

Public Health Management Corporation

**A Scan of Early Childhood
Education Quality Improvement
Programs in Southeastern PA's
Delaware, Philadelphia, and
Montgomery Counties**

2012



PHMC

A Scan of Early Childhood Education Quality Improvement Programs in Southeastern PA's Delaware, Philadelphia, and Montgomery Counties

October 2012

Prepared by:

**Public Health Management
Corporation**

260 S. Broad Street
Suite 1800
Philadelphia, PA 19102

Prepared with the support of:

**The William Penn
Foundation**

Two Logan Square, 11th Floor
100 North 18th Street
Philadelphia, PA 19103-2757

CONTENTS

EXECUTIVE SUMMARY	1
I. INTRODUCTION AND CONTEXT.....	2
The Quality Dilemma in the Regional Context.....	4
II. METHODOLOGY	7
III. OVERVIEW OF QI PROGRAMS.....	8
IV. FINDINGS.....	13
Key Questions.....	13
Who is Served?.....	14
What Services are Being Provided?.....	19
What is the Capacity of the QI Providers?	24
V. DISCUSSION	31
Key Features of the Local QIP Landscape.....	31
“Rising Stars Initiative”	32
The Way Forward.....	32
APPENDIX A: ORGANIZATIONS AND QIPS	34
APPENDIX B: ECE QI INITIAL SURVEY	35
APPENDIX C: STAKEHOLDER INTERVIEW GUIDE.....	39
ENDNOTES	40

TABLES AND FIGURES

Table 1. Keystone STARS Performance Standards Summary	3
Table 2. Provider Participation in Keystone STARS in FY 2012	4
Figure 1. Provider Enrollment in Keystone STARS by Quality Level (at end of FY 2012)	5
Table 3. Keystone STARS Provider Movement FY2012	5
Figure 2. Distribution of Keystone STARS Provider Movement during FY 2012.....	6
Figure 3. Primary Target Populations (by type).....	14
Figure 4. Distribution of Providers Actually Served by QIPs (by type).....	15
Figure 5. Primary Target Populations (by quality level).....	16
Figure 6. Distribution of Providers Actually Served by QIPs (by quality level)	17
Figure 7: Provider Types/Quality Levels Excluded from QIPs*(n=17)	18
Figure 8. Primary Service Delivery Model.....	19
Figure 9. Distribution of Service Delivery Models across QIPs	20
Figure 10. Specific Quality Standards Addressed by QIPs.....	21
Figure 11. Content Areas Covered by QIPs (by Service Delivery Model).....	22
Figure 12. Average Number of Hours Spent With Clients	23
Figure 13. Average Duration of Client Engagements.....	23
Figure 14. Number of Full Time Equivalent (FTE) Staff Devoted to QIPs.....	24
Figure 15. Number of Providers Served Annually	25
Figure 16. Number of Providers Served Annually by Average Number of Service Hours	25
Figure 17. Distribution of Funding Sources.....	26
Figure 18. QIP Fee Structure.....	27
Figure 19. Primary Provider Types Targeted by QIPs (by Number Served Annually).....	28
Figure 20. Primary Service Delivery Model used by QIPs (by Number Served Annually).....	29
Figure 21. Content Areas Covered by QIPs (by Number Served Annually)	30

GLOSSARY

PROVIDER TYPES

Center Provider: A childcare operator providing out-of-home care to 7 or more children aged 13 or under who are unrelated to the operator.

Family Provider: A childcare operator providing care in their home for 4-6 children aged 13 or under who are unrelated to the operator.

Group Provider: A childcare operator providing care for 7-12 children aged 13 or under who are unrelated to the operator.

QUALITY MEASUREMENT SYSTEMS

Environmental Rating Scale (ERS): An observational assessment tool used to evaluate the quality of early childhood programs. The scale covers a range of criteria related to program quality, including physical environment, health and safety procedures, materials, interpersonal relationships, and opportunities for learning and development.

Keystone STARS: Pennsylvania's quality rating and improvement system. The program is implemented through 6 Regional Keys that support early learning programs seeking to achieve higher levels of quality and evaluate programs based on a set of objective criteria and assign them a STAR level (from 1 to 4, with 4 being the highest) that indicates their quality level.

NAEYC: The National Association for the Education of Young Children is the nation's premier membership association for childcare providers. NAEYC manages a well-regarded accreditation program which known for holding providers to very high standards.

Pennsylvania Quality Assurance System (PQAS): A system for certifying individuals who provide professional development (PD) and technical assistance (TA) to early childhood and school-age professionals in Pennsylvania. The goal of the program is to ensure the provision of high quality PD and TA services.

QUALITY IMPROVEMENT SERVICES

Professional Development (PD): Initial preparation and learning experiences designed to improve the knowledge, skills/behaviors, and attitudes/values of the early childhood workforce.

Technical Assistance (TA): Relationship-based professional development that uses tools, experience, and methods to empower the early learning and school age field to achieve positive results for children and families.

One-on-One TA: Direct, individual technical assistance from a consultant.

Cohort-based TA: A collaborative approach to technical assistance where a common group of providers jointly receive consultation through a structured, time-limited process.

EXECUTIVE SUMMARY

BACKGROUND & METHODOLOGY

This project grew out of a desire to create a clearer picture of the breadth and depth of early childhood education (ECE) quality improvement programs (QIPs) operating in the service region of the Southeast Regional Key (SERK). The Southeast Regional Key (SERK) is a program of the Public Health Management Corporation (PHMC) and is part of Keystone STARS, a state-wide initiative designed to promote quality early learning environments and positive child outcomes.

The region also boasts several other quality improvement initiatives beyond Keystone STARS. These initiatives share a common goal of improving ECE quality, with an eye toward long-term child-specific outcomes related to kindergarten readiness, academic success, and positive socio-economic outcomes later in life. Yet, both the SERK and the agencies managing these initiatives lack comprehensive information on other QIP programs and on the quality improvement landscape in general.

A total of 23 QIPs operated by 10 agencies were asked to complete detailed surveys on each of their programs, followed by telephone interviews. Data on the local ECE provider community was also provided by the Southeast Regional Key.

SUMMARY OF FINDINGS

Local QI programs share a fairly unanimous understanding of quality and direct much of their efforts towards helping providers move up in the Keystone STARS rating system. QIPs offer a wide range of services to providers of various types, though center-based providers and those already in the quality improvement system tend to be targeted more than others.

QIPs have a strong sense of the effectiveness of their programs but share a common challenge of lack of access to quality data to clearly document and understand the nature of their impact. Recent changes by the state's Office of Child Development and Early Learning (OCDEL) have increased the financial penalties for low-quality ECE providers. As such, the need for local QIPs to understand the impact of their interventions and identify the most effective mechanisms for helping ECE providers increase quality is greater than ever.

I. INTRODUCTION AND CONTEXT

The impetus for this report came out of PHMC's role as operator of the Southeast Regional Key (SERK), one of six regional keys funded state-wide to implement Keystone STARS, Pennsylvania's quality improvement and rating system (QRIS). Keystone STARS is an initiative of Pennsylvania's Office of Child Development and Early Learning (OCDEL) and is designed to improve the quality of early childhood education (ECE) provided in the state. The program uses two sets of strategies to achieve this goal; the first involves providing technical assistance, professional development and grant funding to help providers improve the quality of their programs. The second strategy is the use of a rating system to evaluate and categorize providers. The basic system is a four-point scale from STAR 1 to 4, with 4 being the highest level. Providers new to the system who have not obtained their first STAR are designated as "Start with STARS" and providers who are also accredited by the National Association for the Education of Young Children (NAEYC), are designated as STAR 3a or 4a, as appropriate. A summary of the requirements for each STAR level is provided in Table 1.

Providers with higher STARS ratings receive a higher reimbursement rate from the state's childcare subsidy program and are able to use their rating as part of their marketing materials. This marketing benefit is further reinforced by the fact that Keystone STARS and other OCDEL programs operate public education campaigns emphasizing the importance of quality child care and promoting the idea that parents should seek out highly-rated STARS programs for their children.

Although Keystone STARS is the state's official quality improvement program (QIP), as the operator of the SERK, PHMC became aware of a several additional QIP initiatives in its service region of Philadelphia, Montgomery, and Delaware Counties. While these initiatives share a common goal of improving ECE quality, the agencies designing and implementing them often do so in a "silo", without the benefit of a collective representation or map of all other related QIPs. Public and private funders make decisions regarding which QIPs to support with the same disadvantage—a lack of data regarding other QIPs in the region. An understanding of the landscape of these QIPs, both at the ECE provider level and at a broader regional level is critical to public policy, to the establishment of shared language and outcome measures, and to appropriate targeting of public and private investments in ECE.

This report, developed by Targeted Solutions, the consulting practice of PHMC, in collaboration with the SERK and PHMC's Research and Evaluation Group, presents findings from a scan of 23 ECE QIPs (see Appendix A for a list of participating QIPs). Its purpose is to create a collective representation of the QIPs in the Southeast region in order to:

1. Increase understanding of the local QI landscape among QI providers and stakeholders,
2. Increase understanding of gaps in the landscape, and
3. Create a basis to guide future enhancements to the local QIP system, thereby increasing the efficacy of such programs, improving the quality of childcare providers in the region, and benefitting the thousands of children and families they serve.

Table 1. Keystone STARS Performance Standards Summary ⁱ

STAR Level	Staff Qualifications & Professional Development	Learning Program	Partnerships with Family & Community	Leadership & Management
STAR 1	<ul style="list-style-type: none"> Staff develop an annual plan to continue their education 	<ul style="list-style-type: none"> Program maintains copies of the appropriate Learning Standards for all age groups in the program Program completes the learning environment checklist 	<ul style="list-style-type: none"> Meeting with families when child enrolls 	<ul style="list-style-type: none"> Annual site-based professional development plan completed
STAR 2	<ul style="list-style-type: none"> Half of lead teachers have at least an AA degree in ECE Staff complete a minimum number of hours of professional development on specific topics 	<ul style="list-style-type: none"> Teachers assess children's development once a year Teachers use a standardized tool (ERS) to self-assess and improve their classrooms 	<ul style="list-style-type: none"> Teachers hold at least one teacher conference to share child's progress each year 	<ul style="list-style-type: none"> Staff receive at least two employee benefits Program completes an annual Facility Professional Development (FPD) Plan
STAR 3	<ul style="list-style-type: none"> All lead teachers have at least an AA in ECE Staff complete a minimum number of hours of professional development on specific topics 	<ul style="list-style-type: none"> Teachers assess children's development three times a year Program receives an independent ERS assessment of their classrooms 	<ul style="list-style-type: none"> Teachers hold at least two teacher conferences each year 	<ul style="list-style-type: none"> Staff receive at least three employee benefits Program develops a Continuous Quality Improvement Plan
STAR 4	<ul style="list-style-type: none"> Half of lead teachers have a BA in ECE and all have at least an AA degree Staff complete a minimum number of hours of professional development on specific topics 	<ul style="list-style-type: none"> Teachers assess children's development three times a year Program receives an independent ERS assessment of their classrooms 	<ul style="list-style-type: none"> Teachers hold at least two teacher conferences each year 	<ul style="list-style-type: none"> Staff receive at least four employee benefits A Strategic Plan is aligned with the program's mission statement

THE QUALITY DILEMMA IN THE REGIONAL CONTEXT

Policymakers have long acknowledged the importance of high-quality early childhood education programs, particularly for low-income children. Almost half a century ago, federal and local officials began experimenting with, and testing the impact of high-quality ECE programs such as Head Start and the Perry Preschool Project. The evidence from these and other longitudinal studies of ECE programs has overwhelmingly demonstrated that high quality early childhood education is critical for school readiness and is a strong predictor of later life academic, professional, and socio-economic success.ⁱⁱ

Research on ECE programs has also generated a largely universal understanding of what constitutes a high quality early learning experience. Factors such as well-trained teachers with classroom management skills, appropriate curricula, a physical environment conducive to learning, strong parental engagement, and sound administrative oversight are all positively correlated with ECE quality and advantageous outcomes for children.ⁱⁱⁱ

While the importance of high quality ECE and the definition of a “quality” ECE program are both widely agreed upon, there is less clarity about how to move low quality programs up the quality continuum and increase the accessibility of quality care for low-income families. High quality ECE programs often come with hefty price tags far out of the reach of low- and moderate-income parents or government subsidy programs. Constrained by markets that demands low fees, many ECE programs are unable to make the required investments to improve the quality of their programs.

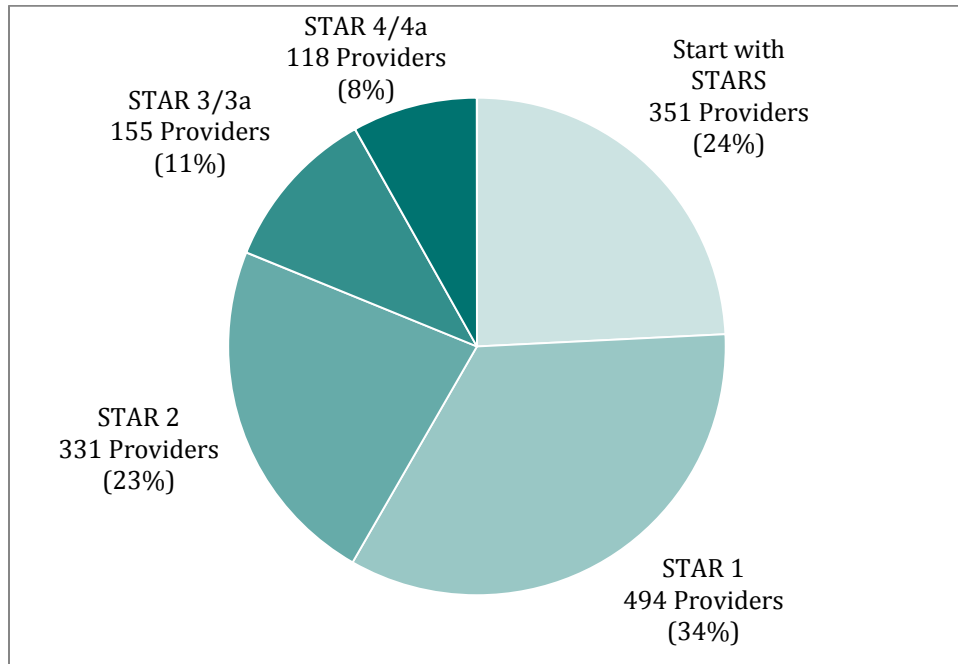
Like many major metropolitan areas in the nation, the SERK service region is a prime example of the impact of the quality dilemma. High levels of poverty and long waiting lists for subsidized childcare slots have depressed childcare rates, thereby limiting the ability of most providers in the region to invest in quality improvements. As a result, less than 5% (71)^{iv} of the 1,441 licensed center-based providers in SERK’s service region are accredited by NAEYC. Moreover, as illustrated in Table 2 below, only slightly more than half of the region’s licensed providers participate in Keystone STARS. Additionally, of those participating in Keystone STARS the vast majority are at the lower end of the quality scale, with less than 20% at STAR 3 or above; see Figure 1.

