INSTITUTE FOR FAMILIES IN SOCIETY

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

FY19-FY21

FINAL REPORT

October 25, 2022

Institute for Families in Society
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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

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

E: EFFICACY

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

A: ADOPTION

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

I: IMPLEMENTATION

- What are the demographic characteristics of the First Steps Technical Assistance Provider (TAP) workforce who implement TA and/or Training?
- 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)?
- What topic content areas were addressed by First Steps TA and Training programs?

- 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?
- 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?
- What perspectives do TAPs and County Executive Directors have of First Steps TA and Training programs?
- What perspectives do child care providers have of First Steps TA and Training programs?

M: MAINTENANCE

- 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.

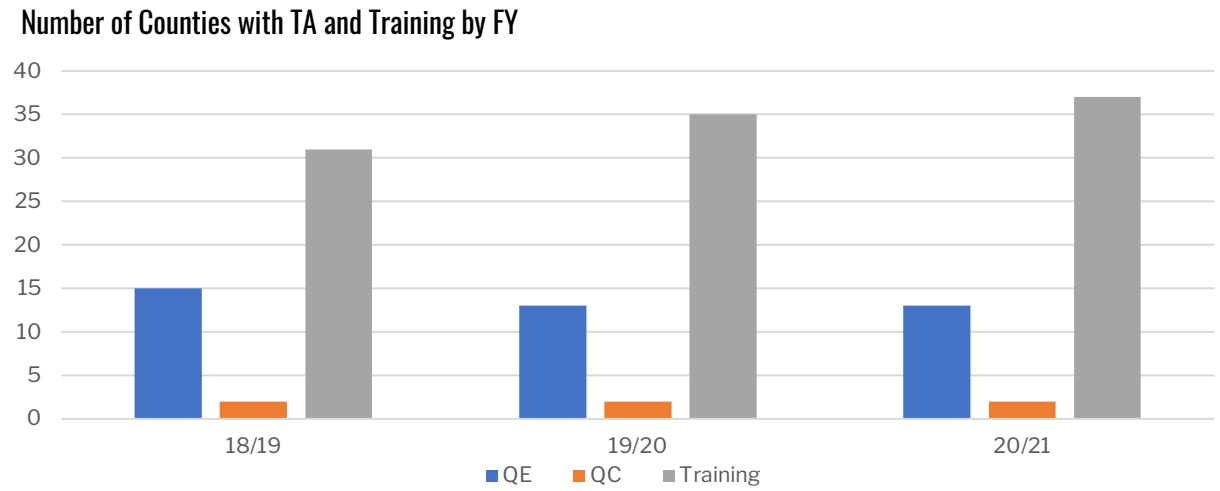
REACH

To understand the reach of technical assistance (TA; either QE or QC) and training programs offered by First Steps Local Partnerships during the time frame of the evaluation, a quantitative, descriptive approach was taken using data provided by First Steps. Reach of TA and training was examined overall, as well as by county and by individual child care directors/teachers.

The overall number of counties offering TA programs decreased from 17 to 15 over the course of the evaluation period. This change was due to a slight decrease in the number of counties offering QE programs, from 15 in FY19 to 13 in both FY20 and FY21. In FY21, counties offering the QE program included: Aiken, Beaufort, Berkeley, Charleston, Dillon, Dorchester, Edgefield, Florence, Horry, Marion, Orangeburg, Richland, and York. The slight reduction in the number of counties offering QE over the time frame of the evaluation are likely, at least in part, attributable to the impacts of the COVID-19 pandemic, as TA became more challenging to provide given closures of child care centers and/or restrictions on outside visitors to child care centers/homes during episodes of social distancing.

QC was offered in the same two counties (Kershaw and Spartanburg) across the evaluation time frame.

