided them with moral support and encouragement. In addition to being readily available to answer questions, many Type I providers also commented on the type of information SQCs provided to them. A few reported their SQC gave them general information about STARS or provided STARS promotional materials, and many indicated they provided useful information about training or funding opportunities. One provider remarked about her SQC, “she also called me up and reminded me to apply for a mini grant, came out and brought me some information to give to my parents about the STARS program, and put a sign outside to let the neighbors know that we are in the STARS program.”

Preparation and support for the STARS review process. When discussing supports related to preparing for the STARS evaluation process, many providers made comments such as, “she made several visits to the center to help us prepare for our STARS visit,” or “she has done ERS in all our rooms.” Many providers made similar comments, indicating their SQC helped them by conducting the ERS or helping to prepare for the ERS, assisting with an interim report, or developing an improvement plan. Many providers also indicated their SQC helped them with paperwork, such as, “she checked over my notebooks, answered questions, especially when the changes occurred with STARS and

licensing and helping us to understand what that meant for us” or “she helps with the binder making sure we are putting things in there that need to be in there.” One provider indicated that her SQC provided a great service to her by, “obtaining the STARS forms in an electronic format so that I didn't have to write everything out.” This provider indicated that obtaining electronic copies of the forms was a significant relief as it made the STARS process faster and easier for her.

Individualized technical assistance related to the ERS requirements. Individualized technical assistance was mentioned in discussions about SQC helping programs meet specific ERS indicators. For example, one Type I provider reported, “she has come out and stayed in the classroom with my teachers and gave them suggestions on how to improve the quality of our teaching.” Or, “she did everything for us from sitting to talk about what we need to do differently to coming and helping us to paint.” Others reported supports related to optimal room arrangement, helping to identify materials that needed to be purchased, and providing advice on what trainings to attend to fulfill ERS requirements. For example, “she has helped us problem solve and brainstorm creative ways to meet the requirements on the ERS that we were having problems with.” This type of tailored technical assistance was frequently reported as on-site assistance.

Quality of Technical Assistance Received

Providers were asked to comment on the quality of the services they received from their SQC. Almost all Type I providers reported the supports and services they received were high quality, making comments such as “excellent” or “effective and useful.” Others expanded on this by adding, for example, “she's my anchor, she helps me more than anybody, if it wasn't for [her], I don't know what I would do,” and “she has jumped through hoops to help us get to 4 STARS.” There were, however, a few comments that might be considered neutral or negative. These include statements such as, “I don't think she was hard enough on me to prepare me for what I was getting into” or “she made me feel nervous, when instead I hoped that she would put me at ease and give me the confidence that yes we can do this.”

Certified Home Providers

Certified home providers (n = 25) also reported that their SQC offered a range of different types of supports. These supports are discussed below, again reported from most to least common:

- 1) Preparation and support for STARS review, inclusive of addressing specific ERS requirements;
- 2) General program support and information; and
- 3) Information about training and funding.

Preparation and support for STARS review. Providing assistance with filling out STARS paperwork was the most commonly referenced activity in this category and the most common type of support certified home providers indicated their SQCs offered overall. Other assistance and support provided included activities such as, helping to prepare or review the STARS binder, providing technical assistance related to specific STARS requirements, helping to prepare for the ERS rating and/or conducting practice ERS observation(s), and providing information about STARS.

Several certified home providers also indicated that their SQC provided technical assistance related to specific STARS requirements. Providers made comments such as, “she helped me with safeguards, and helped me with sanitation/diapering requirements,” or, she “gives me ideas for family involvement,” and “she helped me figure out which supplies I needed, and which ones I already had that could be used as learning tools.” In addition to paperwork support and assistance related to specific STARS requirements, many certified home providers indicated that their SQC either conducted an ERS for them or assisted them in preparing for the ERS. One provider indicated her SQC, “looks at my environment, and goes over ERS scores with me,” or another commented, “she came out to do a review and made a list of ideas for things I could do cheaply to improve my ERS score”

General program support and information. Like Type I facilities above, several certified home providers indicated that their SQC was readily available to answer questions. Certified home providers offered comments such as, “anything I need to know, she may not have the answer but she knows where to go to get it,” or, “anything I need, I can call her whenever,” and “she's loving and communicative, I can always call.”