Table 2. Provider Participation in Keystone STARS in FY 2012

Provider Type	Total Licensed Providers	Licensed Providers Participating in Keystone STARS	
		Number	Percent
Center	1,441	1,000	69%
Group	201	103	51%
Family	952	346	36%
Total	2,594	1,449	56%

Source: SERK @ PHMC and the Department of Public Welfare’s Directory of Certified Locations

Figure 1. Provider Enrollment in Keystone STARS by Quality Level (at end of FY 2012)



Source: SERK @ PHMC

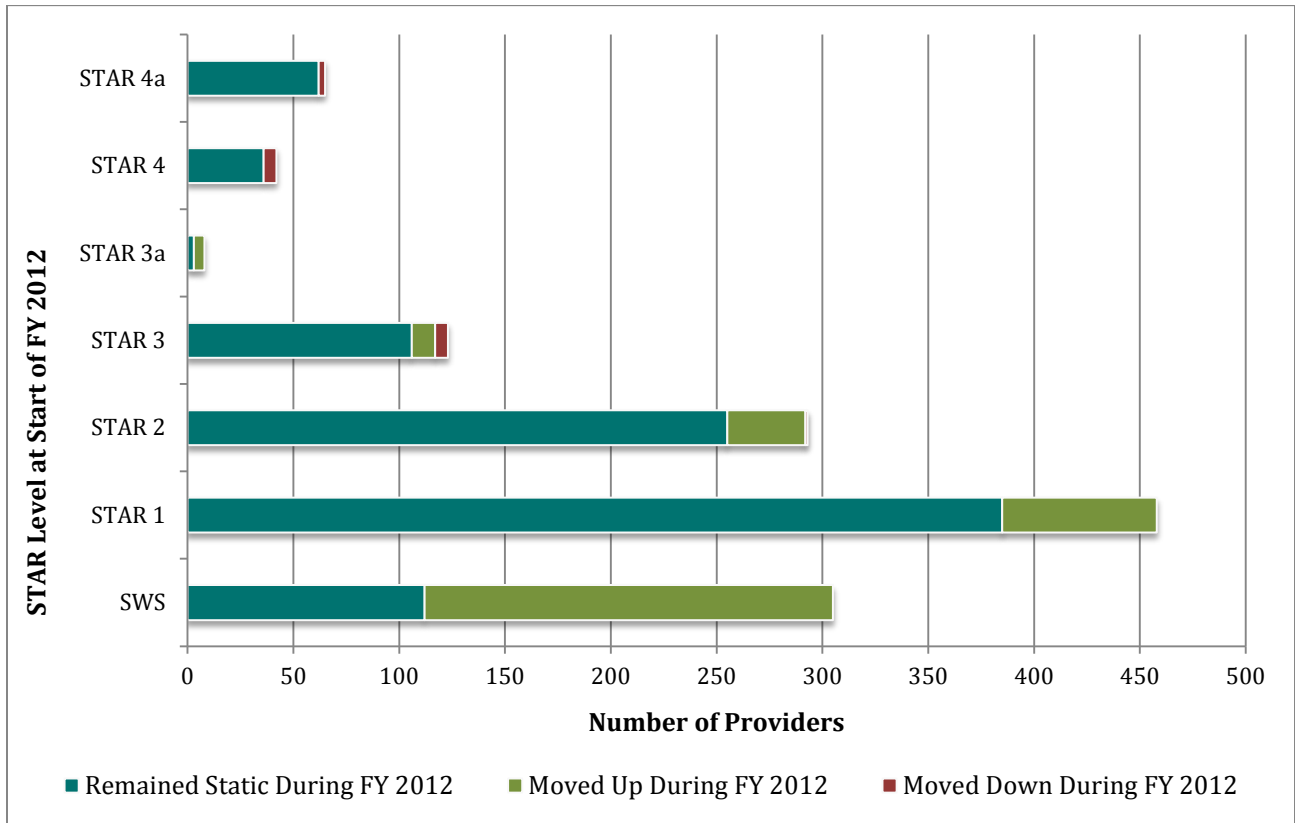
The concentration of programs at the lower end of the STARS spectrum would be of less concern if the rate of progression within the STARS system was faster. However, as indicated in Table 3, only 319 (27% of the providers eligible for upward movement) advanced to higher STAR levels in FY 2012, and just over half of those (169) moved only to STAR 1. Moreover, 16 providers actually were demoted on the STARS rating scale for failing to maintain standards.

Table 3. Keystone STARS Provider Movement FY2012

	STAR Level at end of FY2012								Movement			
	Start w/ STARS	STAR 1	STAR 2	STAR 3	STAR 3A	STAR 4	STAR 4A	Moved Up	Moved Down	Net Movement		
STAR Level at start of FY2012	Start w/ STARS	—	169	15	5	0	3	1	193	—	193	
	STAR 1	0	—	73	0	0	0	0	73	0	73	
	STAR 2	0	1	—	35	2	0	0	37	1	36	
	STAR 3	1	1	4	—	0	9	2	11	6	5	
	STAR 3a	0	0	0	0	—	1	4	5	0	5	
	STAR 4	0	0	1	4	1	—	0	—	6	-6	
	STAR 4a	0	0	2	0	1	0	—	—	3	-3	
									TOTAL	319	16	303

Source: SERK @ PHMC

Figure 2. Distribution of Keystone STARS Provider Movement during FY 2012



Source: SERK @ PHMC

Figure 2 provides an overview of the distribution of provider movement for fiscal year 2012. As referenced earlier, the bulk of upward movement along the Keystone STARS continuum occurred at the lower end of the scale and largest area of movement was from Start with STARS to STAR 1.

II. METHODOLOGY

As the local Regional Key, the SERK at PHMC has and maintains strong relationships with key players in the local ECE community. Working in tandem with SERK leadership, PHMC capitalized on these pre-existing relationships to facilitate a thorough examination of existing quality improvement programs (QIPs), including their target populations, processes, and outcomes.

A total of 23 QIPs operated by 10 agencies were included. See Appendix A for a complete list. Two of the QIPs, Success by 6, and Keystone STARS Technical Assistance (TA) involve multiple agencies serving as sub-contractors to a lead agency. Respondents were asked to provide information on QIPs for which they serve as subcontractors; however, the data was largely excluded from any summary analyses in order to avoid duplication. The SERK at PHMC and ECELS (Early Child Education Linkage System) both operate Child Health Consultation QIPs. Although the actual service is largely the same, the SERK's program is restricted to STARS providers. As such, both programs are presented separately in the analysis.

Keystone STARS data for regional providers was provided by the SERK via the PA Department of Public Welfare via Pennsylvania's Enterprise to Link Information for Children Across Networks (PELICAN) system.

To obtain information on local QIPs, PHMC fielded a detailed online survey for each program. See Appendix B for a list of the survey questions. Initial survey follow-up was conducted to maximize participation, gather missing data, and clarify confusing responses. The data from each program was analyzed and a summary version of each set of responses was created. PHMC then conducted follow-up phone interviews with leaders of each of the participating organizations. Interviewees were provided with their summary survey responses prior to the interview to provide an opportunity to review their data and identify any errors. The interview was used to clarify any unclear, incomplete, or conflicting data and to gather information regarding the program's outputs, outcomes, data collection methods, challenges faced, and ideas on future collaboration amongst QIPs. See Appendix C for a complete list of the interview questions.

Once the survey data had been re-verified, it was exported into a data set for analysis. Basic descriptive analyses (i.e. frequencies, means, and medians) were used to assist in answering the key research questions. In a few cases there are missing data because the survey question was irrelevant to the QIP in question. In such cases, the analyses limit the results to include only those QIPs with the relevant information.

III. OVERVIEW OF QI PROGRAMS

The quality improvement programs (QIPs) are diverse, each providing varying sets of services designed to address different areas of provider quality. Services provided generally focus on one of five major categories, though a few programs address multiple categories with equal intensity, or in accordance with provider need; within this document, these are referred to as blended programs. The five major areas addressed by QIPs are:

- **Facilities Improvements**, such as financing and technical assistance for capital repairs or renovations.
- **Business Management/Planning**, including technology training and enhancements and a centralized web platform for bulk purchasing and administrative and programmatic resources.
- **Program Enhancements**, such as improved or enhanced curricula, assessments, and materials or technical assistance related to classroom layout and the creation of an environment conducive to learning.
- **Accreditation Achievement**, which may include all of the above, but which is targeted specifically to the achievement of a particular Keystone STAR level, DPW licensure, or to accreditation by a national body such as NAEYC.
- **Personnel Development**, including professional development and credentialing for ECE teachers as well as training in classroom management and positive behavioral supports.

The target audiences for these QIPs range from licensed ECE providers of all sizes, to informal caregivers seeking licensure status, to ECE providers at specific Keystone STAR levels. Services are provided in a number of different formats, including individual, group, and cohort-based settings, and range in duration, intensity, and funding. Most QIPs are operated by agencies that run multiple such programs. In some cases, multiple agencies collaborate or subcontract with each other on specific QIPs.

The following pages provide self-reported summaries of each of the programs included in the scan.

Blended Programs		
QIP	Operator	Brief Overview
Keystone STARS Technical Assistance (STARS TA)	Southeast Regional Key (SERK) Subcontractors: DVAEYC, MELC, NIM	STARS Technical Assistance (TA) is an intensive, one-on-one service provided to an ECE or SAC facility to enable the program to meet specific Keystone STARS Performance Standards. This service is designed to help facilities improve program quality and thus move to the next STAR level.
STARS Specialist Consultation (SSC)	Southeast Regional Key (SERK)	STARS Specialists work with a caseload of practitioners participating in the Keystone STARS program. They primarily assist in understanding the STARS standard, navigating the paperwork and processes involved, and in accessing appropriate supports needed to move to or maintain the desired STAR level.

Facilities Improvement		
QIP	Operator	Brief Overview
Child Care Facilities Fund (CCFF)	Nonprofit Finance Fund (NFF)	Awards capital grants to nonprofit organizations that are undertaking a facility project in order to improve the quality of their childcare program. Grants range from \$10,000 to \$75,000 per facility and require a 25% match from other sources. Planning grants are awarded to nonprofit organizations attempting to gain critical information to move ahead with a facility project or new business idea. With technical assistance, the goal is to help organizations plan and complete successful projects, build organizations' capacity to apply for grants in the future, and to strengthen business practices. Workshops on facilities project planning, accessing funding, and other topics are also offered. Additionally, childcare providers can apply for facility-and equipment-related loans and working capital lines of credit. Loan amounts range from \$100,000 to \$2,000,000.
Facilities Development Program (FDP)	Women's Community Revitalization Project (WCRP)	Provides assistance with renovating, expanding, and constructing facilities with attention to incorporating best practices to improve the quality of childcare environment. Assessment of repairs/renovations needed to bring childcare facilities into compliance with state and local building codes. Workshops on accessing funding, e.g., state Pre-K Scholarship program.

Business Management/Planning		
QIP	Operator	Brief Overview
DVAEYC Computing Solutions (Comp.)	Delaware Valley Association for the Education of Young Children (DVAEYC)	IT Support, Email setup, Internet setup, Software training, Technology upgrades, and deeply discounted software.
SharedSource Pennsylvania	Delaware Valley Association for the Education of Young Children (DVAEYC)	Templates for administrators, including budgets, handbooks, and policies. Online training for staff. Resources for staff including posters, articles and lists of best practice materials.
Child Care Business Program (CCBP)	Women's Business Development Center (WBDC)	Participants explore and understand the realities of running a profitable family childcare business. They learn how to strengthen and grow a family childcare business by improving management and marketing skills. They work closely with other childcare providers and business professionals and share idea, strategies and successes.

Programmatic Enhancements		
QIP	Operator	Brief Overview
Healthy Child PA (HCPA)	Early Childhood Education Linkage System (ECELS)	Pediatricians and nurses provide technical assistance and professional development to help early education and childcare practitioners give healthy and safe care. ECELS recruits, mentors and provides professional development for health professionals to work as Child Care Health Consultants with early learning programs.
Child Health Consultation (CHC)	Early Childhood Education Linkage System (ECELS), Southeast Regional Key (SERK)	Childcare health consultants assess and provide continuous quality improvement services designed to meet health and safety standards. The childcare setting poses opportunities for health risk reduction and health promotion. (Because SERK and ECELS serve different audiences, each program is included separately in the analysis)
Early Childhood Mental Health Consultation (ECMHC)	Southeast Regional Key (SERK)	The Early Childhood Mental Health Consultation (ECMH) Project provides child-specific services to early childhood practitioners enrolled in the Keystone STARS Program. The primary goal is to prevent children with challenging behaviors from being expelled from their programs, by providing supports that enables a program to meet the unique needs of the child. Through the use of a strengths-based approach, Mental Health Consultants work with directors, teachers and parents to increase their knowledge and understanding of social emotional development and its impact on a child's overall educational success.
Infant/Toddler Specialist Consultation (I/T)	Southeast Regional Key (SERK)	Infant-Toddler Specialists offer technical assistance and professional development to staff working with infants and toddlers. The services focus on improving health and safety, staff and child interactions and learning programs in infant and toddler classrooms. The project is designed to build Infant-Toddler program quality and ensure better outcomes for young children.
Positive Behavior Intervention Supports Project (PBIS)	Montgomery Early Learning Centers (MELC)	Offers professional development sessions on positive behavior support strategies. Provides program coaching support visits, twice per month in addition to staff and administrator guidance and feedback on overall program progress toward Social Emotional environmental action plan goals.
Southeast Pennsylvania School Age Child Care (SEPA SACC)	Montgomery Early Learning Centers (MELC)	SEPA SACC provides professional development to both school-age and preschool centers. Also provides technical assistance to support programs in the quality improvement process and the career advising process to support ECE staff in the career development process.