Simultaneously, the number of counties providing Training increased over the evaluation period, from 31 in FY19 to 37 in FY21. The increase in the number of counties offering Training may have been influenced by the pandemic, as the pandemic lockdowns and social distancing requirements created enhanced flexibility to deliver training in an online environment vs face to face. The research team was unable to verify this hypothesis, however, as data regarding the mode of training delivery (online vs face to face) was not available in the data set provided.

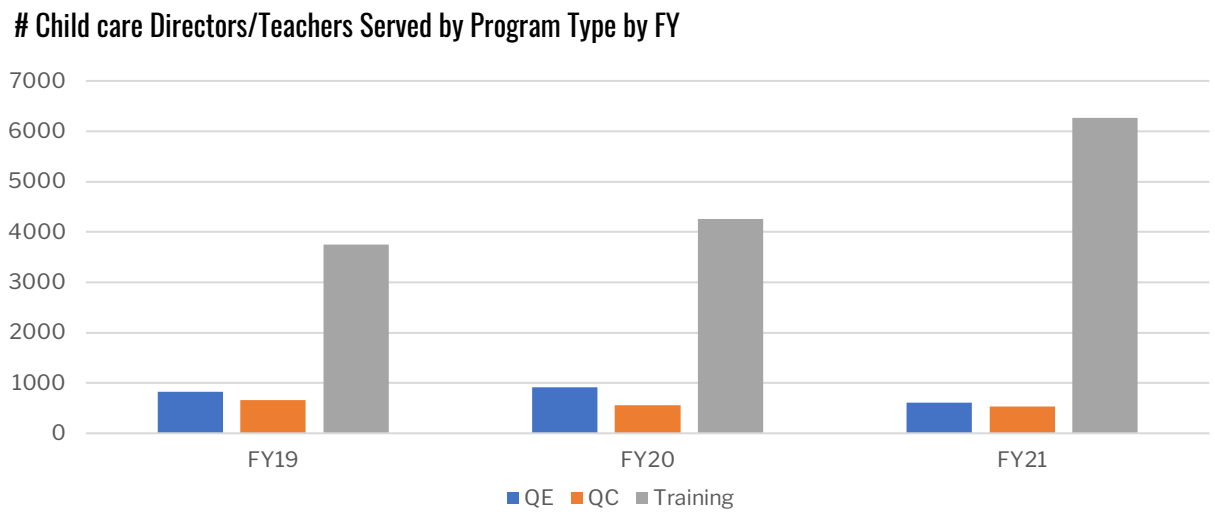


In addition to examining the number of counties offering child care TA and Training programs, we also examined the number of unique individual child care providers (directors, teachers) that were reached by these TA and Training efforts within each fiscal year.

The total number of unique individual child care providers (directors/teachers) reached by TA programs over the course of the evaluation varied by year, 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.

The number of unique providers (centers/family homes) reached by QE and QC programs separately was also examined. For QE, the number of providers reached by year ranged from a high of 826 in FY19 to a low of 607 in FY21. For QC, the total number of providers reached over the course of the evaluation time frame ranged from a high of 654 in FY19 to a low of 526 in FY21. The relatively large number of providers reached by QC (present in only two counties, Spartanburg and Kershaw) illustrates the deep saturation of QC within a large number of child care centers in Spartanburg in particular (where the program originated).

The total number of child care directors/teachers reached by Training programs over the course of the evaluation time frame increased each year, 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.



Please see the report section entitled "Adoption" for information on the overlap of TA and Training programs by county over the evaluation time frame. Please also see Appendix A for additional details of the reach of TA and Training programs.

EFFICACY

Efficacy refers to the impacts that programs may have. In this regard, TA programs are designed to enhance the quality of the early care and education (ECE) environment within child care centers and homes, as well as the abilities of individual ECE staff. While child care centers and homes must be licensed or registered by the SC Department of Social Services (SCDSS) to participate in TA programs, these programs are not required to be participating in the State of South Carolina ABC Quality program also operated by SCDSS. The ABC Quality program is a voluntary rating and improvement system; child care providers are rated using grades ranging from A+ to C. Thus, one potential area of impact of First Steps TA programs is on child care provider enrollment in the ABC Quality program, as well as potential changes in ABC ratings over time. Thus, in this evaluation, a quantitative approach was used to address a range of questions related to possible impacts of First Steps TA on ABC Quality enrollment.

