



INSTITUTE FOR FAMILIES IN SOCIETY

External Evaluation of South Carolina First Steps Child care Technical Assistance and Training Programs

FY19-FY21

FINAL REPORT | EXECUTIVE SUMMARY

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OVERVIEW

The mission of South Carolina First Steps (First Steps) is to work collaboratively to ensure that all children start school ready to reach their highest potential with engaged support from their parents, caregivers, and communities. Achieving this mission requires use of a wide range of programs and strategies to support children ages 0-5 and their families, and that reach early childhood stakeholders within communities and across the state. As a quasi-governmental organization, First Steps is well positioned to reach the early childhood stakeholders across the state, as it consists of a state office located in Columbia, SC, and a network of local partnership offices in each of the 46 counties within the state.

One important objective for First Steps is to ensure that children are ready for kindergarten. While kindergarten readiness is impacted by many factors operating at the individual, family, community, and system levels of the social ecology, high quality early care and education experiences can prepare children for kindergarten and can influence child outcomes over a lifetime. First Steps is an important part of the state network of agencies and organizations who provide support for early care and education programs and providers.

In recognition of the importance of early care and education programs to children's academic readiness and success, First Steps devotes a significant portion of funding provided to Local Partnerships to support child care technical assistance and training. Legislatively, First Steps is required to evaluate prevalent programs on a five-year schedule (SC State Code § 59-152-50). Prevalent programs are defined as >10% of total expenditure of Local Partnership formula funding; child care technical assistance and training are considered a prevalent program under this definition. Furthermore, the legislation dictates that First Steps shall: "...contract with an external evaluator to develop a schedule for an in-depth and independent performance audit designed to measure the success of each prevalent program regarding its success in supporting the goals of the State Board and those set forth in Section 59-152-20 and Section 59-152-30. Results of all external performance audits must be published in the First Steps annual report."

This external evaluation is designed to evaluate the reach and impacts of child care technical assistance (TA) and training programs operated by First Steps County Partnerships during a three-year time frame of FY18-19 through FY20-21. Of note, child care TA activities from FY14 to FY 18 were previously evaluated by the Institute for Families in Society in a report published in November 2019 as part of an overall evaluation of the impact of First Steps County Partnership programs. Outcomes assessed included the number of TA site visits made and changes over time in the quality of the child care environment (using data from standardized observational measures). Statistically significant positive changes in classroom environments (pre/post) were seen in 4 of 5 years on the Infant-Toddler Environmental Rating Scale and in 3 of 5 years on the Early Childhood Environmental Rating Scale. Over the evaluation period, the number of child care providers involved in TA services increased from 130 to 157. The number of hours of administrative TA provided was approximately 2000 in FY14 to FY16; in FY17 approximately 1,400 hours of administrative TA were provided. The current evaluation extends this prior work by extending the evaluation period's time frame, including a wider array of archival data on TA programs, including archival data on Training programs, and inclusion of primary data collection to augment the available archival data provided by First Steps.

EVALUATION FOCUS: TA AND TRAINING PROGRAMS

First Steps County Partnerships provide child care TA through two different programs: Quality Enhancement (QE) and Quality Counts (QC). While program delivery specifics and program reach for QE and QC differ, both share the common goal of providing high-quality, individualized, supportive, collaborative child care technical assistance to child care providers (defined for this evaluation as child care programs, which can be either center-based or family-based). TA is provided by First Steps Technical Assistance Providers (TAPs), who work collaboratively with child care providers to assess areas of need and to create Quality Improvement Plans (QIPs) that guide the TA services and supports provided. QIPs allow the tracking of progress toward identified goals for improvement.

More specifically, QE programs involve one year of coaching and support for child care providers at the classroom level through quality assessments, goal setting, twice/month onsite technical assistance, 8 hours of training, and funding for classroom materials/equipment.

Similarly, QC programs also involve coaching and support over the course of a year. QC programs utilize a continuous quality improvement framework; an initial assessment based on five quality standards results in a “star rating level” from 1-5. The TA provided is based on the initial rating level; services include site visits, 8 hours of training, monthly director network meetings, and funding for classroom materials/equipment.