Accreditation Achievement		
QIP	Operator	Brief Overview
Family Child Care Network (FCCN)	YMCA of Philadelphia & Vicinity (YMCA)	The YMCA Family Child Care Network seeks to promote the healthy development of children from low-income families by increasing the quantity and quality of affordable, accessible childcare slots, with a particular emphasis on quality infant/toddler and preschool care environments with new and existing family child care homes. Assistance is provided to navigate FCCHs through the licensing process within the City of Philadelphia and attendance at required orientation and health food licensing classes.
National Association for the Education of Young Children Accreditation (NAEYC)	Delaware Valley Association for the Education of Young Children (DVAEYC)	Coaching and resources are offered to centers with the goal of achieving accreditation or re-accreditation through NAEYC.
National Association for Family Child Care Accreditation (NAFCC)	Delaware Valley Association for the Education of Young Children (DVAEYC)	Family Child Care Providers are offered technical assistance with the goal of achieving National Accreditation through NAFCC.
One Stop Shop (OSS)	Northwest Interfaith Movement (NIM)	One Stop Shop offers information, consultation, and problem solving assistance on all aspects of childcare licensing, registration, and certification. Also strongly encourage newly licensed entities to enroll in Keystone STARS.
Success By 6 (SB6)	United Way of Southeastern Pennsylvania (UWSEPA) Subcontractors: DVAEYC, MELC, NIM	Success By 6 is a quality improvement and sustainability program to help STAR 2 centers achieve STAR 3 and maintain or exceed this level of quality. Over 18-24 months, SB6 provides each center with intensive, weekly technical assistance, program improvement fund grant, two Environmental Rating Scale assessments, and professional development for directors. Once centers achieve STAR 3, they are eligible to (1) apply for a SB6 Quality Maintenance Award grant and to (2) join one of four ongoing Peer Learning Circles.

Personnel Development		
QIP	Operator	Brief Overview
Keystone STARS Professional Development (STARS PD)	Southeast Regional Key (SERK), supported by large list of organizational and individual sub-contractors	Training on all topics of the Core Body of Knowledge including child development, family engagement, health and safety and program administration. Training is offered at three competency levels and sometimes in Spanish. Credit bearing professional development is offered to help childcare practitioners advance on the career lattice include coursework for the CDA, school age professionals and directors credential. SERK provides this training via on staff trainers and via subcontracts.
Director Mentoring (Dir. Men.)	Delaware Valley Association for the Education of Young Children (DVAEYC)	Offer fee for service technical assistance and mentoring to directors as needed or requested. Topics have included: fiscal management, leadership, family engagement, strategic planning, nurturing teams, staff supervision, performance appraisal systems, risk management plans, and business plans.
Quality Improvement System (QIS)	Northwest Interfaith Movement (NIM)	QIS offers technical assistance/mentoring and training to 50 home-based providers in English and non-English speaking programs throughout Philadelphia. QIS provides on-site mentoring twice monthly, in addition to resources, early learning materials and access to networking and professional development opportunities.
Leadership Training/ Policy Work (Lead.)	Delaware Valley Association for the Education of Young Children (DVAEYC)	DVAEYC offers a year-long early childhood fellowship program that provides foundational information about the ECE system and public policy. Participants can receive up to three college credits for the course. Additionally, weekend and full day leadership training opportunities are offered throughout the year.

IV. FINDINGS

KEY QUESTIONS

The data collection process centered around three key research questions, each with associated sub-questions. These key research questions form the basis of the presentation of findings and are further detailed below.

<p>Who is being served?</p>	<ul style="list-style-type: none"> ▪ What types of providers are served (family, group, or center-based)? What types are targeted? ▪ What is the quality level of providers being targeted? What is the level of those actually being served? ▪ Are there specific groups of providers that are explicitly ineligible for certain QIPs?
<p>What services are being provided?</p>	<ul style="list-style-type: none"> ▪ Which of the five key quality areas (accreditation achievement, facility development, business development/planning, professional development, programmatic enhancements) are being addressed? ▪ What subsets of these categories are being addressed? ▪ What service delivery models (group/individual technical assistance/professional development, etc.) are being utilized? ▪ What is the dosage level and the duration of the engagement with the provider?
<p>What is the capacity of the QIPs?</p>	<ul style="list-style-type: none"> ▪ How many staff are devoted to each QIP? ▪ How many providers can each QIP serve simultaneously? How many over the course of a year? ▪ How is QIP capacity distributed across quality levels, provider types, and content areas? ▪ How are the QIPs funded?

WHO IS SERVED?

This goal of this question was to develop a broad sense of where in the ECE community QI resources were being targeted. To answer this question, QIPs were asked to consider their service populations by type (i.e. family, group, or center) as well as by quality level (ranging from unlicensed to STAR 4a). QIPs were asked which providers they explicitly targeted, which providers they actually served, and which providers they specifically did not serve.

Figure 3 provides an overview of the types of providers identified as the primary targets for QIPs. Center-based providers have an advantage in this area as 48% of QIPs identified them as the primary target for their programs and 35% had no specific target provider type. As such over 80% of the programs surveyed were readily accessible to center-based providers but only slightly more than 50% were accessible to family providers. No QIPs targeted group providers specifically, which is not surprising given that group providers constitute only 8% of the licensed provider population.

Figure 3. Primary Target Populations (by type)

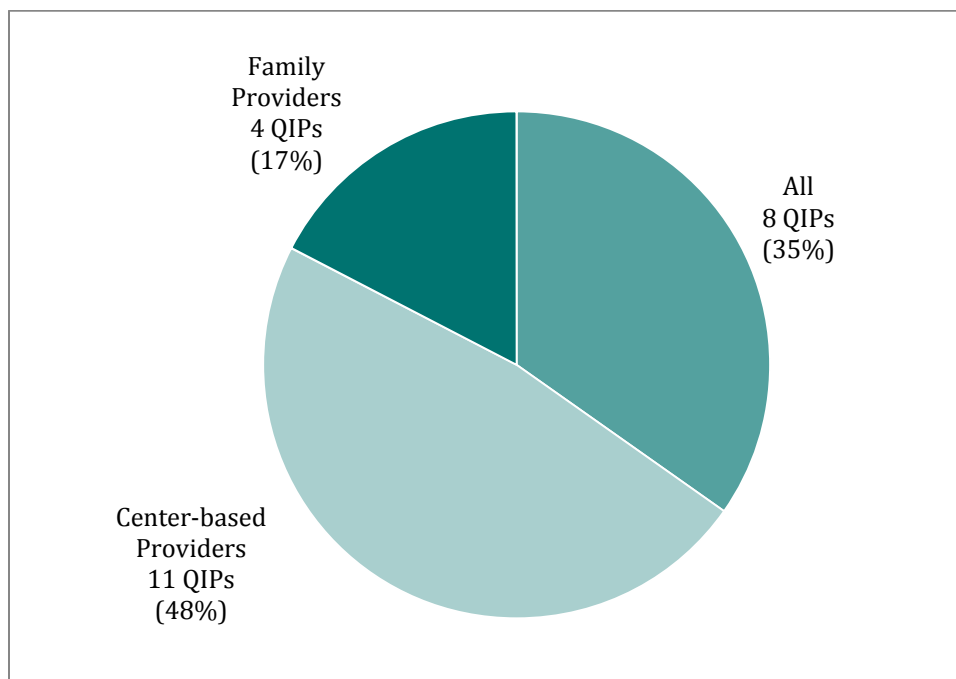
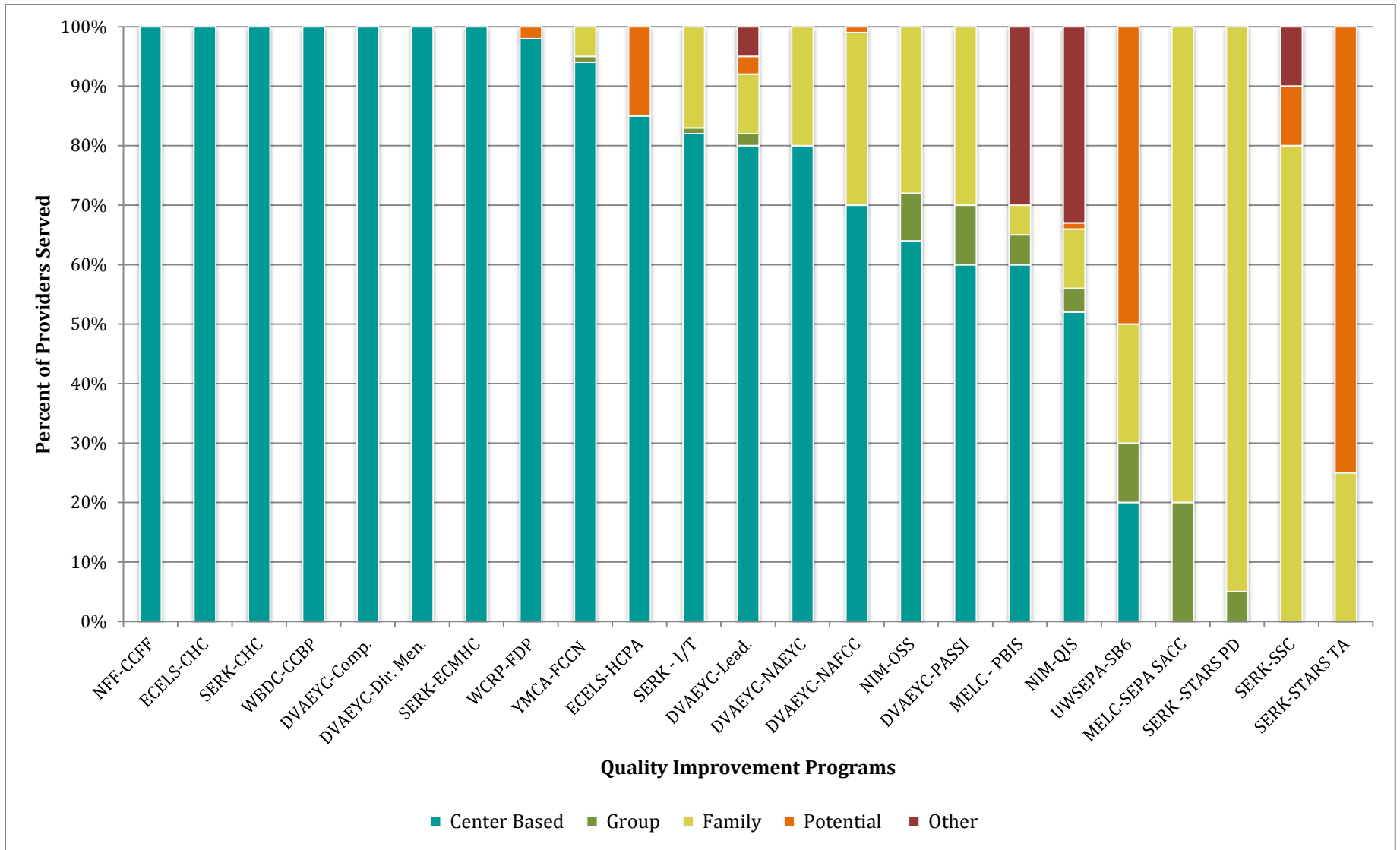


Figure 4 provides an overview of the provider types actually served by each QIP. In answering this question and similar questions in the survey, QIPs were allowed to provide approximate distributions; all answers had to total 100%. The data on targeted providers was consistent with data on providers served; center-based providers dominated both categories. This is not surprising, given that center-based providers constitute the greatest share of providers in the region. QIPs reporting some percentage of their client population as “Other” were either PD programs that are open to unaffiliated individuals or the ECELS program, which serves a population beyond the childcare provider community.

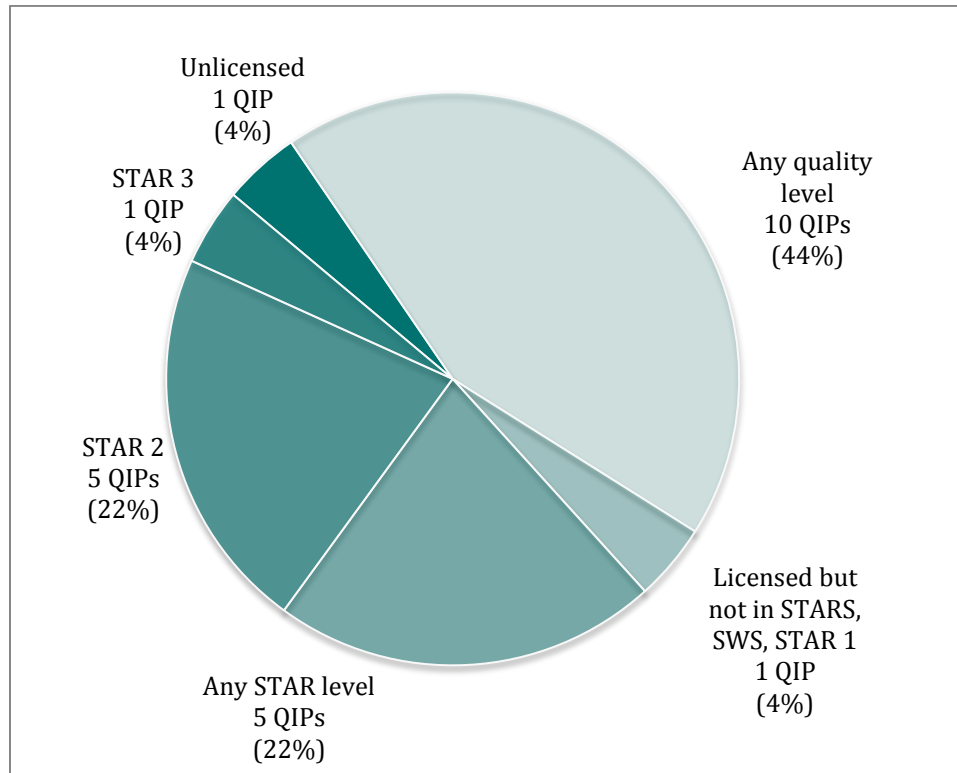
Figure 4. Distribution of Providers Actually Served by QIPs (by type)



Note: Data reported by Keystone STARS and Success by 6 TA sub-contractors was not included.