Number of providers enrolled in ABC Quality

Over the course of the evaluation period, there were 258 unique providers (child care centers or family care homes) enrolled in the ABC Quality Improvement program. The overall number of child care centers/family homes served by First Steps TA programs and enrolled in the ABC Quality program decreased each year over the time frame of the evaluation from 172 in FY19, to 171 in FY20, and 136 in FY21.

Length of ABC Quality Enrollment

In addition to the number of providers enrolled in the ABC Quality program, it is also important to understand the average length of program enrollment in the ABC Quality program over time. As there were no data provided on when providers exited the ABC Quality Program, we were only able to examine length of enrollment for a portion of the child care providers who had not left the program. Using their entry date and an exit date of June 30, 2021, these child care providers were enrolled for approximately 30 months (mean = 30.6, SD = 10.33, range 35 months, 12 months to 47 months).

Impact of First Steps TA Programs on ABC Participation and Rating Levels

Of the 258 unique child care centers/family homes identified as participating in First Steps TA programs, there was an increase in the proportion of providers participating in the ABC Quality program over the three- year span of this evaluation. (An exact McNemar's test determined that the difference in the proportion of participants was statistically significant, $p = .038$.)

Regarding ABC levels, of the 258 providers:

11	were rated at level A+
10	were rated at level A
44	were rated at level B+
52	were rated at level B
70	were rated at level C
71	did not have an ABC level indicated in the data set

An important question regarding the impact of First Steps TA programs is the potential for TA support to impact ABC Quality program ratings over time. When compared to initial ratings available in the data set, child care provider ratings demonstrated small but statistically significant increases over time in their ABC Quality rating level for both the QE and QC programs.

Specifically, providers' ABC Quality Rating improved over time when they were enrolled in the QE Program ($M = 1.60$, $SD = 1.42$) as opposed to their initial rating at date of entry ($M = 1.48$, $SD = 1.32$), a statistically significant mean increase of .12, 95% CI [0.08, 0.16], $t(1126) = 5.721$, $p < .001$, $d = .09$. Likewise, Providers' ABC Quality Rating improved over time when they were enrolled in the QC Program ($M = .83$, SD = 1.63) as opposed to their initial rating at date of entry ($M = .70$, $SD = 1.32$), a statistically significant mean increase of .13, 95% CI [0.03, 0.18], $t(1158) = 4.93$, $p < .001$, $d = .09$.

TA Impact on Early Care and Education (ECE) Environment

Another way to examine the impact of First Steps TA programs is on possible changes over time in the early care and education environment. Indeed, an important goal of TA support is to enhance the quality of the ECE environment, as this is an important determinant of children's growth and development, as well as on their educational outcomes.

The ECE environment can be assessed in several ways; the most common method is via standardized observation tools that have established reliability and validity. Within First Steps, two primary tools are used to rate the quality of child care environments: the Infant-Toddler Environmental Rating Scale (ITERS) and the Early Childhood Environmental Rating Scale (ECERS). These instruments evaluate child care environments both overall and on seven aspects of the environment: Space and Furnishings, Personal Care Routines, Language-Reasoning, Activities, Interactions, Program Structure, and Parents and Staff. These instruments are used to rate the quality of the child care environment upon initial enrollment in First Steps TA programs and then repeated over time.

The ITERS and ECERS data available to the research team for this evaluation were from FY19 and the first half of FY20; pandemic related closures and restrictions of visitation prevented use of these observational measures for the second half of FY20 as well as for FY21.