Other activities included in this category were mostly unique to certified home providers, including helping providers understand quality care; providing moral support and encouragement; providing support in running a business such as scheduling, planning, management and organization; and helping to find resources on the internet and in the community. Comments made by providers in this category include, “she'll sit here with me and help me understand all this [information about providing quality care]” or, “she knows who in the community is the person to ask” and, she has “explained things I don't understand.” A few providers indicated that their SQC was a great source of professional support and encouragement, making comments such as, she “tells me how to be more professional” or, “she taught me to not give up when I get frustrated,” and “she is very encouraging, I wasn't going to go for a Level 4, but she encouraged me.”

Information about training and funding. In addition to the activities listed above, several certified home providers indicated that their SQC informed them about trainings or funding opportunities. A few providers also indicated their SQC introduced them to the STARS PD Counselor.

Quality of Technical Assistance Received

When asked about the quality of the supports and services offered, almost all certified home providers had positive responses. These comments included examples such as, “she goes beyond her duties... she wants everyone to be in STARS, she has that motivation about herself, promotes you to do better, if you have a problem, she'll help,” or, “she adds a personal touch, when you add all the requirements/guidelines, that personal touch means a lot.” Only a few providers made neutral or negative comments about the quality of the support they received from their SQC. Examples include, “hit and miss, when she's into it, she can be really helpful. Other times, she seems really rushed, uninterested,” or when asked what type of support was provided,

another provider said, “nothing really, she just looked at my book and signed a piece of paper cause I did everything myself.”

School-Aged Care Facilities

Technical assistance and support provided to SAC providers (n = 9) was very specific to the STARS rating process. Most SAC providers indicated that their SQC helped them address specific ERS requirements and/or prepare for a STARS evaluation. For example, SAC providers indicated that their SQC provided, “Technical assistance with setting up the space, preparing it for the STARS evaluation,” or that she, “Goes over everything, does a [practice] ERS on us, and tells us what we need to change and improve,” and “worked with us on our room arrangement.” Other activities SAC providers mentioned include providing assistance with paperwork, providing trainings, and being readily available to answer questions.

When asked about the quality of the services received, SAC providers had mostly positive perceptions about their SQC. For example, “unbelievable, she's phenomenal” or “very very thorough.” Though there were also a few neutral and negative comments, such as, “when she is there, I think it is great, her feedback is excellent and has really helped us to improve and change to get our rating. The problem I have had is her busy schedule and making appointments and her not showing” or, “she gave us some information that wasn't right when our STARS rater came in, but most of the time she's very good and thorough and gives us all kinds of feedback.” One SAC provider also commented, “the only reason we use [our SQC] is because we have to, zero benefit.”

TECHNICAL ASSISTANCE RECEIVED BY LEVEL

Examining the technical assistance offered to providers by STARS level may inform an understanding of how needs differ across STARS ratings and how SQCs adapt the technical assistance they offer to different providers. Data collected through the telephone interviews indicate that there are differences in the technical assistance Type I, certified homes, and school-aged providers (n = 62) reported receiving by STARS level. The differences are however, as may be expected, most noticeable between Level 1 and Level 4, and less so between Levels 2 and Level 3.

Almost all Level 4 Type I and certified home providers (no Level 4 SAC providers were sampled) reported that their SQC provided individualized technical assistance that was specific to preparation for the STARS rating process. For example, reviewing the STARS binder and helping with STARS paperwork, conducting practice ERS, and checking in regularly to address questions about the review process. In comparison, the most common response among Level 1 certified home and Type I providers was that their SQC was always readily available to answer questions or offer general encouragement and support. Providing general information about STARS, available trainings, or grant opportunities was also a common support identified by many Level 1 providers.

Responses were similar across Level 2 and Level 3 providers, as the most common response among these two levels related to addressing specific ERS requirements. For example, room arrangement and rearranging the physical space were commonly reported as topics SQCs

addressed with providers. Other topics included obtaining age appropriate materials, safety, health, and sanitation issues. Level 2 and Level 3 providers also both frequently reported that their SQC provided assistance in completing paperwork and that their SQC was readily available to answer their questions.

TECHNICAL ASSISTANCE PROVIDERS RECEIVED FROM CCR&RS

Certified homes, Type I, and school-aged providers were asked about technical support and resources they received from their local CCR&R (n = 62). The section below includes an analysis of the following questions: *Have you received any services/supports from your local Child Care Resource and Referral agency? What kinds of services/supports? Toward what goal(s)? How long have you been working with your CCR&R? Over the course of one month, how often do you interact with CCR&R? How do you interact with the CCR&R primarily? (Phone, email, onsite visits, etc.) How would you describe the quality (effectiveness/usefulness) of the services you received?* Responses to each of these open-ended questions were coded then categorized based on key themes.