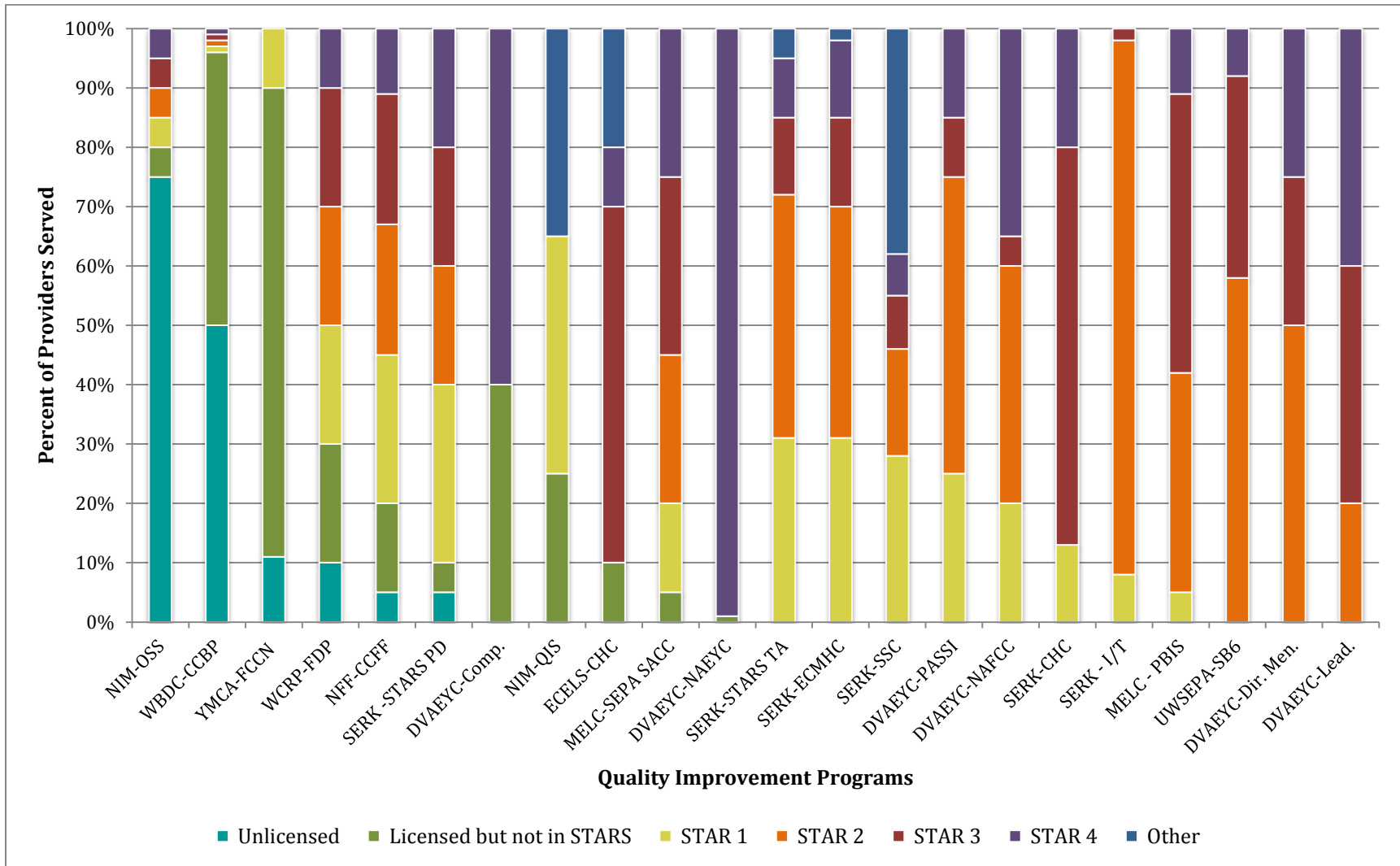
Similarly, providers were asked to identify the primary target providers in terms of quality levels. As indicated in Figure 5, 44% did not target providers at a specific quality level. Among the 64% that did, it was most common to target STAR 2 providers, given the generally accepted idea that the move from STAR 2 to STAR 3 is the most difficult in the Keystone STAR continuum. All SERK-funded QIPs are restricted only to programs participating in STARS. Only two programs, NIM's Quality Improvement System and One-Stop-Shop, specifically targeted programs at the lower end of the quality spectrum.

Figure 5. Primary Target Populations (by quality level)



Although QIPs tend not to target providers at a specific quality level, Figure 6 indicates that the vast majority of those served fall somewhere on the STARS continuum. Additionally, some QIPs serve programs that do not fall into these categories either because they have not yet opened or because they are in Start with STARS, which was not one of the answer options provided.

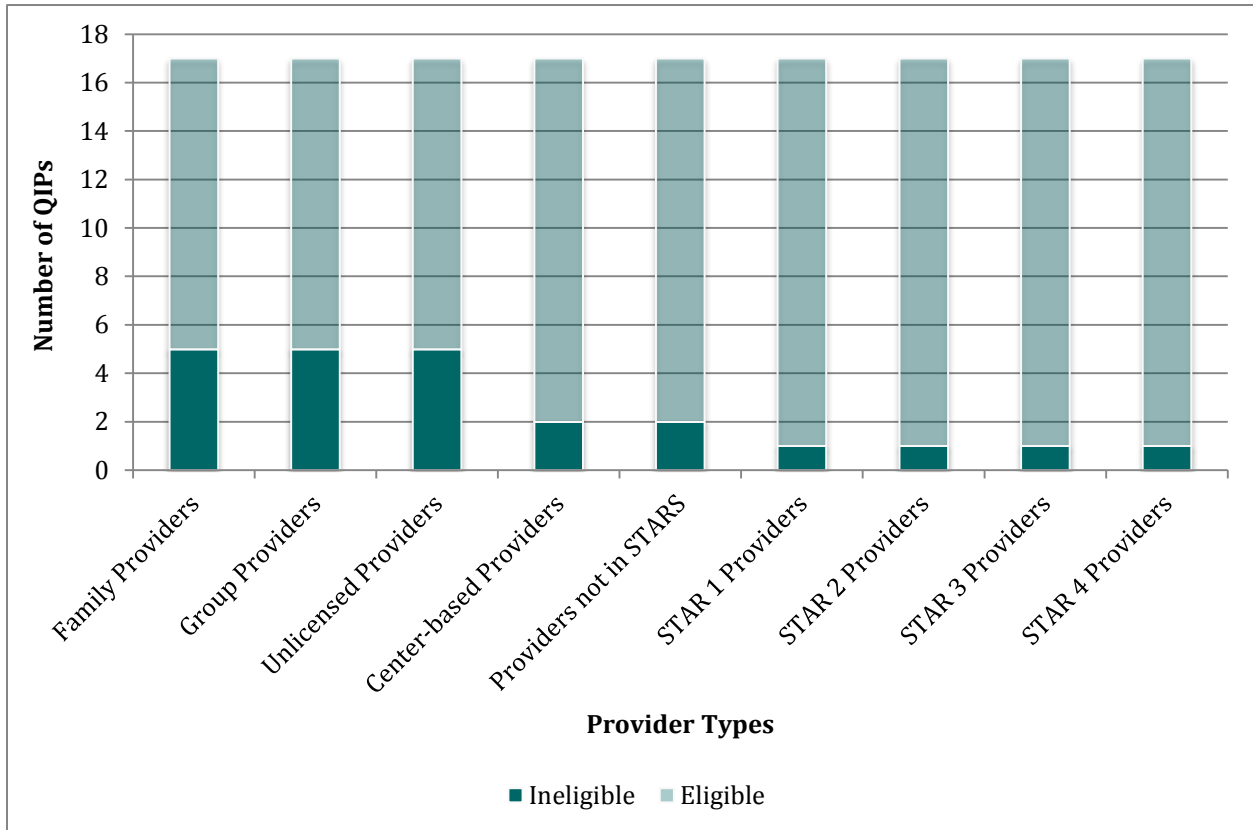
Figure 6. Distribution of Providers Actually Served by QIPs (by quality level)



Note: Data reported by Keystone STARS and Success by 6 TA sub-contractors was not included.

Finally, providers were asked to select the types of providers specifically designated as ineligible for their programs from a limited list of provider types and quality levels. For the purposes of this analysis, all SERK and SERK-funded programs were excluded, given that OCDEL requires the exclusion of unlicensed providers and those not in STARS. Although each of the provider types were eligible for most of the QIPs, those providers excluding certain groups tended to exclude lower quality providers, specifically unlicensed providers, family and group providers, and providers not in STARS.

Figure 7: Provider Types/Quality Levels Excluded from QIPs*(n=17)



*Does not include any SERK or SERK-funded programs. Programs open to all providers were also excluded.

WHAT SERVICES ARE BEING PROVIDED?

The question of what services are being provided takes into account three aspects of service provision. The first is the mode of service delivery; programs may use a technical assistance or professional development model and may serve providers on an individual basis or in groups. The second is the area of content area addressed by the QIP. While the programs can be grouped into the five broad categories identified in Chapter III, respondents were asked to be more specific in identifying content areas addressed by their programs. The final rubric for understanding the scope of services provided is dosage and duration of the QIP's engagement with the provider - how many hours of service are provided and over what time period.

For the purposes of this scan, QIPs were asked to categorize their services as one of the following:

- One-on-One Technical Assistance (TA) for individual providers
- Group-based Technical Assistance (TA) Professional Development (PD) for cohorts of providers
- Professional Development (PD) for multiple providers
- Professional Development (PD) for individual providers (in-house training)

As indicated in Figures 8 and 9, one-on-one TA is by far the most common method of service delivery, accounting for 50% or more of the services provided by 75% of QIPs. Group-based TA/PD for cohorts of providers is the least common service type offered, accounting for 10% or less of the services provided by 80% of QIPs.