First Steps County Partnerships also provide or support training for child care providers as a separate but related service. Training is provided in multiple ways, including training provided by TAPs (for counties who offer QE or QC) and other local or state agencies or organizations. First Steps child care training events are planned at the local (county) level; training content areas are derived from local needs assessments conducted in various ways in collaboration with a range of local early childhood stakeholders. This training for child care providers is designed to support high-quality service delivery and meet the annual professional development requirements for child care staff.

Relevant for understanding the First Steps child care TA and Training programs that are the focus of the current evaluation, it is important to acknowledge that multiple state-level entities support child care providers through TA, training, and related activities. Specifically, the SC Endeavors Registry (formerly known as The Center for Child care Career Development or CCCCCD), operated by the South Carolina Department of Social Services (SCDSS), is the formal system professional development system for child care professionals to track their educational attainments, certifications, training hours, and other professional development activities. The required topics and number of annual training hours are established by SC Endeavors and vary by type of child care provider (centers or family homes) and level of staff (i.e., Director or Teacher). Child care providers (sites) are certified or licensed by SCDSS and may choose to participate in the voluntary quality rating and improvement system operated by SCDSS known as ABC Quality. Involvement in the ABC Quality rating system is important for child care providers, as parents/caregivers use these ratings to select providers. Providers with higher ratings may obtain enhanced child care voucher payments as well as professional development supports and opportunities.

EVALUATION FRAMEWORK

Within the complex state context for child care providers, the current evaluation is focused on the training and TA programs provided by First Steps local partnerships. The evaluation is driven by research questions that seek to describe and understand the impact of these child care TA and training. Broadly speaking, these questions include the delivery and reach of these programs and impacts on child care providers and the child care environment. Given these goals, this evaluation adopts an evaluation and planning framework known as RE-AIM (<https://re-aim.org/>). This framework evaluates the reach, efficacy, adoption, implementation, and maintenance of child care technical assistance and training efforts.



RE-AIM elements as applied to the current evaluation and the associated research questions addressed in this evaluation are defined below.

R: REACH

- o What is the reach of the TA and Training programs across local partnerships/counties?
- o How many child care providers participated in TA and training programs?

E: EFFICACY

- o How has involvement in TA impacted ABC Quality participation and ratings?
- o How has involvement in TA impacted teacher retention?

A: ADOPTION

- o To what degree have local partnerships adopted TA and/or Training programs as part of their service array?

I: IMPLEMENTATION

- o What are the demographic characteristics of the First Steps Technical Assistance Provider (TAP) workforce who implement TA and/or Training?
- o What are the characteristics of the TA and Training programs provided over the evaluation period (number of TA visits, type and length of TA visits, number of Training events)?
- o What topic content areas were addressed by First Steps TA and Training programs?

- o For TA, what similarities and differences are noted across counties in Quality Improvement Plans (QIPs)? Are child care providers meeting goals established in the QIP's?
- o For Training, how many trainings and training hours were provided during the evaluation period? Across local partnerships, what areas of similarity and difference are seen across counties in Training Plans?
- o What perspectives do TAPs and County Executive Directors have of First Steps TA and Training programs?
- o What perspectives do child care providers have of First Steps TA and Training programs?

M: MAINTENANCE

- o Based on evaluation findings, what recommendations can be made to support and enhance maintenance of local First Steps TA and Training programs over time?

Existing archival, quantitative data as well as qualitative data collected specifically for this evaluation are used to address these research questions. Of note, special attention is paid to impacts of the COVID-19 pandemic that occurred during this evaluation period.

EVALUATION SUMMARY

One important objective for First Steps is to ensure that children are ready for kindergarten. While kindergarten readiness is impacted by many factors operating at the individual, family, community, and system levels of the social ecology, high quality early care and education experiences can prepare children for kindergarten and can influence child outcomes over a lifetime. First Steps is an important part of the state network of agencies and organizations who provide technical assistance and training for early care and education programs and providers, devoting a significant portion of funding provided to Local Partnerships to support child care technical assistance and training.

This external evaluation examined the reach, efficacy, adoption, and implementation, of child care technical assistance (TA) and training programs operated by First Steps County Partnerships from FY18-19 through FY20-21. This evaluation built on a prior evaluation of child care TA activities from FY14 to FY 18 included in an overall evaluation of First Steps local partnership activities by the Institute for Families in Society at the University of South Carolina in 2019. The current evaluation expanded upon the prior evaluation by extending the time frame of the evaluation period, inclusion of a wider array of archival data on both TA and Training programs, and inclusion of primary data collected from TA providers, County Executive Directors, as well as child care providers.