About one-third of all respondents indicated that they do not interact with their CCR&R. Among the programs that do work with their CCR&R, providers indicated that they have been working with their CCR&R for six years or more and that they communicate with their CCR&R, mostly by phone a few times a month. Communication with the CCR&Rs also included regular email notifications and monthly newsletters.

Provision of trainings was the most commonly reported type of support offered to certified home, Type I, and SAC providers by CCR&Rs. In addition to trainings, Type I and SAC providers mentioned supports such as use of the lending library and the availability of CCR&R staff to answer questions about state regulations and licensing.

Certified home providers mentioned they received trainings as a primary support but also mentioned other services that Type I and SAC providers did not. For example, several certified home providers (n = 25) indicated that their CCR&R connected them to the Child and Adult Care Food Program and provided referrals to families seeking child care. A few certified home providers also indicated that their CCR&R was their “primary source of support,” or, “anytime I have a problem I call them. She's like a counselor to me, I call about everything.”

Overall, providers from each of the three setting types had positive things to say about the quality of the trainings and services they received from their CCR&R. Comments included, “good,” “effective and useful,” and “it's top quality.” Neutral and negative comments mentioned by a few providers included responses such as, “no complaints,” “fine,” “interactions are not that great,” and “not as helpful as she could be.”

TECHNICAL ASSISTANCE PROVIDERS RECEIVED FROM OTHER RESOURCES

After asking about support provided by SQCs and CCR&Rs, and any additional supports SQCs or CCR&Rs connected programs to, participants (n= 62) were also asked, *Have you received any other services/supports in order to improve the quality of your program? If so, how did you get connected with this support? For example, Has anyone other than your SQC helped you with:*

1. Health and Safety practices
2. Room Arrangement
3. Lesson Plans
4. Family Involvement Strategies
5. Age Appropriate Practices
6. Daily Schedule
7. Interactions with Children

Responses to each of these open-ended questions were coded then categorized based on key themes.

The most common response among Type I, SAC providers, and especially among certified home providers (n = 62) was resources from the state Cabinet for Health and Family Services. Several providers mentioned specific programs that were provided to them such as the Health Access Nurturing Development Services (HANDs) and Healthy Start, in which trained individuals came to their programs to teach children about topics such as hand washing and fire safety. Other services offered by the Health Department identified in the interviews include the Nutritional and Physical Activity (NAPSAC) program, and trainings related to mental health and foster care.

Another common response among certified home providers (n = 25) was Children Inc., a non-profit organization that partners with early childhood professionals to provide training and resources to support children's school readiness. One provider indicated that this program, "helps with clock hours of training, going over the Kentucky standards... they get materials for me, keep me up to date on changes in state requirements...they are my primary source of support." Using Children's Inc. as a primary source of support was echoed by a few other certified home providers.

A few certified home and Type I providers (n = 53) indicated that their local Early Childhood Council (EC Council) provided them with useful resources. One certified home provider commented, "I get a lot of my information from an email that [my EC Council] sends out. That's the most useful. It's their monthly newsletter and it's fabulous!" Another certified home provider indicated that her local EC Council was her "primary support system." A Type I provider indicated that she "got a mini-grant from my early childhood coalition to purchase materials."

Though less frequently mentioned, other sources of support identified in the interviews include: the local library, mental health consultants or trainings, speech and occupational therapists, and Head Start.

When asked how the SAC, certified home, and Type I providers got connected to these resources, responses included having a prior contact with the program or previously attending one of the trainings, a connection made through the EC Council, mailings, or in few cases, programs receive services "because we were in STARS."