Figure 8. Primary Service Delivery Model

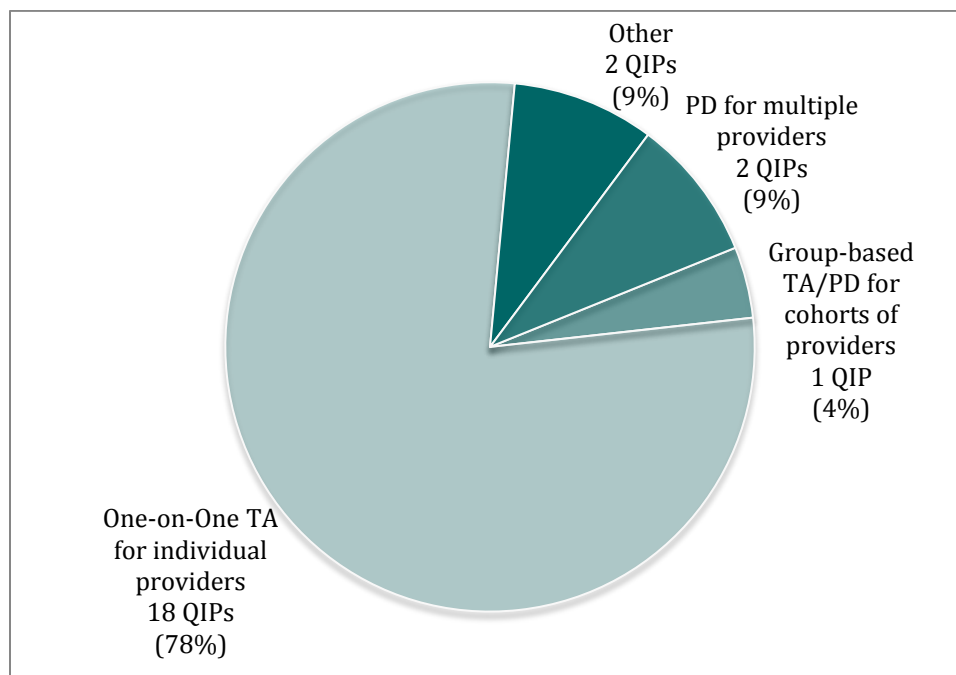
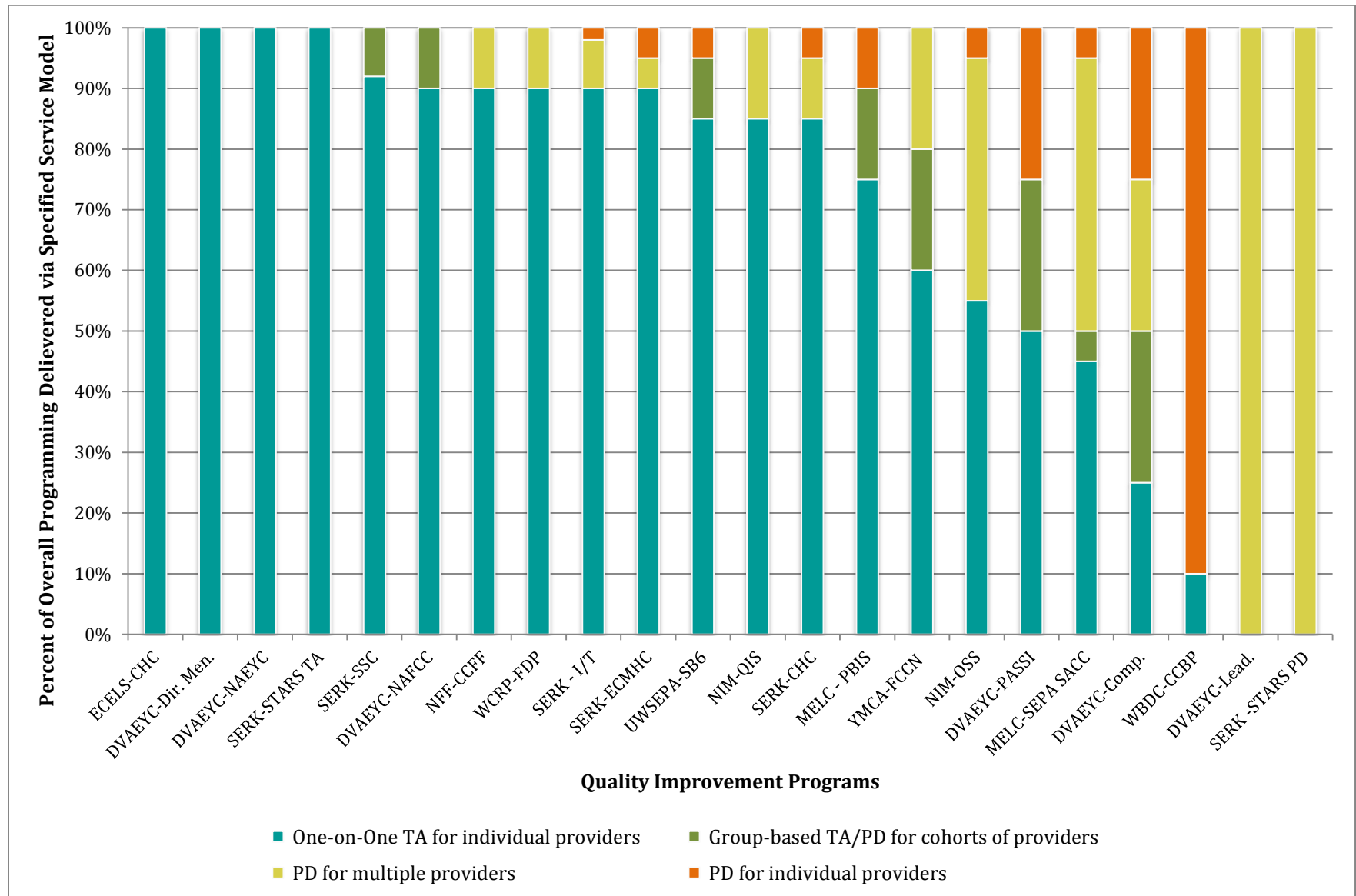
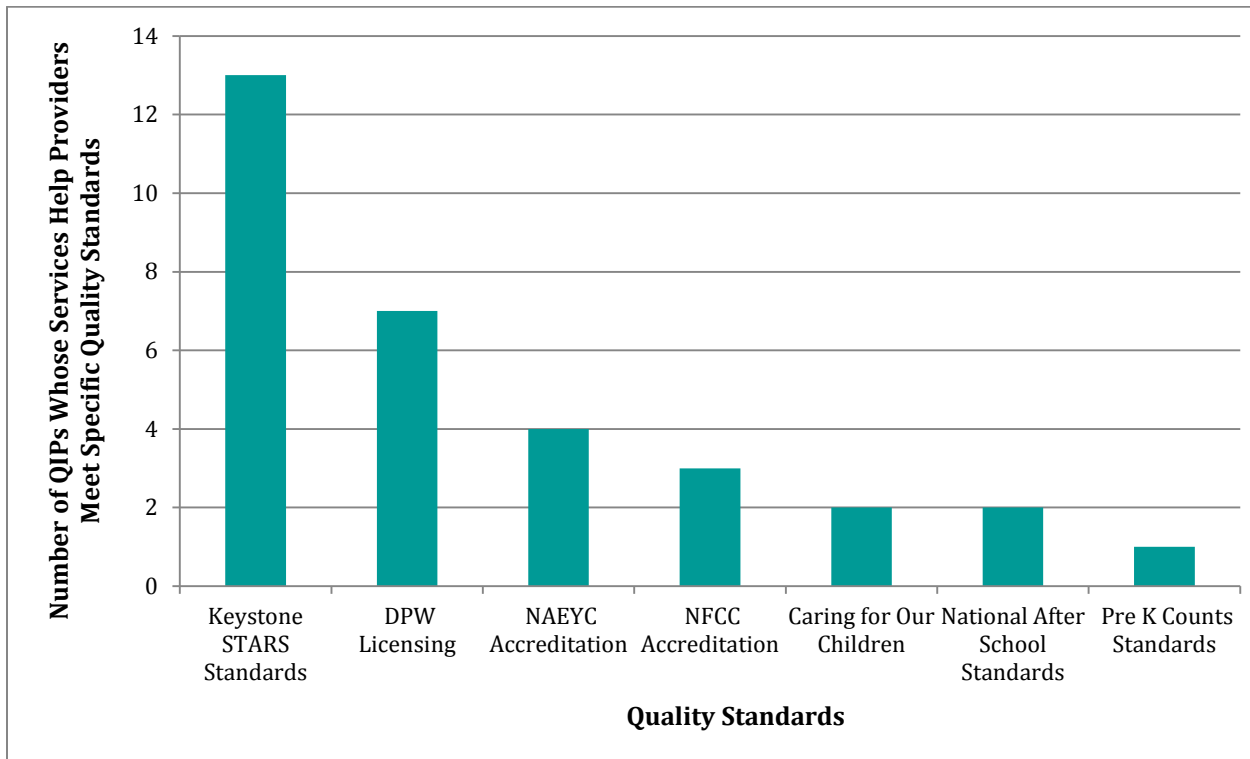


Figure 9. Distribution of Service Delivery Models across QIPs



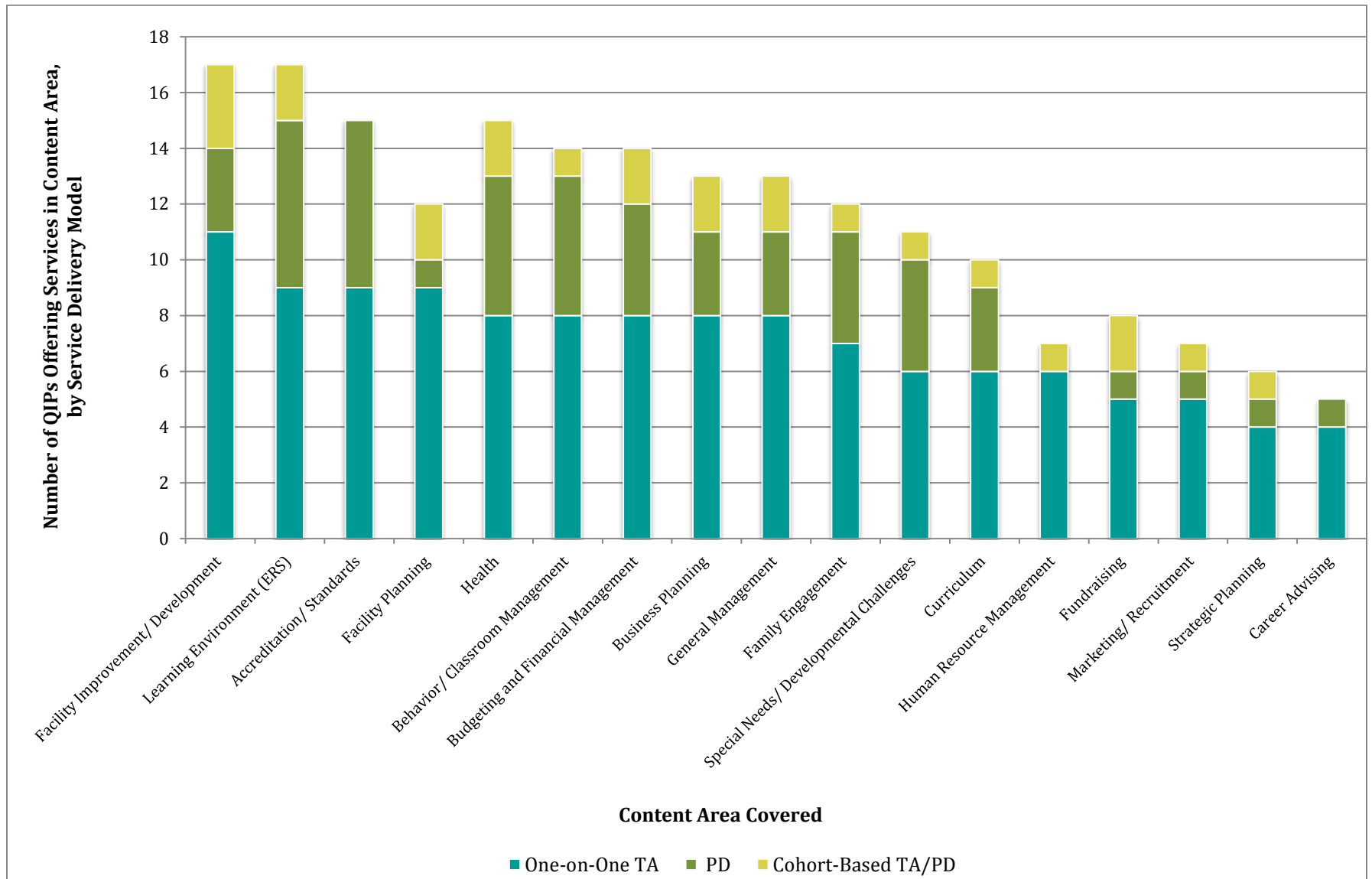
Respondents were asked which, if any, objective quality standards their programs helped providers to meet. All but five of the QIPs felt their program directly helped providers achieve or maintain a specific quality standard. As indicated in Figure 10, the most common standard targeted was Keystone STARS, followed by state licensure requirements.

Figure 10. Specific Quality Standards Addressed by QIPs



Providers were also asked to identify the content areas addressed by their programs from a limited list. Areas related to accreditation achievement and concrete outcomes such as facility development and the Environmental Rating Scale were offered by the greatest number of QIPs, as indicated in Figure 11. For all content areas, one-on-one TA, was the predominant service delivery model.

Figure 11. Content Areas Covered by QIPs (by service delivery model)



To provide a clearer picture of the scope of their services, QIPs were asked to estimate the number of hours they spent working with the average client and the period of time over which the engagement extended. Providers were given ranges to select from, rather than providing raw numbers. As indicated in Figure 12, most QIPs reported that on average client engagements involved over 16 hours of client contact, with almost a quarter reporting that the average engagement included over 40 hours. Figure 13 provides further context for understanding the extent of client contact. Most QIPs work with providers over the course of 6 months or more, or until the client’s goal has been achieved. The average number of hours and the duration of client engagements suggest a series of ongoing sessions with clients consistent with one-on-one TA.

Figure 12. Average Number of Hours Spent With Clients per Engagement

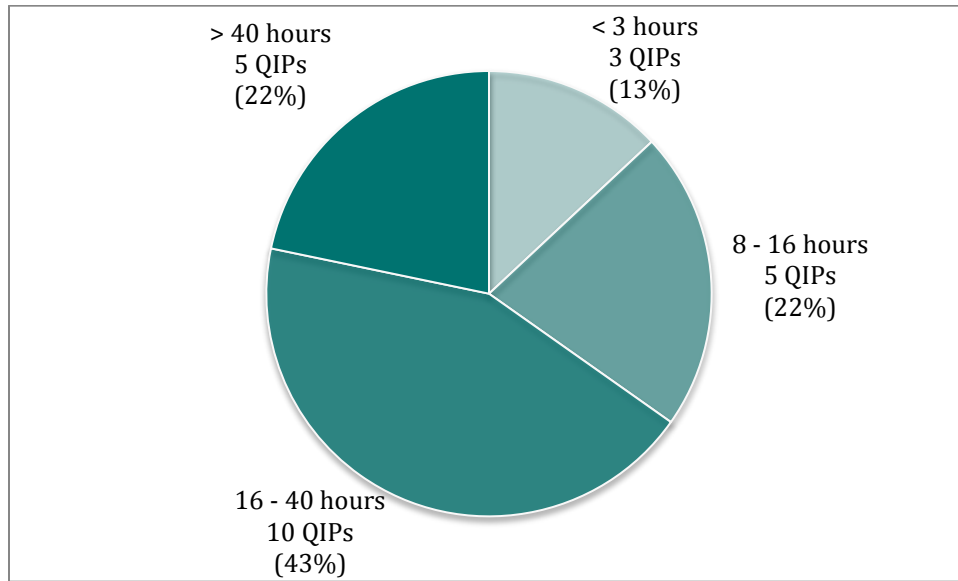
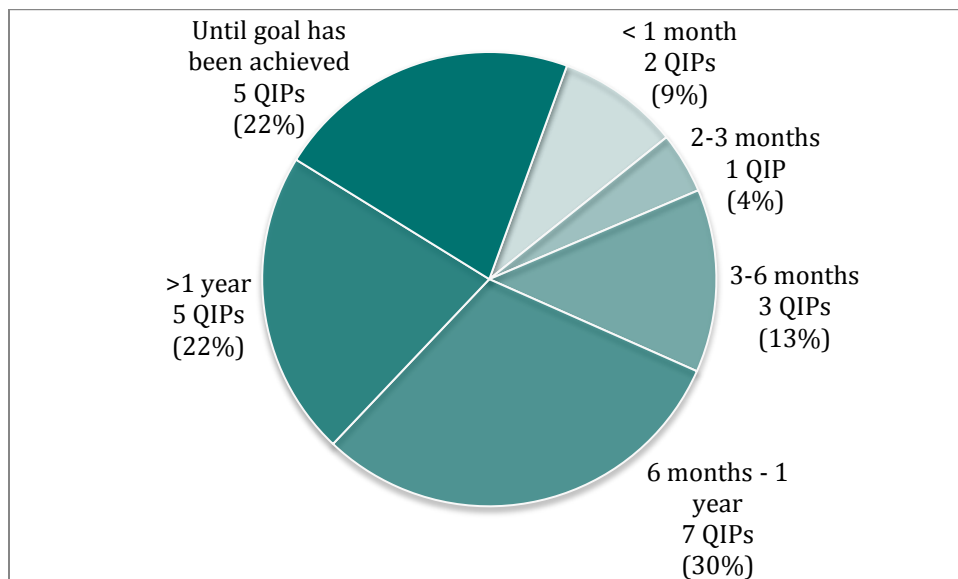