Using a quantitative approach, no statistically significant changes were seen on the ITERS from the first interim assessment to the second interim assessment on either the overall score or the subscale scores. Similarly, on the ECERS assessment, no statistically significant improvements were noted from the first interim assessment to the second assessment on either the overall score or the subscale scores. Given the limited amount of data as well as the prior IFS evaluation findings of no

statistically significant changes in some years on these measures, these findings are disappointing but not surprising.

TA Impact on Retention of Teachers

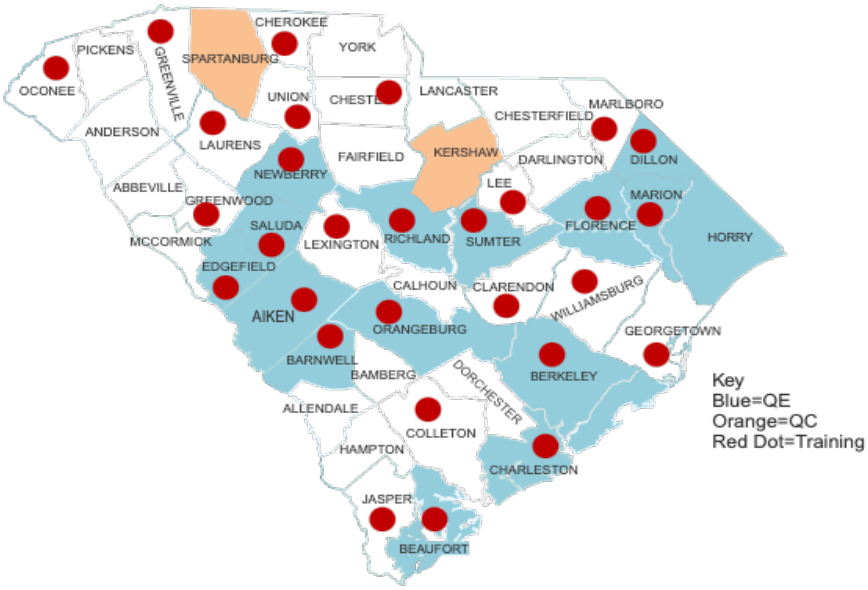
A separate possible area of impact of First Steps TA programs is on the ECE directors/teachers, as they are the agents of change targeted by the TA programs. ECE professionals are the heart of child care centers and family homes. Indeed, formation of close and meaningful relationships between children, families, and ECE professionals is critical for enhancing child growth and development. The ECE workforce is predominantly female, and women of color are over-represented. Despite the importance of ECE professionals to children's wellbeing, this workforce receives low pay, and is at heightened risk for a range of physical and mental health challenges (Lessard et al., (2020) (https://doi.org/10.1186/s40985-019-0117-z). These conditions, in combination with the high demands of providing child care, can contribute to high turnover rates and position vacancies.

Engaging and supporting this ECE professional workforce is the driving mechanism behind effective TA efforts. Teachers who feel valued and supported may be more likely to remain employed within child care settings. Thus, for this evaluation, we had hoped to explore the impact of First Steps TA on retention of teachers in the ECE environment. Unfortunately, the data set obtained contained few hire dates for teachers and our ability to determine the average length of employment of teachers was quite limited. That said, among teachers who were employed between July 1, 2018, and June 30, 2021, the average length of employment was 17.82 months (SD = 18.30, range between 1 to 275 months). Moving forward, it will be important to develop methods for consistently collecting dates of child care teacher hire and exit to examine the possible impact of TA on retention with greater confidence.

ADOPTION

The maps below depict the adoption/use of TA and Training programs for each fiscal year of the evaluation. These programs are spread across the state, and adoption varies by county. With regard to program overlap, in FY19, 14 counties provided both TA and Training Programs; this number decreased to 13 in FY20 but rose again to 14 in FY21. The pairing of intensive TA support with Training opportunities provides an important opportunity for meeting provider needs and furthering the skills of child care providers to enhance the quality of care in these organizations.