TECHNICAL ASSISTANCE PROVIDED BY PROFESSIONAL DEVELOPMENT COUNSELORS

Professional Development Counselors (n = 13) were asked, through an electronic survey, about the frequency (*Daily; Weekly; Monthly; Quarterly; or Annually*) they engage in the following activities:

- 1) Helping programs/providers meet their STARS training requirements;
- 2) Helping programs/providers apply for Milestone Achievement awards;
- 3) Working with an SQC(s) on specific program/provider professional development needs;
- 4) Helping providers develop a Professional Development Plan to meet licensing standards; Helping providers identify appropriate credential/degree programs (non-college Commonwealth Child Care Credential, CDA, College CDA, AA, BA, MA); Helping providers apply for the Kentucky Early Childhood Scholarship;
- 5) Helping providers complete scholarship forms through the Kentucky Higher Education Assistance Authority including FASFA forms;
- 6) Connecting providers with other financial supports for coursework or training; Conducting the final checklist resulting in a STARS rating;

Working with Child Care Resource and Referral agencies, local training agencies, and/or local community colleges/universities to ensure providers can access the trainings they need; and Communicating with community colleges/universities to help providers enroll in credential/degree programs.

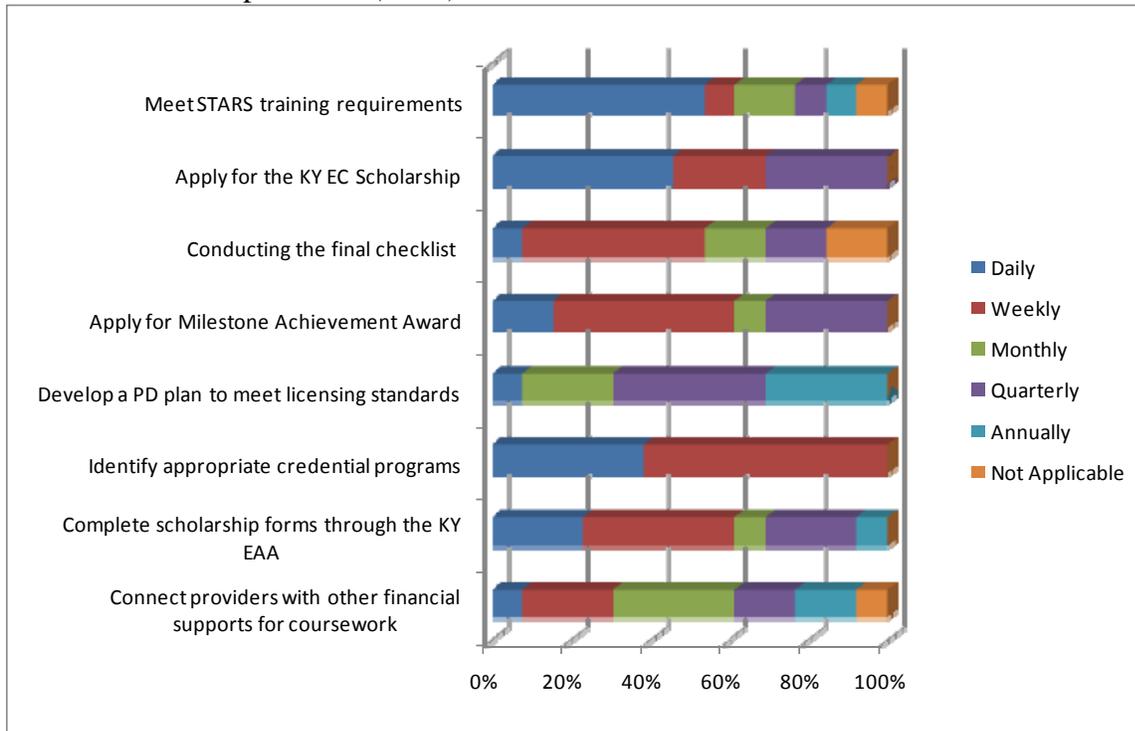
PD Counselors were also asked, *What activities are missing from this list that you engage in frequently?* The following section also includes an analysis of responses to the following questions: *How many providers are you currently working with? How many programs have you conducted at least one site visit with in order to communicate your role as a Professional Development Counselor? If you could change one thing about the system of professional development technical assistance and support offered to programs/providers what would it be?* Most of the data collected in the PD Counselor Survey was quantifiable and therefore reported below as a percentage of all respondents. A few items, such as, *What activities are missing from this list that you engage in frequently*, were first coded then categorized based on key themes.

Almost all PD counselors indicated that they were currently working with a range of 100-200 providers and that they had conducted a site visit with most of the providers they work with. About two-thirds of the responding PD Counselors indicated that they helped providers apply for the Kentucky Early Childhood Scholarship or complete paperwork for coursework on a daily or weekly basis. Helping scholars identify appropriate credential programs was also a daily or weekly activity for all PD Counselors.