First Steps County Partnerships provide child care TA through two different programs: Quality Enhancement (QE) and Quality Counts (QC). While program delivery specifics and program reach for QE and QC differ, both share the common goal of providing high-quality, individualized, supportive, collaborative child care technical assistance to child care providers (defined for this evaluation as child care programs, which can be either center-based or family-based). TA is provided by First Steps Technical Assistance Providers (TAPs), who work collaboratively with child care providers to assess areas of need and to create Quality Improvement Plans (QIPs) that guide the TA services and supports provided. QIPs allow the tracking of progress toward identified goals for improvement.

As a separate but related service, First Steps County Partnerships also provide or support training for child care providers. Training is provided in multiple ways, and includes training provided by TAPs (for counties who offer TA programs), as well as by other local or state agencies or organizations. First Steps child care training events are planned collaboratively with early childhood stakeholders at the local (county) level and are based on local needs assessments.

The framework used for this evaluation, RE-AIM (<https://re-aim.org/>), guided questions regarding the reach, efficacy, adoption, implementation, and maintenance of child care TA and Training programs. Overall evaluation findings are reported below, using this framework.

R: REACH

The TA and Training programs offered by select First Steps local partnerships are an important part of the child care system in South Carolina, impacting a significant portion of the child care provider workforce in the state during the three-year time frame of the current evaluation (FY19-FY21). This level of reach suggests that First Steps plays an important and significant role in provision of child care TA and Training programs within South Carolina.

TA: The total number of unique individual child care providers (directors/teachers) reached by TA programs over the course of the evaluation ranged from a high of 1490 in FY19 to a low of 1133 in FY21. This decrease in the number of providers reached over time is consistent with the reduction in the number of counties that provided TA programs over the evaluation period (likely due to COVID-19 impacts). Yet, despite a decrease over the time frame of the evaluation, First Steps TA programs are reaching a significant number of child care providers in the state. Based on 2020 data, there are an estimated 12,350 individuals in the early childhood teaching workforce (<https://cscce.berkeley.edu/workforce-index-2020/states/south-carolina/>). TA programs thus reached approximately 9-12% of this workforce each year of the evaluation period. At the close of FY21, First Steps TA programs were present in 28% of South Carolina counties.

Training: At the close of FY21, First Steps Training programs were present in 80% of South Carolina counties. The number of unique providers reached by Training programs each year increased from 3750 in FY19 to 6265 in FY21, likely due to increases in online delivery of Training as a result of the COVID-19 pandemic. Using the 2020 estimate of 12,350 individuals in the early childhood workforce, it appears that the First Steps Training programs reached approximately 30-50% of the estimated early childhood workforce within each fiscal year of the evaluation period.

E: EFFICACY

This evaluation focused primarily on the impact or efficacy of the intensive TA programs provided by local First Steps partnerships. This evaluation found that child care providers receiving TA, who were enrolled in the ABC Quality Program, did evidence an increase in their ABC rating level over time. However, as we do not have a comparison group of child care providers who did not receive TA support, caution is warranted in fully attributing these changes in quality to the TA support provided.

Due to the impacts of the pandemic, limited data was available to examine the impact of TA on the quality of early childhood environments using well-established assessment measures (ITERS and ECERS). Data provided by First Steps was for FY19 and the first half of FY20; within this time frame, no statistically significant changes were seen between initial and interim ratings on these measures.

Another possible area of impact of TA is on retention of child care teachers. High quality, dedicated support could encourage workforce retention. However, data limitations (e.g. missing data on exit dates) prevented the research team from fully exploring the impact of TA on child care teacher retention.

A: ADOPTION

When TA and Training programs are considered, it must be understood that local First Steps County Partnerships have broad flexibility to determine which programs are implemented. Variations in county and stakeholder services and capacity, as well as financial resources, impact the service array. In addition, First Steps is mandated to be collaborative and non-duplicative in-service provision. Given these contextual factors, during the evaluation time frame, TA programs were adopted in just over 30% of counties in the state. Qualitative data from TAPs and Executive Directors note both a need and a desire to increase the number of counties providing TA programs, as well as a desire to increase the number of dedicated TA providers.