FY 19



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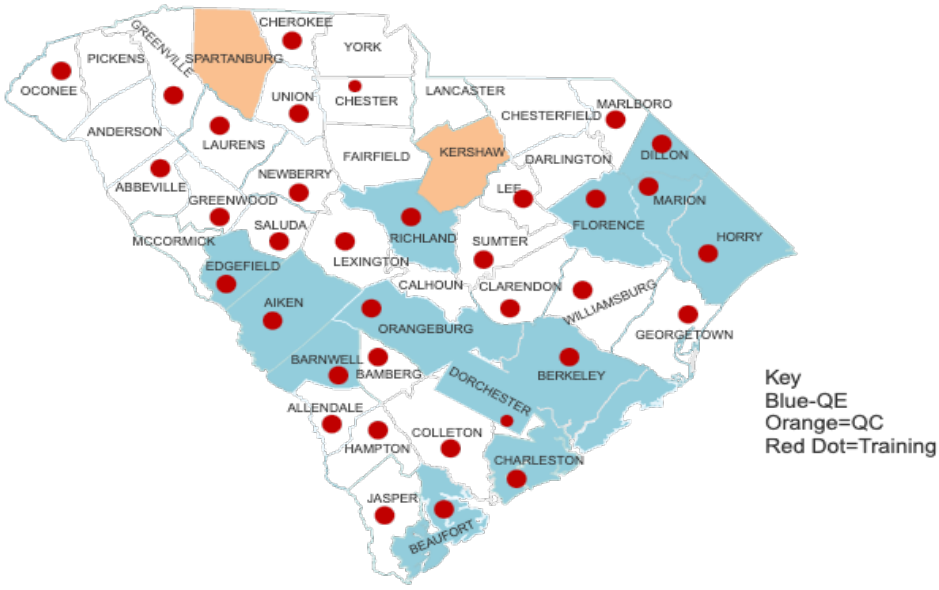
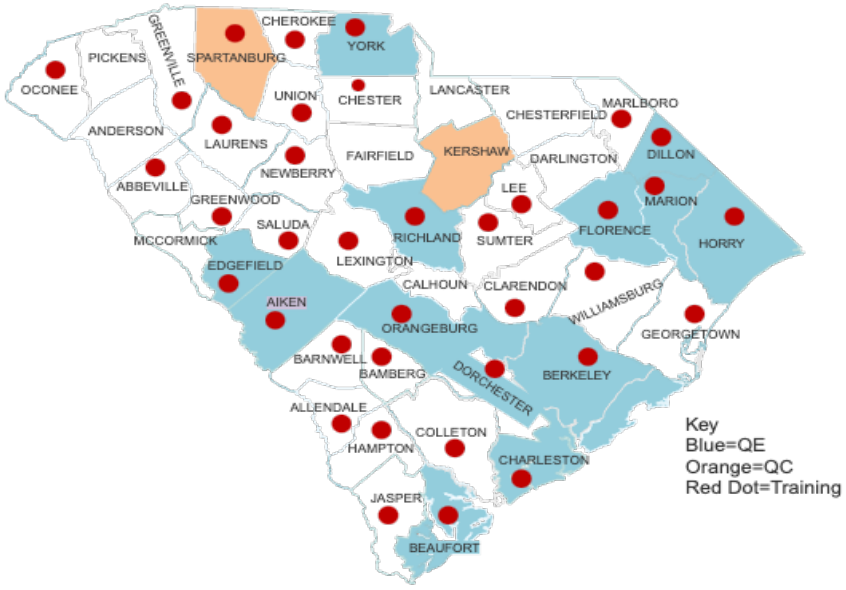


FY21



As is evident in the maps above, TA programs have been adopted in just over 30% of counties in the state, whereas Training programs were supported in most counties by the end of the evaluation period (80%). Changes are noted over the three-year evaluation period in the number and distribution of TA and Training programs. Specifically, the number of counties providing Training programs increased from 31 to 37, while the number of counties participating in TA decreased from 17 to 15. While several factors may have contributed to these changes in program types provided by counties, including shifts in local priorities, it is possible that the pandemic onset in early 2020 led to reduction in use of TA and increase in delivery of training (as remote training can be delivered more easily and to a larger number of child care providers). Moving forward, enhancing use of online training opportunities, and augmenting these with face-to-face training events is likely to result in continued enhanced reach of training efforts.