Half of the PD Counselors reported that they helped providers meet their STARS training requirements on a daily basis and half report that they conduct the final checklist for the STARS

rating on a weekly basis. Working with providers on specific professional needs was a daily activity for half of the PD counselors, and a monthly activity for the other half. About two thirds helped programs apply for Milestone Achievement awards on a daily or weekly basis.

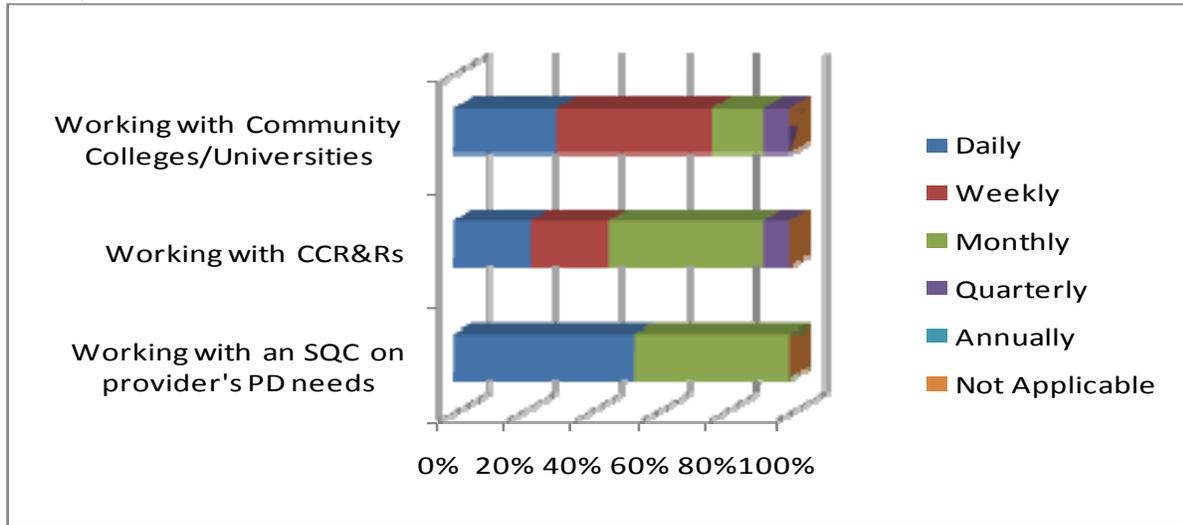
Figure 1. Professional Development Counselors’ reported frequency of engagement in activities to assist child care providers (n=13)



PD Counselors were also asked about any activities they engaged in frequently that were not included in the survey. Responses varied greatly among participants. Several responses were related to Child Development Associate (CDA) credential, for example, "visiting both non-college CDA classes at least twice per year to explain credential processes and promotion of college scholarship," or, "helping students apply for CDA mini-grants," and "CDA advising, such as doing their on-site assessments." Other common responses were related to processing paperwork related to, for example, the Commonwealth Child Care Credentials and renewals, related education awards, textbook reimbursements. Others also mentioned activities they engaged in to promote or engage scholars in obtaining credentials or scholarships.

Responses varied when asked about the frequency in which they collaborate with CCR&Rs or local community colleges. About half of the PD Counselors indicated that they worked with their CCR&R on monthly basis, the other half reported communication on a daily or weekly basis. One third of respondents communicated with community colleges on a daily basis. The remaining two-thirds reported communication on a weekly or monthly basis.

Figure 2. Professional Development Counselors' reported frequency of working with others (n=13)



PD Counselors were also asked, "If you could change one thing about the system of professional development technical assistance and support offered to programs/providers what would it be?" Some comments were specific to coursework and scholarships, including, "increase tuition money to keep pace with rising tuition rates" and, "that forms would be a little more user friendly. Some of the wording on the scholarship application is a bit confusing. Some of the forms look so much alike that providers get them confused." Other comments were related to the CCR&R and community colleges including, "make some changes with R&R...Bad reputation with many providers in my areas...I feel it harms my relationship with the providers at times. They often associate me with them or the state licensing until they get to know me." And, "I would like to see the college advisors be better informed about the Early Childhood programs and be available for advising in late April, May, June and July. My fall scholars have a hard time registering for classes because no one is available to help them during the summer months."

