**Quality Enhancement Strategy Self-Assessment, 2017**

|  |  |
| --- | --- |
| **Partnership name:** |  |
| Name of strategy and program code: | **Quality Enhancement** |
| **Strategy Rationale:** What data from your partnership’s needs and resources assessment suggests that this strategy is the **best fit** to fill service gaps and collaborate with existing agencies and organizations in your community? **Refer to the 5 legislative goals of First Steps**, as applicable. |  |
| **Projected number** of providers to be served by this strategy (unduplicated): | **2017-18** | **2018-19** | **2019-20** |
|  |  |  |
| When answering each question below, indicate whether your answer applies to **all three years** of your Comprehensive Plan (2017-2020), or if you anticipate changes in Year 2 or 3 and if so, what are those anticipated changes. |
| Estimated **cost per client**, per year (all funds):Estimated cost per client, per year (all but in-kind):Provide explanation for cost data, as applicable. |  |
| **Strategy Description:** What services does this strategy provide to participating child care providers and how often is each service provided? How frequently, and for how long, are providers expected to participate in order to achieve desired outcomes?Copy/paste to Summary |  |
| **Integration:** Describe how this strategy is integrated with other strategies of the local partnership, or those of other community partners. Copy/paste to Summary |  |
| **Collaboration:** How do you coordinate your efforts with other state/community-level entities offering similar services in the county (e.g., Child Care Resource and Referral, PITC, the Inclusion Collaborative, Success by Six)? How do you coordinate with ABC Quality and Licensing?Copy/paste to Summary |  |
| **Focus Population:** Which providers are you targeting for this strategy (family vs. center, risk factors of children, quality level, geographic area, etc.)? How do you plan to recruit providers? Include the names of agencies/organizations who are primary referral sources for providers. |  |
| **Client Retention:** What strategies and incentives do you use to retain providers in the program? How do you promote “buy in” from the provider directors and staff?  |  |
| **Planning:** How do you determine the content of the classroom/provider’s Quality Improvement Plan (QIP) (e.g., ERS scores, staff input)? How do you collaborate with the director and the provider staff in the creation of the QIP? |  |
| **Progress Monitoring and Evaluation:** How do you use the QIP to assess whether providers and/or staff are increasing their knowledge and skills? Describe how you monitor progress of a classroom/provider and make adjustments to support as necessary. |  |
| **Staff and Resources:** Describe the staff and resources devoted to this strategy, including staff qualifications, and how staff and resources will support the projected increase in numbers served over the next few years. |  |
| **Workforce Development:** How do you assist participating child care provider staff in receiving their ECD101 credential, as well as their advancement along South Carolina’s Early Childhood Career Lattice? |  |
| **Integration with Child Care Training:** How do you ensure that required training for child care staff is high-quality and relevant to the needs of the providers (QIP, ERS, etc.)? |  |
| **Implementation Self-Assessment, Quality Enhancement**Rate how well your program is **currently** doing, relative to each of the following implementation metrics. Refer to the First Steps Program Accountability Standards for guidance. If one or more Benchmarks do not apply to your strategy, explain why. Partnerships are **strongly encouraged** to seek input from clients, staff, and partners in order to complete this section. |
| **Benchmark** | **Current Rating**Check the box that best describes how well this program currently meets the benchmark(check by clicking on the box) | **Reason(s) for Rating** |
| CLIENTRetaining providers for multiple years (Providers receive the full program model) | [ ] **Needs Improvement**Too many providers exit before completing the program, or do not stay in the program long enough to achieve quality improvement | [ ] **Meets**Most providers stay in the program for the full period (typically 3 years) but some struggle meeting program requirements | [ ] **Exceeds**Nearly all providers stay in the program for the full period and meet all requirements of participation |  |
| CLIENTDelivering Services | [ ] **Needs Improvement**Program struggles to effectively deliver services (ex., classrooms do not regularly receive 2 visits per month) | [ ] **Meets**Program effectively delivers services, but could improve reach (ex., program meets 2 visits per month requirement, but does not intensify services to classrooms/centers in greatest need) | [ ] **Exceeds**Program very effectively delivers services (ex., program meets or exceeds 2 visits per month requirement and effectively tailors the intensity of services to the needs of the classrooms) |  |
| CLIENTAdvancing child care staff knowledge and skills through training | [ ] **Needs Improvement**No trainings are provided for provider staff and/or trainings are held with very little attendance and/or participation | [ ] **Meets**At least 8 hours of training is provided for provider staff, but there is little evidence of knowledge/skill advancement in the classrooms | [ ] **Exceeds**At least 8 hours of training is provided for provider staff AND there is evidence of knowledge and skills gained through the training in the classrooms |  |
| CLIENTSupporting the career advancement of child care staff | [ ] **Needs Improvement**Little to no staff at participating providers have worked toward advancement on the SC Early Childhood Career Lattice as a result of QE TA support/encouragement (e.g., received ECD 101 credential, applied for a T.E.A.C.H. scholarship) | [ ] **Meets**Some staff at participating providers have worked toward advancement on the SC Early Childhood Career Lattice as a result of QE TA support/ encouragement (e.g., received ECD 101 credential, applied for a T.E.A.C.H. scholarship) | [ ] **Exceeds**Many staff at participating providers have worked toward advancement on the SC Early Childhood Career Lattice as a result of QE TA support/ encouragement (e.g., received ECD 101 credential, applied for a T.E.A.C.H. scholarship) |  |