Figure 13. Average Duration of Client Engagements

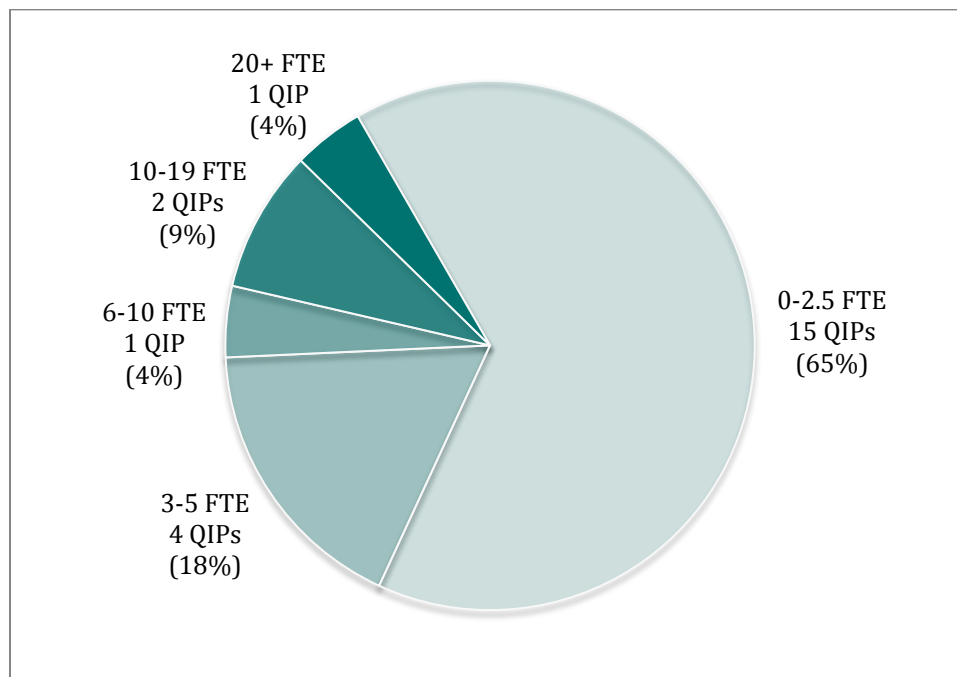


WHAT IS THE CAPACITY OF THE QI PROVIDERS?

To get at the issue of capacity, respondents were asked about the size of the staff devoted to each QIP, and the number of providers they served in a given year. They were also asked about funding to provide some sense of the potential sustainability of the program.

As Figure 15 indicates, most QIPs operate on a lean staffing model; over half have 2.5 FTEs or fewer. The three QIPs with over 10 FTEs were Success by 6 and STARS TA and Specialist Consultation.

Figure 14. Number of Full Time Equivalent (FTE) Staff Devoted to QIPs



Note: Counts for Success by 6 and STARS TA include FTEs of subcontractors and lead agencies

Despite limited staff, most QIPs reach a disproportionately large number of providers each year, as indicated in Figure 15. Most serve 50 providers or more and over a quarter serve over 250 providers annually. Those serving fewer tended to be more intensive, such as DVAEYC's NAEYC Accreditation program and Director Mentoring.

Figure 16 provides a comparison between the number of providers served by each QIP and the average number of hours spent on client engagements. As might be expected, there is an inverse relationship between the number of hours spent working with providers and the number of clients served annually.

Figure 15. Number of Providers Served Annually

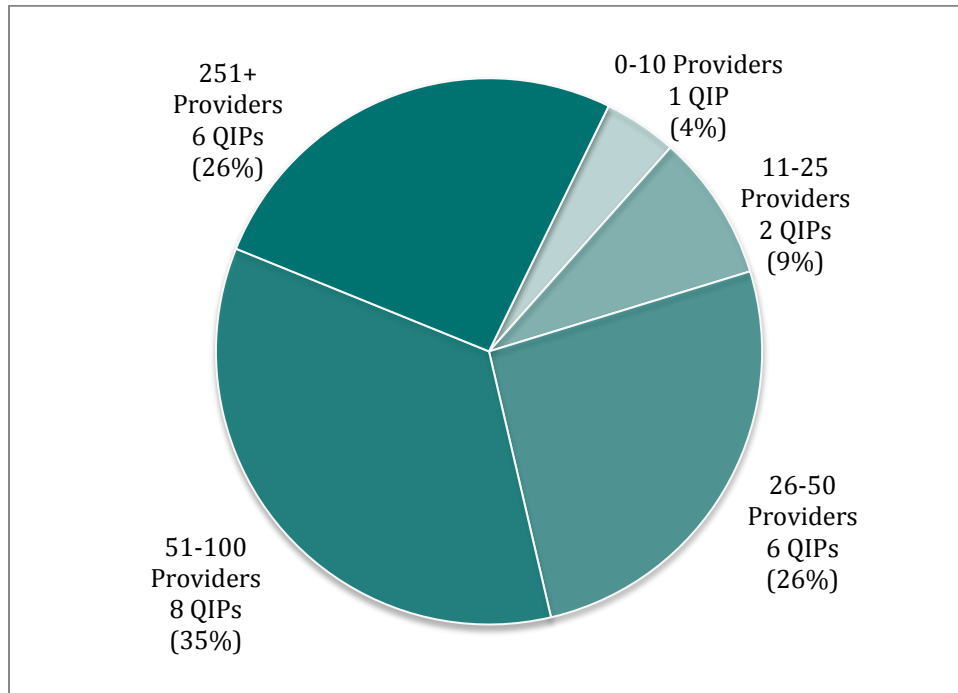


Figure 16. Number of Providers Served Annually by Average Number of Service Hours

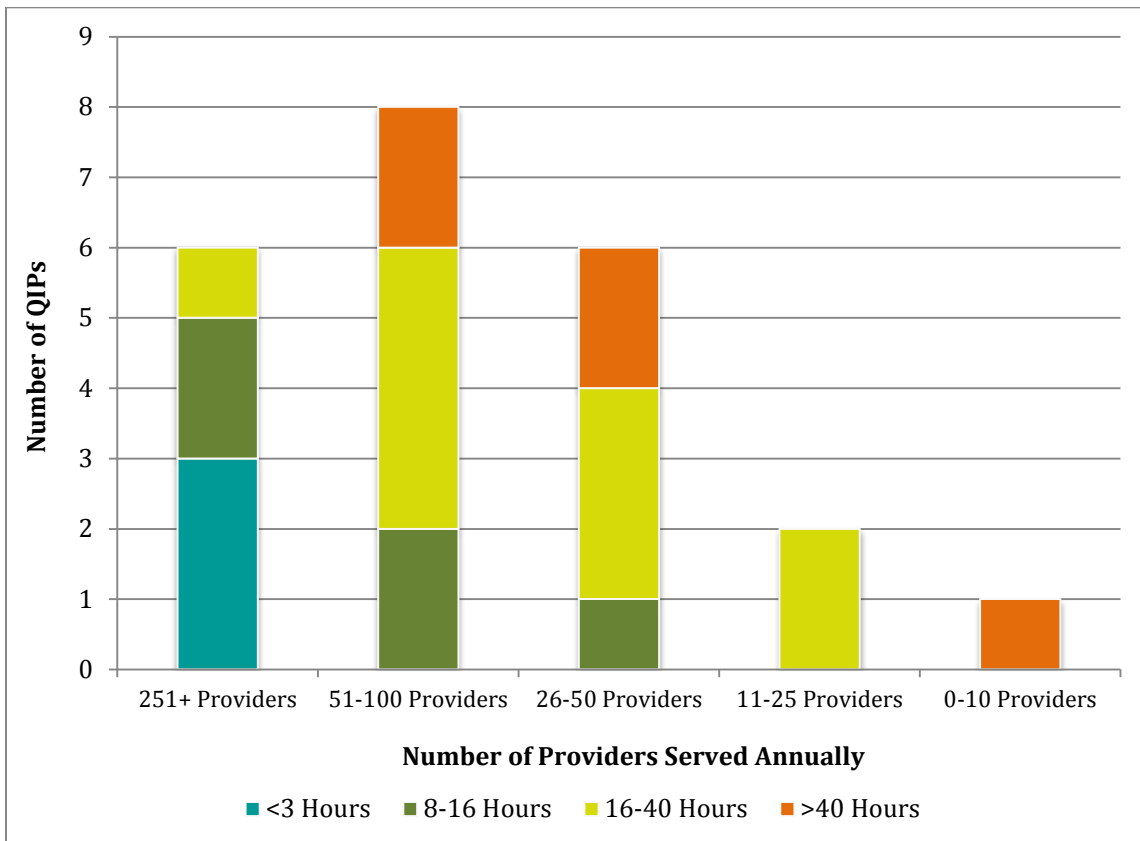
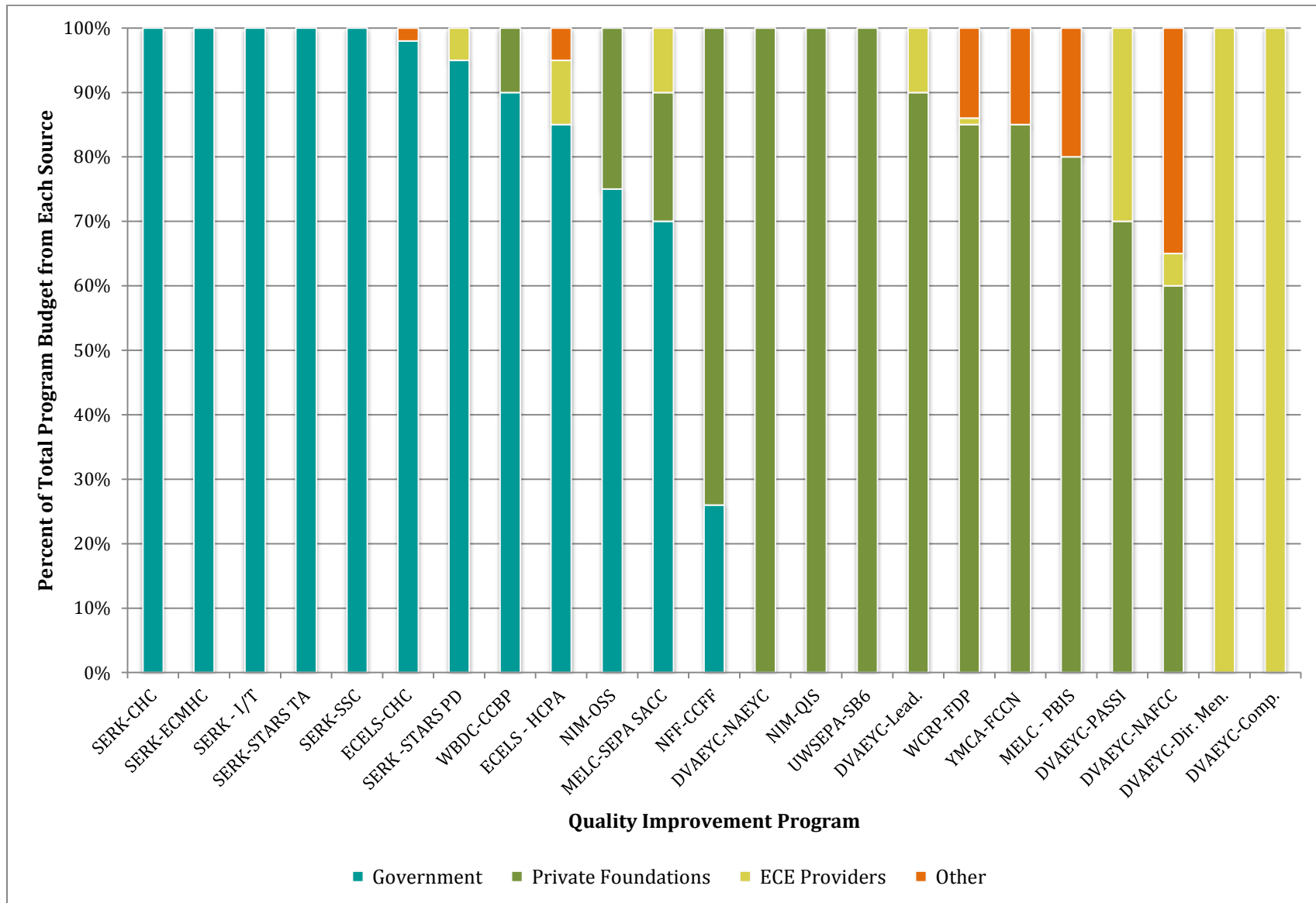
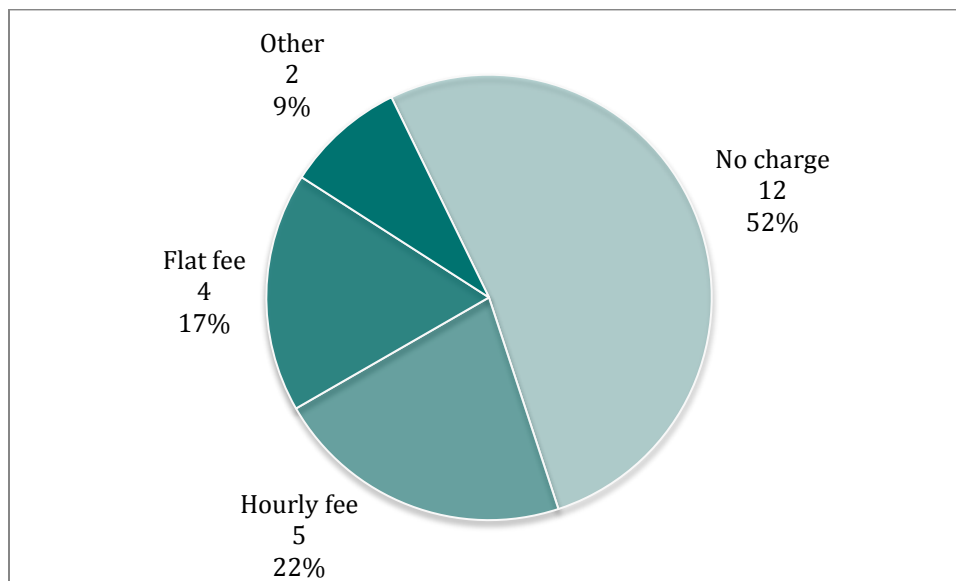


Figure 17. Distribution of Funding Sources



Respondents were asked about funding sources for their QIPs in order to provide a general overview of the funding landscape and a rough sense of the sustainability of programs. Specifically, they were asked what percentage of their program budgets came from public funding, foundation funding, and ECE providers (i.e. fee for service). Government, primarily through Keystone STARS, is the largest funder of QIPs, with foundations covering most of the remainder. ECE providers themselves contributed very little to the funding of these programs. Where respondents indicated that they charged providers for services, they were asked to provide information on their fee structure. Among QIPs that charge fees, flat fees are almost as common as hourly fees. In two cases, the amount contributed by ECE providers was of such a small percentage that it is not reflected in Figure 17.