In contrast to TA programs, Training programs were supported in most counties (80%) by the end of the evaluation period in FY21. Over the evaluation period, the number of counties providing both TA and Training programs ranged from 13-14. This suggests that only a small portion of counties across the state are linking First Steps TA with Training programs. This is a focus area for growth, as stand-alone training programs are unlikely to have lasting impact if provided in the absence of intentional and focused support within the child care environment.

It is important to note that the evaluation time frame (FY19-FY21) included the onset of the worldwide COVID-19 pandemic in the Spring of 2020. Given this monumental event, it is noteworthy that the number of counties providing TA programs evidenced only a slight decrease. The growth in Training programs offered was likely positively impacted by the ability to provide training in online formats, with a concomitant increase in reach to the child care provider community.

I: IMPLEMENTATION

A number of evaluation questions addressed aspects of implementation of TA and Training programs.

Implementation of TA:

The implementation of TA programs is primarily accomplished by First Steps Technical Assistance Providers, or TAPs; thus, understanding this workforce is important. The number of TAPs dedicated providers grew over the course of the evaluation, from 25 to 29. This workforce appears to be primarily female, with the majority holding four-year college degrees or master's degrees in fields related to early childhood. That said, it is important to note that demographic information was incomplete (e.g., for sex and self-described race).

TAPs providers were extremely active during the evaluation period; indeed, a total of 8878.50 hours of TA were provided during the evaluation period. That said, the number of hours of TA provided decreased substantially over the evaluation period, from 4200.50 hours in FY19, to 3155.75 in FY20, and to 1522.25 hours in FY21. This decrease in the number of hours provided is most likely due to the impacts of the COVID-19 pandemic and associated closures of child care centers/homes in the later years of this evaluation period.

For QC programs, the number of TA site visits provided over the course of the evaluation time frame was 7299. Overall, the most common topics addressed in these site visits included Center Operations and Management (17.9%), Other (17.4%), Staff Management/Supervision (10.6%) and Goal Planning (10.2%). Overall, an average of 6.37 visits were provided to each unique child care provider per month; visits averaged 1.32 hours in length.

Another way to examine data related to TA program implementation is by assessing the overall number of classroom visits (used in the QE program); 6088 visits occurred during the evaluation period. A wide range of topics were covered in these visits; those commonly addressed included Health/Safety (10.8%), Staff-Child Interaction (10.4%), and Classroom materials (8.5%). These topic

areas took precedence over other important topics that each represented less than 2% of topics addressed, such as parent involvement, mental health consultation, developmental screening, social-emotional development, special needs, and cultural diversity.

TA efforts to support child care providers are guided by collaboratively derived Quality Improvement Plans (QIPs). The evaluation team reviewed QIPs from 9 counties, representing approximately half of the counties that participated in TA programs over the course of the evaluation period. The number of QIPs obtained from each of the 9 counties varied widely, from 2 to 30. It is noteworthy that the format of the QIPs varied from county to county with little consistency between counties. The variation in format included significant variation in whether goals were included and how/if action steps and measures to meet those goals were documented. While many action steps to meet the general goals noted on the QIPs had a time frame for completion, these were typically in 6-month increments and the action steps were not written/documented in a format to allow assessment of whether they had been met. Based on the sample of plans obtained and the variations in documentation, it is not possible to draw meaningful summary conclusions regarding the number or types of goals or action steps met/completed. The majority of QIPs did not document goal attainment or completion.



Implementation of Training Programs:

First Steps local partnerships were active in offering Training programs during the course of the evaluation period. Over the three-year period, a total of 726 trainings were provided by local partnerships. Examination of training data obtained from First Steps revealed that the most common topic areas reported were for categories mandated for coverage by SC Endeavors (i.e. child growth and development, curriculum, health and safety, program administration, child guidance, nutrition, special needs, and professional development). During the evaluation time frame, significant variation was noted in the number of trainings provided by topic. The most common topic was curriculum, followed by child growth and development and child guidance. Training in the areas of special needs and program administration were less common.