TECHNICAL ASSISTANCE PROVIDED BY SQCs

The SQCs of almost all participating certified home, SAC, and Type I facilities (n= 58) were interviewed about their perceptions of individual program needs and the types of support they have provided to address these needs. The following section analyzes responses SQCs provided to the following questions: *Over the past year, what were the program's greatest needs? How were these needs identified? To what extent has the program utilized the resources that have been provided?* The interview also included a series of questions about specific types of support, strategies, activities, and topics the SQC may have incorporated into their technical assistance. Responses to each of these open-ended questions were coded then categorized based on key themes.

Type I Facilities

SQCs offered numerous examples for the greatest needs they identified among Type I facilities (n = 28). The most commonly reported needs as identified SQCs include:

- **Preparing for, explaining, or conducting the ERS.** This category included activities such as helping programs identify strategies to improve their ERS score, conducting the ERS and giving providers feedback on their strengths and weaknesses, and talking with all the staff members to be sure they were comfortable and ready for the ERS ratings visit.
- **Providing guidance on trainings or training requirements.** This includes helping to find free trainings, conducting trainings for programs on topics such as the early childhood standards, and helping programs properly calculate the completed and needed training hours for their staff.
- **Addressing room arrangement and physical environment issues.** For example, re-arranging or repurposing rooms to use space more effectively, or providing guidance on playground safety issues.
- **Serving as a sounding board for questions, concerns, and fears.** SQCs indicated that one of their primary functions was to be responsive to a variety of provider requests and needs related to STARS, allaying the concerns of staff members, or answering questions related to specific changes or requirements.

SQCs mentioned other activities they engaged in with a few programs which include, utilizing developmentally appropriate materials and instructional techniques, assisting with the interim report, providing assistance with staffing, and addressing licensing issues.

Certified Homes

SQCs working with certified home providers (n = 24) identified a wide range of needs, primarily focused on preparing for the STARS evaluation process. Specifically, these supports include:

- **Individualized TA related to ERS requirements.** Many SQCs indicated that the ERS was a primary area of need for FCC providers. For example, utilizing effective discipline strategies, incorporating developmentally appropriate curriculum and materials, setting up a daily schedule, addressing health and safety issues, and effective room arrangement.
- **Providing guidance on trainings or training requirements.** For example, SQCs indicated that they helped several providers find free trainings, connect to resources to assist them with credentialing, and one SQC indicated that she had provided on-site coaching to help providers implement effective teaching strategies covered in a training the provider attended.

Other areas of support provided by SQCs included assisting with the completion of interim reports, addressing licensing issues, and creating an improvement plan.

SAC Facilities

Needs identified by the SQCs of the few SAC providers (n = 6) focused on space or room arrangement issues, completing the interim report, identifying mini-grant opportunities and trainings.

HOW PROVIDER NEEDS ARE IDENTIFIED

Across all provider types, SQCs (n = 58) indicated that the primary strategy they used to identify needs was the ERS for about two-thirds of the providers with which they work. Some SQCs elaborated on this by saying that they used a combination of observations and the formal ERS, or the ERS to inform an improvement plan. Other SQCs indicated that the process of preparing for an ERS evaluation provided an opportunity to work with programs to identify needs. Use of the needs assessment was another common strategy identified by SQCs working with several different types of providers. Using the needs assessment was followed by SQCs indicating that needs were often identified either by the program or collaboratively through regular communication. For example, SQCs made comments such as, “usually she'll tell me what some of her needs are,” or “some things we identified collaboratively,” and, “a lot of it was just sitting down and listening to her.”

RESOURCE UTILIZATION

When asked if providers were utilizing the resources and supports provided to them, SQCs (n = 58) had positive things to say about the level of engagement they observed among most providers. Across all provider types, SQCs indicated that about one quarter of providers they worked with did not utilize resources that they were provided, or that they were not engaged in the STARS process. Some SQCs clearly indicated that the provider was “minimally” engaged or that the resources were utilized, “very little.” In other cases it was not as clear why the provider was not engaged. For example, one SQC felt that the provider did not “really seek out [STARS] because they have their own resources,” or in other cases it was the lack of provider responsiveness to the SQC that prompted their belief that the provider was not engaged. Otherwise, SQCs made comments such as, “she follows through to the ‘T’, you tell her something and she does it,” or “we've changed a lot of things in their buildings, they were a good program but they've become a better program through teamwork, it's not just me.”