Figure 18. QIP Fee Structure



QIP Capacity by Provider Type and Service Model

Further analysis was conducted to provide a better sense of how provider capacity was distributed across the spectrum of provider types and quality levels. Figure 19 provides an overview of the provider types served by QIPs, factoring in the capacity of each program. The QIPs serving the greatest number of providers annually tend to target all provider types, suggesting that family providers are not as underserved as the number of QIPs might indicate.

Figure 19. Primary Provider Types Targeted by QIPs (by number served annually)

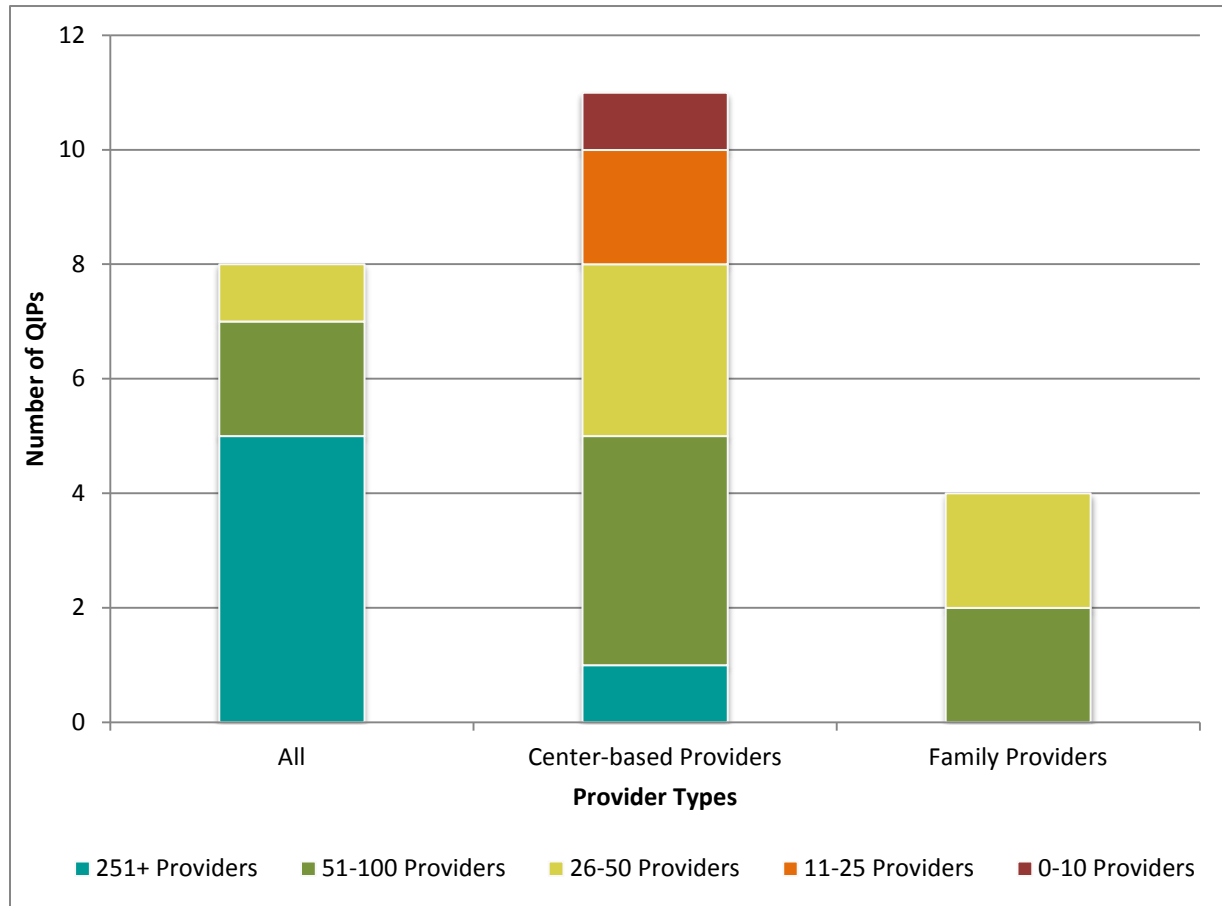
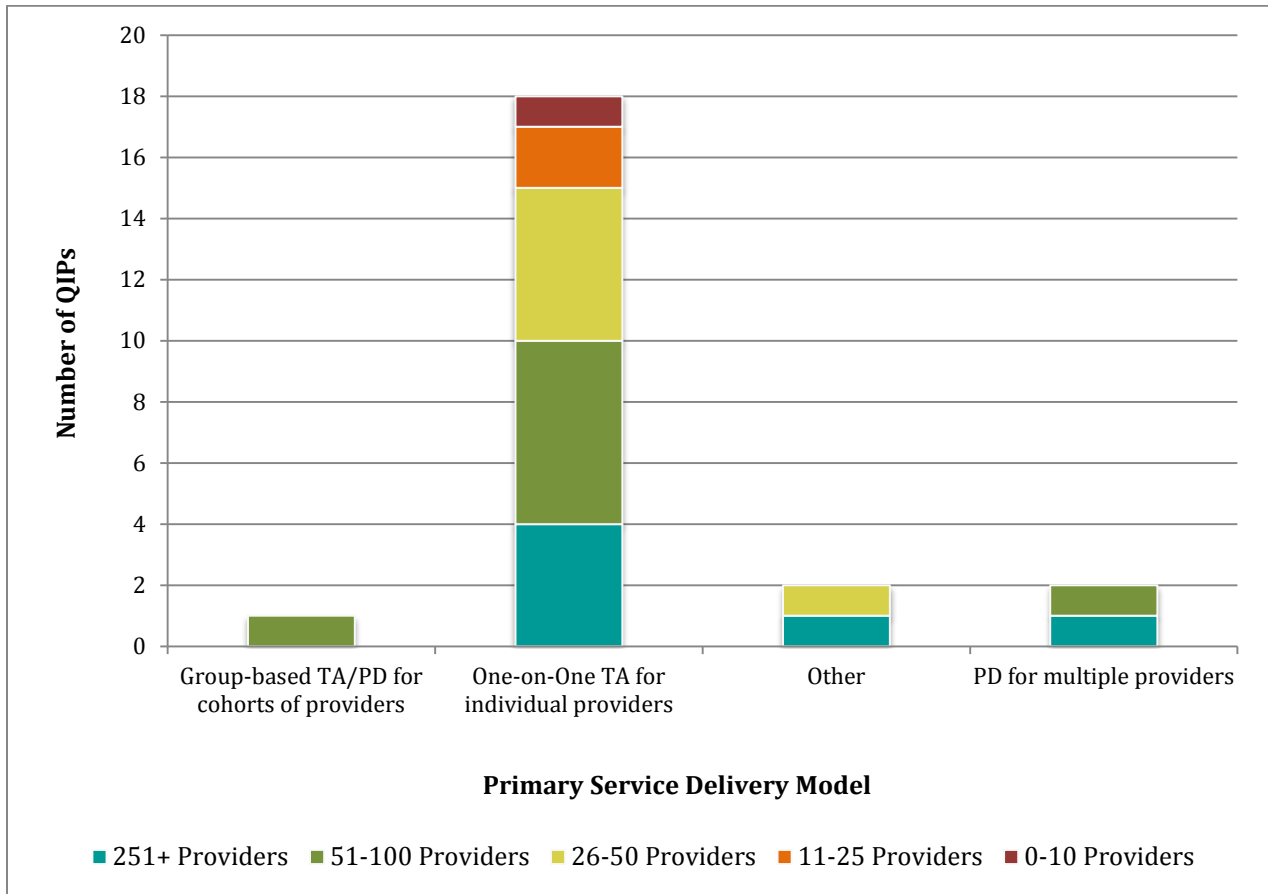


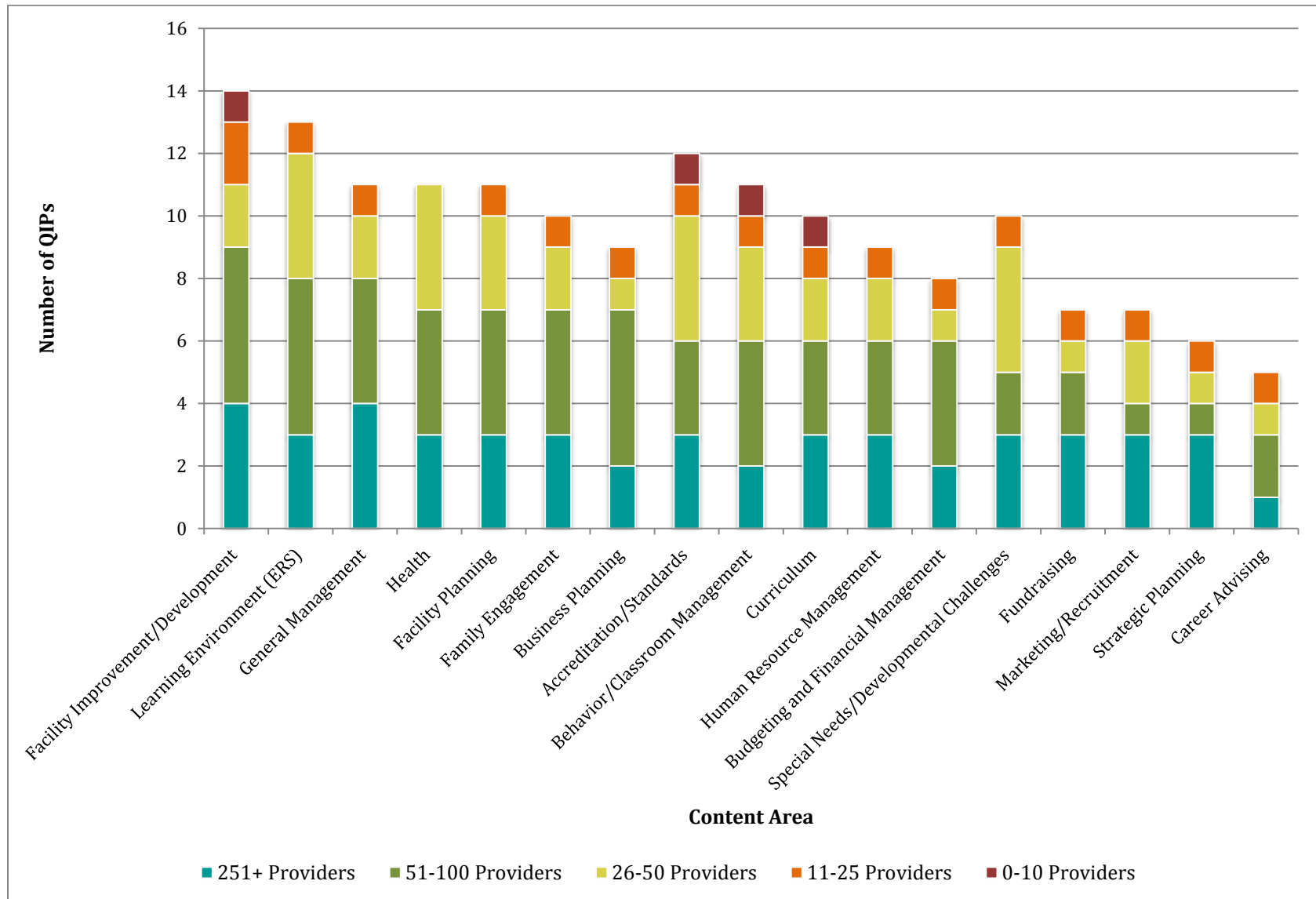
Figure 20 shows the primary service delivery models used by QIPs, factoring in the number of providers they each serve. Not only is one-on-one TA the model used by most QIPs, it is also the one most often used by the QIPs serving the largest number of providers.

Figure 20. Primary Service Delivery Model used by QIPs (by number served annually)



Finally, Figure 21 provides an overview of the content areas covered by QIPs, grouped by number of providers served (note that several QIPs address multiple content areas). The QIPs reaching the greatest number of providers cover the entire spectrum of quality improvement content areas and there is no significant relationship between content areas covered and service numbers.