| CLIENTEnvironmental Rating Scare (ERS) Assessment  | [ ] **Needs Improvement**ERS Assessments are not completed in focus classrooms (or 1/3 of classrooms if center-wide) and/or classrooms show little/no score gains from pre- to post-assessments | [ ] **Meets**ERS Assessments are completed in focus classrooms (or 1/3 of classrooms if center-wide), and most classrooms show score gains from the pre- to post- assessments | [ ] **Exceeds**ERS Assessments are completed in focus classrooms (or 1/3 of classrooms if center-wide) and all/almost all classrooms show significant score gains from pre- to post- assessments |  |
| CLIENTClient satisfaction  | [ ] **Needs Improvement**Providers report some satisfaction with the program but there are multiple areas reported as in need of improvement. | [ ] **Meets**Providers report satisfaction with the program but there are a few areas reported as in need of improvement. Most providers would recommend QE to other providers. | [ ] **Exceeds**Providers report that they are very satisfied with the program and they report little/no areas for improvement. Nearly all providers would highly recommend QE to other providers. |  |
| ORGANIZATIONCapacity to supervise and implement the program | [ ] **Needs Improvement**Program struggles with one or more of the following: resources, supervision, program monitoring and contract monitoring of vendors | [ ] **Meets**Program meets requirements of the model for available resources and supervision; regular and ongoing communication with vendors (if applicable) | [ ] **Exceeds**Reflective supervision practices implemented successfully, full compliance with standards by all vendors (if applicable), resources available for expanding services |  |
| ORGANIZATIONRecruiting and retaining TA staff | [ ] **Needs Improvement**TA staff consistently leave within two years of hire; program struggles to find quality applicants | [ ] **Meets**Program meets TA staff qualification requirements; retention is an occasional but not significant issue | [ ] **Exceeds**TA staff are well qualified and are retained for 2 or more years on a consistent basis |  |
| ORGANIZATIONAdvancing staff knowledge and skills | [ ] **Needs Improvement**Not all TA staff meet the qualifications, training and continuing education requirements of the model; staff demonstrate need for additional training; staff have inconsistencies with reliability using ERS or other assessments | [ ] **Meets**TA staff stay current with required training requirements; additional training could improve the program; ERS reliability could be improved | [ ] **Exceeds**TA staff exceed model’s training requirements; implementing PD plans for each staff member; inter-rater reliability using ERS and other assessments |  |
| COMMUNITYCommunity knowledge of and support for the program | [ ] **Needs Improvement**Program not well known in the community; program does not receive many referrals from other organizations | [ ] **Meets**Program is known but could increase awareness | [ ] **Exceeds**Program is well-known and has been recognized locally for its work |  |
| COMMUNITYCoordinating efforts with other state/community-level entities | [ ] **Needs Improvement**Little to no coordination is done with other state/community level entities | [ ] **Meets**Some coordination/ communication is done with other state/ community level entities (ex., QE TA knows the other support the provider receives and attempts to coordinate efforts; QE TA participates in regional coordination meetings regularly) | [ ] **Exceeds**Very effective coordination occurs with other state/ community-level entities (ex., a planning meeting is held at the beginning of the year for all entities working with the provider to create Quality Improvement Plan; regular communication occurs among all entities) |  |
| COMMUNITYRecruiting providers to participate in QE | [ ] **Needs Improvement**Program struggles to recruit providers to participate in its QE program | [ ] **Meets**Program has full enrollment, could improve reach within providers the program wants to target for QE | [ ] **Exceeds**Program is serving all areas of its focus population(s), has waiting list |  |
| OTHER (optional, specify) | [ ] **Needs Improvement** | [ ] **Meets** | [ ] **Exceeds** |  |
| **Strategy Outcomes to Date**Consider outcomes for this strategy for the past 2-3 years: are the pre- to post-changes in client knowledge, attitudes and behaviors as expected, greater than expected, or less than expected? Is overall provider quality improving as well as expected? Do you have evidence that these changes are being sustained after providers leave your program? If changes are not being sustained, why do you think that is and what are possible solutions?  |
|  |
| **(Optional) Innovative Practices**What about the partnership’s approach to this strategy is particularly innovative, in terms of making progress toward school readiness goals and benchmarks? |
|  |
| **RECOMMENDATIONS for board consideration:** **QUALITY ENHANCEMENT services through 2020**Consider implementation metrics needing improvement.***Consider any unmet, or in progress, Priority Goals from 2016-17***  |
| What’s going well, that we should keep doing? What should we expand? What should we discontinue? |
| What areas of implementation do we need to improve? |
| Are providers benefitting from this strategy, and achieving outcomes we want to see, based on our financial and staff investment in this strategy? |
| What NEW strategies or approaches should we add? |
| What resources do we need, based on the changes we want to make? |