ADDITIONAL SUPPORTS, ACTIVITIES, TOPICS, AND STRATEGIES UTILIZED BY SQCS

All SQCs (n = 58) were asked a several sets of questions about whether or not they had engaged in specific technical assistance activities, supports, addressed specific topics, or utilized specific strategies when working with providers (n = 58). After each question set, participants were asked which item they spent the most time on, and which item they perceived was most helpful to the provider. Results are summarized in Table 1 and discussed in more detail below. There were no open-ended questions in this section, therefore frequencies are reported for all items.

Table 1. Quality Coordinators' perceptions of supports, activities, topics and strategies

Supports, Activities, Topics, and Strategies utilized by SQCs (n = 58)			
	SQCs who reported "Yes" to the following items	SQCs who reported they spent the most time on the following items ¹	SQCs who reported that the following items were the most helpful to the provider ¹
	(%)	(%)	(%)
Supports. Have you done any of the following in your effort to support the program?			
Completed a needs-assessment	88%	21%	31%
Assisted with professional development plans	79%	19%	7%
Provided information about available training opportunities and scholarships	81%	5%	12%
Completed STARS paperwork	100%	22%	26%
Reviewed STARS standards	91%	21%	31%
		100%	100%
Activities. Have you done any of the following activities?			
Conducted an ERS assessment	83%	31%	15%
Helped develop a Plan of Action	86%	24%	19%
Helped develop an Improvement Plan based on the recent ERS score	83%	43%	50%
Conducted a final walk-through	79%	4%	15%
		100%	100%
Topics. Have you offered support or provided resources on any of the following topics			
Health and safety practices	90%	25%	15%
Room arrangement	78%	18%	21%
Lesson plans	67%	12%	13%
Family involvement strategies	34%	2%	2%
Age appropriate practices	84%	6%	12%
Daily schedule	69%	8%	8%
Interactions with children	71%	22%	26%
		100%	100%
Strategies. When you are working with this provider, do you use any of the following strategies or approaches?			
Modeling best practices	52%	15%	15%
Observing the provider at work and giving them feedback on their practices	90%	49%	47%
Team teaching or assisting in their provision of child care	26%	4%	5%
Discussing tasks or improvements that need to be done	91%	16%	18%
Providing and reviewing written materials or resources	88%	16%	15%
		100%	100%

1. Percentages add to 100% for each category: Supports, Activities, Topics, or Strategies.

SQCs reported they engaged in one or more supports or activities specifically related to STARS with almost all providers. When asked which of the activities listed above SQCs spent the most time on with providers, helping to develop an improvement plan based on the recent ERS score was the most frequently cited response (43 percent of programs), followed by conducting an ERS assessment (31 percent of programs), and developing a plan of action (24 percent of programs). Among all the activities listed above, SQCs indicated that they believed developing an improvement plan based on the recent ERS score was the most beneficial activity for providers (50 percent of programs), followed by completing a needs assessment (31 percent of programs) and reviewing STARS standards (31 percent of programs).

SQCs were also asked if they had provided support to programs on a specific set of topics identified by the interviewer. Respondents indicated that they had provided support on health and safety practices (90 percent of programs), age appropriate practices (84 percent of programs), and room arrangement (78 percent of programs) for the majority of providers they work with. SQCs also indicated that they talked with about two-thirds of providers about lesson plans or the daily schedule, whereas offering support on family involvement strategies was the least common response (34 percent of programs). SQCs reported that they spent the most time on health and safety practices (25 percent of programs) and thought the support they offered on interactions with children were the most beneficial to providers (26 percent of programs).

While asking SQCs about the activities they engage in and topics they cover with providers, interviewers also asked if they used a specific set of strategies, identified by the interviewer, when working with providers. SQCs indicated that they used the following strategies with nearly 90 percent of participating providers: observing the provider at work and giving them feedback on their practices; discussing tasks or improvements that need to be done; and providing and reviewing written materials or resources. Modeling of best practices and team teaching or assisting in their provision of child care were the least common responses (52 percent and 26 percent, respectively).