Figure 21. Content Areas Covered by QIPs (by number served annually)



V. DISCUSSION

KEY FEATURES OF THE LOCAL QIP LANDSCAPE

- ***Center-based providers receive the most attention:*** This is not unexpected, as centers form the largest share of licensed providers in the region. However, it is unclear if this emphasis comes at the detriment of family providers. Some interview participants felt family providers were underserved, though the data suggests that the level of attention given to centers is proportionate to their share of the field.
- ***The system disproportionately targets providers who are already involved in quality improvement efforts.*** Clearly, this is partly because many of the QIPs are funded through Keystone STARS. Another reason might be self-selection; the providers most likely to avail themselves of QIP services are also the ones most concerned about quality, ergo, they are likely to already be Keystone STARS participants.
- ***One-on-one Technical Assistance is the most common service delivery model.*** While this method of service delivery probably lends itself well to the ECE community, where many providers work in their own homes and time is at a premium, it is also the most costly and labor intensive.
- ***A fairly comprehensive spectrum of content areas is covered.*** While respondents consistently identified the same quality areas (most notably, ERS and professional development) as barriers to STARS advancement, they also noted that QI services were available in these areas but were underutilized. The only QI area viewed as being in short supply was leadership development, which some QIPs were hoping to foster through peer learning circles.
- ***There is near-universal acceptance of Keystone STARS as a marker of quality:*** Even QIP programs not funded via the SERK provide services specifically designed to help providers advance in the STARS system. Moreover, when asked how they measure success, almost all interview participants cited progress in STARS and improvement in scores on the Environmental Ratings Scale (these scores are a critical factor in the determination of STARS ratings). Taken together, these findings suggest that QIPs are unified in their focus on STARS ratings as a measure of their success and of provider progress. This bodes well for the ECE community in general as providers are unlikely to receive conflicting advice from different QIPs and no matter where they obtain QI services, providers will all be guided in a similar direction.
- ***QIPs have a strong sense of their effectiveness but lack the data to corroborate this.*** Most interviewees indicated a need for more information on provider outcomes, provider participation in various QIPs, and on the system in general. There is a sense that not all QIP efforts are equally effective will all providers/provider types, but without streamlined data, QIPs are unable to identify the patterns that would enable them to maximize their impact by directing resources appropriately. While most providers have some access to Pennsylvania's Enterprise to Link Information for Children Across Networks (PELICAN), the data is either limited or does not offer opportunities for aggregation or trend analysis.

“RISING STARS INITIATIVE”

On the eve of this report’s publication, OCDEL launched the “Rising STARS” initiative, designed to increase the enrollment of at-risk children in STAR 3 and 4 ECE programs. The initiative redirects resources towards higher-quality providers serving a greater percentage of at-risk children. It also simplifies the Keystone STARS grant making process and eliminates the Start with STARS category, effective in 2013. If successful, this initiative could address one of the major challenges facing the local ECE community, namely the concentration and stagnation of providers at the low end of the Keystone STARS spectrum. Additional resources for high quality providers might also enable more providers to retain their high quality designation. However, it is also likely that, at least initially, the initiative will cause many providers to leave the Keystone STARS system altogether.

THE WAY FORWARD

The “Rising STARS” initiative suggests two key imperatives for local QIPs:

1. Reaching providers at the low end of the quality spectrum who might leave or be less inclined to join the STARS system.
2. Maximizing the speed and efficiency of upward movement in STARS, particularly given the financial impact for programs that remain at low quality levels.

Meeting these imperatives will require a more efficient allocation of resources within QIPs, further reinforcing the need for a better system for tracking outcomes and sharing data across QIPs. As the QIP operator with the greatest access to information across the system, the SERK at PHMC could serve as a natural hub for this information exchange.

NOTES FROM STAKEHOLDER DISCUSSION – 9/28/2012

The group identified several system-level challenges to improving quality in the local early care and education sector:

- **Lack of demand for high quality care:** Parents prioritize cost and/or convenience over quality when selecting child care. There have been some state-funded campaigns to educate parents about the importance of quality care and regional CCIS offices routinely provide this information to parents. However, these efforts seem to have limited impact on parents’ choices and therefore limited impact on provider incentives to improve quality.
- **Human Resource Challenges:** Locally, the system is plagued by various HR-related challenges which hinder quality improvement efforts. These include:
 - High turnover rates (estimated at 50%) among teaching staff
 - Lack of interest in professional development; free credit-bearing classes offered by the SERK are often under-subscribed
 - Lack of leadership skills among Directors
 - Lack of succession planning and/or leadership support for Directors
 - Low pay levels which contribute to high turnover and low levels of motivation
 - A disconnect between center owners (who tend to be profit-driven) and their hired Directors (who tend to be more educationally-focused)
- **The inability of QI programs to penetrate the vast pool of unregulated programs:** QIPs acknowledged that there is a significant population of providers who are unregulated and

completely divorced from the QI system that they would like to but are simply unable to reach because of the fractured nature of the industry.

- ***Underutilization of Services:*** QI programs sometimes have trouble recruiting and retaining providers, even for free or very low cost services. Suggested causes were lack of knowledge, misconceptions about cost, and/or lack of understanding of the importance of quality improvement. Some QI programs see the opposite trend in that there are some providers who often take advantage of QI offerings, but do not seem to actually progress along the quality continuum. Notably, a SERK survey of providers that had recently advanced in Keystone STARS revealed that providers viewed grants (rather than TA) as the most important factor in helping them improve quality.

APPENDIX A: ORGANIZATIONS AND QIPS

Organization	Quality Initiative Program(s)
Delaware Valley Association for the Education of Young Children (DVAEYC)	Computing Solutions
	Director Mentoring
	Keystone STARS TA
	Leadership Training/Policy Work
	NAEYC Accreditation
	NAFCC Accreditation
	PA Shared Source Initiative
	Success By 6 TA
Early Childhood Education Linkage System (ECLS)	Child Health Consultation
	Healthy Child PA
Montgomery Early Learning Center (MELC)	Keystone STARS TA
	Positive Behavior Intervention Supports Project
	SEPA SACC
	Success By 6 TA
Nonprofit Finance Fund (NFF)	Child Care Facilities Fund
Neighborhood Interfaith Movement (NIM)	Keystone STARS TA
	One Stop Shop
	Quality Improvement Systems
	Success By 6 TA
Southeast Regional Key (SERK)	Child Health Consultation
	Early Childhood Mental Health Consultation
	Infant/Toddler Specialist Consultation
	Keystone STARS TA
	Keystone STARS PD
United Way of SEPA	STARS Specialist Consultation
United Way of SEPA	Success By 6
Women's Business Development Center (WBDC)	Child Care Business Program
Women's Community Revitalization Project (WCRP)	Facilities Development Program
YMCA	Family Child Care Network

APPENDIX B: ECE QI INITIAL SURVEY

Program Description

- 1) Please provide a brief description of the ECE QI services offered specifically through this program.

Program Funding

- 2) What percent of your funding for this program comes from each of the following sources? (your answers must total 100%; rough estimates are acceptable)
 - a. Percent Government
 - b. Percent Private Foundations
 - c. Percent Earned Income from ECE Providers
 - d. Percent Other
- 3) Do you ever charge ECE providers for these services?
 - Yes
 - No

Program Payment

- 4) How do you charge for services?
 - Flat fee
 - Hourly fee
 - Other (please explain)
- 5) Do you use any sort of sliding scale or offer discounts to particular groups of ECE providers?
 - No
 - Yes (please explain)

Target Population

- 6) Is the program restricted to certain types/groups of providers?
 - No, any provider can participate fully regardless of any type, size, STAR level, etc.
 - Yes, it is restricted
- 7) What types/groups of providers are eligible to participate in the program? (check all that apply)

<input type="radio"/> Non-Profit Providers	<input type="radio"/> AEYC members
<input type="radio"/> For-Profit Providers	<input type="radio"/> OST Providers
<input type="radio"/> Family Providers	<input type="radio"/> Head Start Providers
<input type="radio"/> Group Providers	<input type="radio"/> PreK Counts Providers
<input type="radio"/> Center-based Providers	<input type="radio"/> Providers participating in CCIS
<input type="radio"/> STAR 1 Providers	<input type="radio"/> Providers not participating in CCIS
<input type="radio"/> STAR 2 Providers	<input type="radio"/> Philadelphia County Providers
<input type="radio"/> STAR 3 Providers	<input type="radio"/> Delaware County Providers
<input type="radio"/> STAR 4 Providers	<input type="radio"/> Montgomery County Providers
<input type="radio"/> Providers not in STARS	<input type="radio"/> Bucks County Providers
<input type="radio"/> Licensed Providers	<input type="radio"/> Chester County Providers
<input type="radio"/> Unlicensed Providers	<input type="radio"/> Other eligibility criteria used by program

Target Population (cont.)

- 8) What type of ECE provider is the primary target for this service?
- Center-based providers
 - Group Providers
 - Family Providers
 - Potential Providers
 - Other (please explain)
- 9) What percent of providers you actually serve fall into the following categories? (your answers must total 100%; rough estimates are acceptable)
- a. Center-based Providers
 - b. Group Providers
 - c. Family Providers
 - d. Potential Providers
 - e. Other
- 10) What is the quality level of ECE providers that are the primary target for the program?
- The program does not target providers at a specific quality level
 - Unlicensed
 - Licensed but not in STARS
 - STAR 1
 - STAR 2
 - STAR 3
 - STAR 4 or 4a
 - Other (please explain)
- 11) What percentage of providers actually served by this program are at each of the following quality levels? (your answers must total 100%; rough estimates are acceptable)
- a. Unlicensed
 - b. Licensed but not in STARS
 - c. STAR 1
 - d. STAR 2
 - e. STAR 3
 - f. STAR 4 or 4a
 - g. Other

Program Staffing and Dosage

- 12) How many full time equivalent (FTE) staff does your organization have devoted to this program?
- 13) How many providers is the program serving at any given time? (for multisite agencies, count each site as a provider)
- 14) How many providers does this program serve in a given year?
- 0 – 10
 - 11 – 25
 - 26 – 50
 - 51 – 100
 - 101 – 250
 - 251+

Program Staffing and Dosage (cont.)

- 15) How many providers does this program serve in a given year?
- < 1 month
 - 2 – 3 months
 - 3 – 6 months
 - 6 months – 1 year
 - 1 year
 - Until goal has been achieved
- 16) On average, how many hours of service does the program provide to each provider served?
- < 3 hours
 - 3 – 8 hours
 - 8 – 16 hours
 - 16 – 40 hours
 - > 40 hours

Services Offered

- 17) What is the primary type of service offered through this program?
- One-on-One TA for Individual providers
 - Group-based TA/PD for cohorts of providers
 - PD for multiple providers
 - PD for Individual providers (In-house training)
 - Other (please explain)
- 18) What percentage of total program hours are spent on each of the following service types? (your answer must total 100%; rough estimates are acceptable)
- a. One-on-One TA for Individual providers
 - b. Group-based TA/PD for cohorts of providers
 - c. PD for multiple providers
 - d. PD for Individual providers (In-house training)
- 19) What (if any) type of PD is offered through this program? (check all that apply)
- None
 - Credit-bearing
 - Credential-related
 - STARS Core Series
 - Other (please explain)
- 20) Which, if any, of the standards listed below is the program specifically designed to help providers meet? (check all that apply)
- None, the program is general
 - DPW Licensing
 - Keystone STARS Standards
 - Pre-K Counts Standards
 - NAEYC Accreditation
 - NFCC Accreditation
 - Other (please explain)

Services Offered (cont.)

21) Please indicate the types of services (One-on-One TA, Cohort-Based TA/PD, PD, None) you offer in each of the following areas:

- Accreditation Standards
- Behavior/Classroom Management
- Budgeting/Financial Management
- Business Planning
- Career Advising
- Curriculum
- Facility Improvement/Development
- Facility Planning
- Family Engagement
- Fundraising
- General Management
- Health
- Human Resource Management
- Learning Environment (ERS)
- Marketing/Recruitment
- Special Needs/Developmental Challenges
- Strategic Planning

Other Information

22) Are there any other features of the program/service that have not been captured in previous responses?

- No
- Yes (please explain)

APPENDIX C: STAKEHOLDER INTERVIEW GUIDE

1. Is the data we provided from the ECE QI survey correct?
2. How do you define and measure success?
 - a. By this definition, how successful have your organization's QIPs been in achieving goals and anticipated outcomes?
 - i. What factors make some providers you work with more successful than others?
3. What are some of the challenges you face when servicing providers?
4. What data do you collect about providers and what data do you wish you could collect?
5. What understanding do you have regarding the services offered by other QIPs?
 - a. Are you aware of the other QIPs your providers participate in?
 - i. How do you think ECE QIPs can work together in the future to increase the impact on providers?
6. Are you confident that the right providers are getting the appropriate services they need to move along the quality continuum?
7. One-on-One technical assistance seems to be the primary service type offered in all areas. Why do you think this is?
 - a. Do you think other formats of assistance are under-utilized?
8. Most QIPs target providers with some sort of existing quality level—STARS, licensed centers, etc.
 - a. Do you think this is the best place to direct resources?
 - i. What about those providers at the very bottom such as unlicensed providers?
9. Most QIPs seem to have a single source of funding. What are the barriers encountered in attaining braided funding?
10. Are there any other observations you have made about QIPs that you would like to share?

ENDNOTES

ⁱ Keystone STARS. Center Performance Standards for FY 2012-2013. Issued July 2012.

ⁱⁱ National Professional Development Center on Inclusion. (2009). *Why program quality matters for early childhood inclusion: Recommendations for professional development*. Chapel Hill: The University of North Carolina.

ⁱⁱⁱ Halle, T., Vick Whittaker, J. E., & Anderson, R. (2010). *Quality in Early Childhood Care and Education Settings: A Compendium of Measures, Second Edition*. Washington, DC: Child Trends. Prepared by Child Trends for the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

^{iv} Because statistics on unlicensed providers are unavailable, they are not included in this analysis. However, there are also a significant number of unlicensed providers in the region, mostly home-based.