The research team also examined Training Plans developed by local First Steps partnerships that guide training efforts each year. These training plans were created in collaboration with local early childhood stakeholders; while the number of collaborators varied, the most county partnerships reported working with 3-4 partners in this process. Most training plans were derived from needs noted in surveys of key early childhood stakeholders or from surveys given as part of training courses; county-level data on violations noted by SCDSS were also used to drive selection of training topics. Within the training plans, consistent with the quantitative data provided by First Steps, the most common topic areas reported were for the seven categories mandated for coverage by SC Endeavors as noted above. A wide range of other areas were addressed, albeit less commonly. Less common topics included Mandated Reporter training, behavior management, self-regulation, grief, mindfulness, and anti-bias or diversity, equity, and inclusion. Few training plans mentioned specific curriculum; Pyramid Model, Conscious Discipline, and Creative Curriculum were the only specific models noted in the plans reviewed. Within Training Plans, the most common method of follow-up from training events were training surveys and contact with child care providers through meetings, phone calls, or emails. Informal avenues of communication were also mentioned.

To ground the quantitative analyses of TA and Training program implementation, a total of four focus groups were held. Two focus groups were held with TAPs and two were held with local county First Steps Executive Directors. Across these important key stakeholder groups, rich information was obtained that highlights strengths of these programs, as well as areas for further development.

Focus group data highlights that First Steps plays a unique role in the early care and education (ECE) landscape because participation is voluntary, non-regulatory, strengths-based, long-term, individualized, and grounded in trusting and empowering relationships. That said, strong relationships between First Steps staff and child care providers are a necessary, but not sufficient condition, to support high quality program implementation. Furthermore, because services are voluntary, it is critical that services are experienced as value added, rather than as increasing demands or burdens on already over-worked service providers.

Focus group participants note the importance of the challenges facing the child care workforce. Even with high quality service provision, moving the needle of child care quality is challenging in the context of the devaluation of ECE work, including low wages, lack of respect for ECE providers, and related issues with teacher turnover, burnout, and an insufficient supply of child care. Focus group participants suggest that innovations to TA/training that explicitly address challenges of workforce turnover and the socio-economic realities of working in ECE could be helpful. This might include a shift from the center focus, to linking services to ECE providers in portable ways that both promote that provider's capacity to advance quality wherever they work, and that are experienced as investments in that provider's career trajectory over time. Such changes could also provide a foundation for more meaningful and accurate assessments of program effects (at the individual child care provider level). Additionally, providing stipends, incentives, and other ways to validate

participants' time, energy, and important work may help to improve participation and sustain effects of TA and training.

Focus group participants suggest a need to continue improving awareness both of the importance of ECE, and of the particular role and strengths of First Steps in supporting ECE. This involves expanding public awareness so that more stakeholders become invested in improving ECE quality, as well as continuing efforts to improve communication and coordination with other organizations providing support services to ECE centers and providers. Good communication and coordination with other early childhood serving organizations can help ensure that First Steps staff are fully and respectfully included in broader efforts to address ECE quality across the state.

Focus group participants identified potentially important differences in what is meant by child care “quality” – some organizations focus on meeting basic regulatory requirements, while First Steps tries to take a broader approach that incorporates a range of evidence-based strategies to promoting healthy early development. Clarifying these differences, building community buy-in to improve quality above and beyond regulatory requirements, and developing flexible resources to support quality improvement efforts are important for expanding the reach and effectiveness of First Steps TA and training.

Consistent with findings in this evaluation, focus group participants note the variation in local First Steps programs from county to county. This highlights important flexibility for county offices to respond to local needs and priorities. However, smaller counties experience some limitations in the opportunities and resources they can access to impact ECE quality. Innovations to facilitate collaboration and the sharing of resources and supports could provide more even access to First Steps ECE services.

M: MAINTENANCE

RECOMMENDATIONS FOR MAINTAINING AND ENHANCING FIRST STEPS TA AND TRAINING PROGRAMS

Given the evaluation data obtained, recommendations for enhancing and supporting the ongoing implementation of both TA and Training programs are offered below.