ALIGNMENT BETWEEN TECHNICAL ASSISTANCE PROVIDED BY SQCs AND RECEIVED BY PROGRAMS

As discussed above, SQCs were asked about specific providers' greatest needs, and providers were asked about the technical assistance they received from their SQC in the past year. It is not expected that the responses from all SQCs their corresponding providers would always demonstrate a one-to-one match when responding to this question. However, exploring the alignment between the responses to these two questions may provide insight on participants' perceptions of the technical assistance relationship between providers and SQCs.

Among Type I facilities, there were 28 pairs of providers and SQCs (n = 28) that provided answers to the question about either TA provided or received. Of the 28 pairs, half of the responses matched on at least one activity. For example, an SQC identified one provider's greatest needs as, "working on achieving the level 4 rating, ERS, physical environment and room arrangement." When asked about technical assistance the SQC had provided, the provider said, "she has jumped through hoops to help us get to 4 STARS. She has helped us problem solve and brainstorm creative ways to meet the requirements on the ERS that we were having problems with." Or, another SQC identified safety on the playground as an issue in her comment, "I

would say in the safety category, playground issues.” The provider indicated, “the playground was a specific goal to get it up to where it needed to be, fix some things on it, replace some things.”

About one-third of the 22 certified home provider and SQC pairs provided similar responses to questions about technical assistance provided and received. Responses included activities such as completing interim reports, assisting with mini-grants, and identifying trainings. Four out of six SAC and SQC pairs provided responses that reflected similar technical assistance activities, which included activities such as room arrangement or conducting the ERS.

While there are limitations to the degree this data can be interpreted, examining possible explanations about when perceptions of technical assistance do not match may be important for distinguishing where there are real gaps in communication and expectations, and where there are not. One way to interpret this data is to consider that half of Type I facilities, one-third of certified home providers, nearly all SAC providers, and their assigned SQC provided consistent responses to questions about the technical assistance that was provided and received. This may indicate that the expectations about technical assistance between these dyads were clearly communicated and met, or were at least evident to both the provider and the SQC. Yet, it may also be important to consider when and why perceptions of technical assistance do not align. For example, one SQC reported providing assistance related to several program needs such as, “helping with their interim report, providing training on early childhood standards, assistance with applying for a STARS grant, and answering questions of alignment of STARS date with licensing date.” When the provider was asked what technical assistance they had received she reported, “none.”

The absence of a match between the provider and the SQC should not necessarily be interpreted as a lack of communication between the SQC and the provider. It is important to note that SQCs were asked to have notes or records on hand when they were interviewed about specific providers, therefore the specificity of the SQCs’ notes may have made it easier to recall program needs. In addition, differences between the language providers and SQCs used to describe technical assistance received and provided made it difficult to interpret if respondents were referring to the same activity. For example, one provider said, “she comes up and we discuss certain things and she's very helpful when I have questions.” This provider’s SQC said she had assisted them with their, “curriculum and daily schedule, making sure it is age appropriate, talking with them about their training hours, finding free trainings to their location so they do not have to travel so far.” Here the provider’s level of specificity is too vague to determine if the respondents were both describing the same activity.

SUMMARY

Overall, providers and SQCs generally reported a consistent set of technical assistance activities as part of their participation in STARS. Providers mentioned several activities that their SQC assisted them with that were primarily driven by the need to address a specific STARS grid or ERS requirement. SQCs also reported that the ERS played a primary role in determining providers’ needs and the technical assistance they offered. This varied somewhat by provider type. In addition to receiving support related to the STARS review process, certified home

providers commonly reported supports such as helping them understand quality care; moral support and encouragement; and support on how to run a business. Also, in addition to preparing for a STARS rating, Type I facilities commonly reported that their SQC helped them to address a specific indicator on the ERS such as room arrangement or materials. While the quality of support providers reported receiving from SQCs was almost entirely positive, the few negative or neutral comments reported may indicate a breakdown in communication for isolated pairs of providers and SQCs.

This analysis also revealed a number of other individuals and agencies that provide support to providers. Most notably, services and resources provided by the Cabinet for Health and Family Services, Early Childhood Councils, and Children's Inc. CCR&Rs were most frequently associated with providing trainings to all provider types. For many certified homes, CCR&Rs also connected them to families in need of care or other community resources. In addition, PD Counselors reported spending a significant amount of time helping providers meet their STARS training requirements or conducting a final checklist for the STARS rating. The relationships between providers, SQCs, and other individuals and agencies will be investigated further in the next section of this Evaluation Brief, which examines collaborative relationships and the degree of coordination and within the STARS technical assistance system.