- While local flexibility is a strength of First Steps, it may be helpful to establish state-level goals for the reach and adoption of TA and Training programs. The data from this evaluation can be considered an initial benchmark for goal setting.
- Simultaneous adoption of both TA and Training programs is occurring in a minority of SC counties. It is recommended that First Steps consider methods to enhance the number of local partnerships that are offering TA and Training programs together. Indeed, combining training with intensive TA is considered a best practice to integrate new or novel approaches into existing, everyday practice.
- Should First Steps desire to expand the reach and adoption of TA and Training programs, consideration should be given on ways to expand the number of dedicated TAPs providers. Indeed, in some counties there is only a single TA provider or a part-time TA provider, while other (often larger) counties benefit from an established group of TA providers who are able to work in concert to meet local child care provider needs.
- Based on evaluation of the Quality Improvement Plans (QIPs) and consistent with our qualitative findings, it is evident that TAPs would benefit from specific training in coaching

models for professional development. Specific support is needed to assist in the development of “SMART” goals as part of the collaborative process used to create QIPs. “SMART” goals are specific, measurable, achievable, relevant, and time bound. Enhancing the level of specificity of goals and steps to reach those goals would allow for a way to track and shape behaviors to the desired end.

- Consideration should be given to creating a standardized template for QIPs to support consistency across the state, and to enhance the quality and utility of the plans themselves.
- Regarding the content of TA and Training programs, it is recommended that these efforts are expanded to include focus on important and timely topics, such as child behavior management, infant mental health, consultation with parents/caregivers, inclusion, and reflective supervision. It is recognized that such topics may not reflect mandatory areas of training required by SC Endeavors for all child care providers. That said, intentional efforts to include training on key topics outside of those that are required is important.
- The reach of Training programs is significant and is driven by locally and collaboratively derived county-level training plans. Within the training plans, enhanced specificity in documentation of training needs and training follow-up is needed. At minimum, both pre-and post-training evaluations are recommended (as many plans noted only end-of-course evaluations) and methods to capture changes in daily practice are also needed.
- To assess the impact of TA and Training programs, it is necessary to continue use of valid and reliable observation tools to assess quality of care within child care centers and homes. This data can augment self-report data collected from child care providers regarding impact of training, as well as non-standardized observations of TAPs as they work in the child care settings. With COVID-19 pandemic restrictions lifting, it is understood that observational assessments of child care quality (ITERS and ECERS) are resuming.
- To fully understand the acceptability and impact of TA services, it is recommended that First Steps local partnerships adopt consistent and quantifiable methods for obtaining ongoing feedback from child care providers involved in TA programs. Examples include the routine use of consumer satisfaction measures after each TA visit, as well as at the close of each year of service. One method for examining impact of visits is through use of very brief measures (i.e. 1-4 questions) similar to those that are used in therapeutic contexts and that assess the working alliance, alignment regarding the goals and methods of the TA services provided, and an overall rating of the consultation session.
- Future evaluations would benefit from capture of meaningful data from child care providers directly, as they are the focus of TA and Training programs. Unfortunately, challenges with regard to survey distribution to child care directors, and therefore to their teachers, was a barrier to inclusion of this key stakeholder group in this evaluation. Based on the limited data obtained, online surveys, if widely distributed, are a valuable tool for obtaining feedback from child care directors. For child care teachers, it is recommended that other methods (e.g., interviews) be used to more fully capture their perspectives on TA programs.
- As noted in qualitative findings from this evaluation, ongoing efforts are needed to elevate the role of First Steps local partnership training and TA as an important and integral part of the state early childhood system. This is especially needed given the large number of entities involved in providing such supports for child care providers. The individualized, collaborative, and non-regulatory nature of the TA programs, in particular, is important to emphasize.

RECOMMENDATIONS FOR FIRST STEPS DATA CAPTURE AND DATA SYSTEM IMPROVEMENTS

The following recommendations are provided for enhancing the quality of the archival data collected by First Steps for TA and Training programs.

- For child care providers receiving TA and training, including individual child care provider employment start and end dates in the data set can support evaluation of retention as an important outcome.
- To reach the recipients of TA programs more easily, it is recommended that a data base be created and maintained of child care directors at the local level that is accessible by the state First Steps office.
- To assess the impact of TA efforts more fully on child care quality, it is important that the First Steps data set capture dates of ABC Quality program application, formal enrollment, and exit from this program by child care providers.
- Several of the databases examined contained missing or incomplete data. Efforts to maximize the quality of data and to reduce missingness are needed.