IMPLEMENTATION

While information on the reach of TA and Training programs over the course of the evaluation is important, understanding the details of how these programs were implemented during the time frame of the evaluation is needed for quality improvement. Implementation also sets the stage for impact; indeed, poor implementation can negatively affect impact. Thus, in this section of the report, we first address details of implementation of TA programs, followed by details of implementation of child care Training.

TA

Provision of technical assistance to child care providers is not possible without the support of Technical Assistance Providers (TAPs). TAPs are the agents of change in TA programs and represent the mechanism of action for TA delivery. Given the central importance of TAPs to TA programs, this evaluation examined the characteristics of the TAPs workforce working with First Steps local partnerships.

Over the time frame of the evaluation, the number of dedicated TAPs providers grew from 25 in FY19 to 29 in FY21. (Of note, some county Executive Directors also serve as a TA provider for the county they serve; the data reported here are for full-time TAPs providers contained in the First Steps data set provided to the evaluation team). Overall, most TAPs hold a bachelor's or master's degree, with an academic focus on early childhood. The majority hold certification from SC Endeavors (formerly known as CCCCD and noted as CCCCD in the data set). Thus, TAPs providers overall hold the educational background necessary to provide support to others in the field.

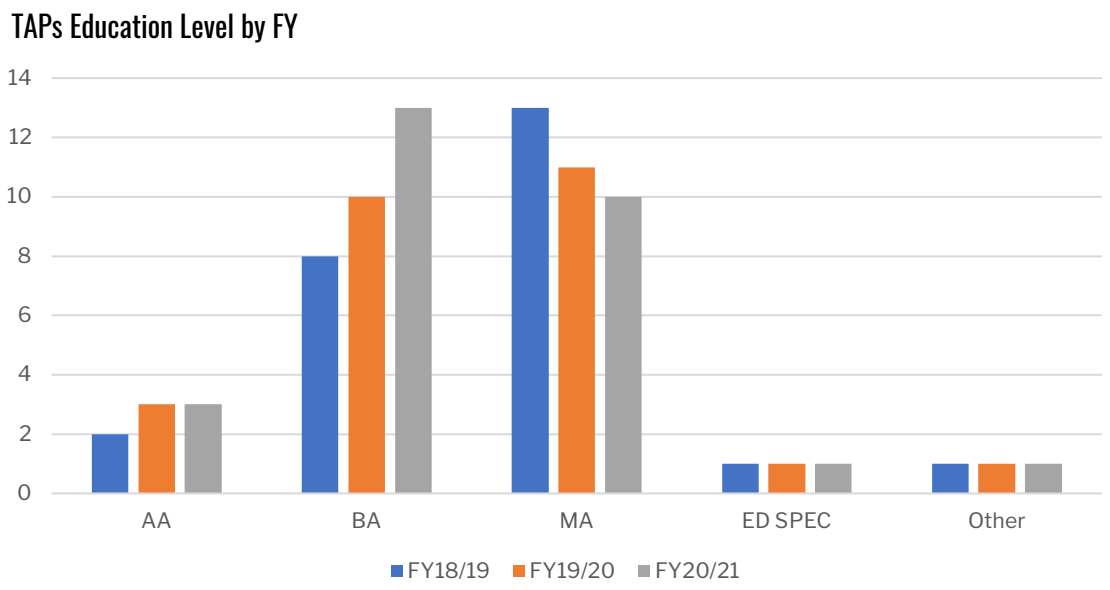
As the number of TAPs differed by year, below we describe details of this workforce by year, including educational background, certifications, and, where possible, self-described race and gender. Of note, the data were not complete for either self-described gender or race.

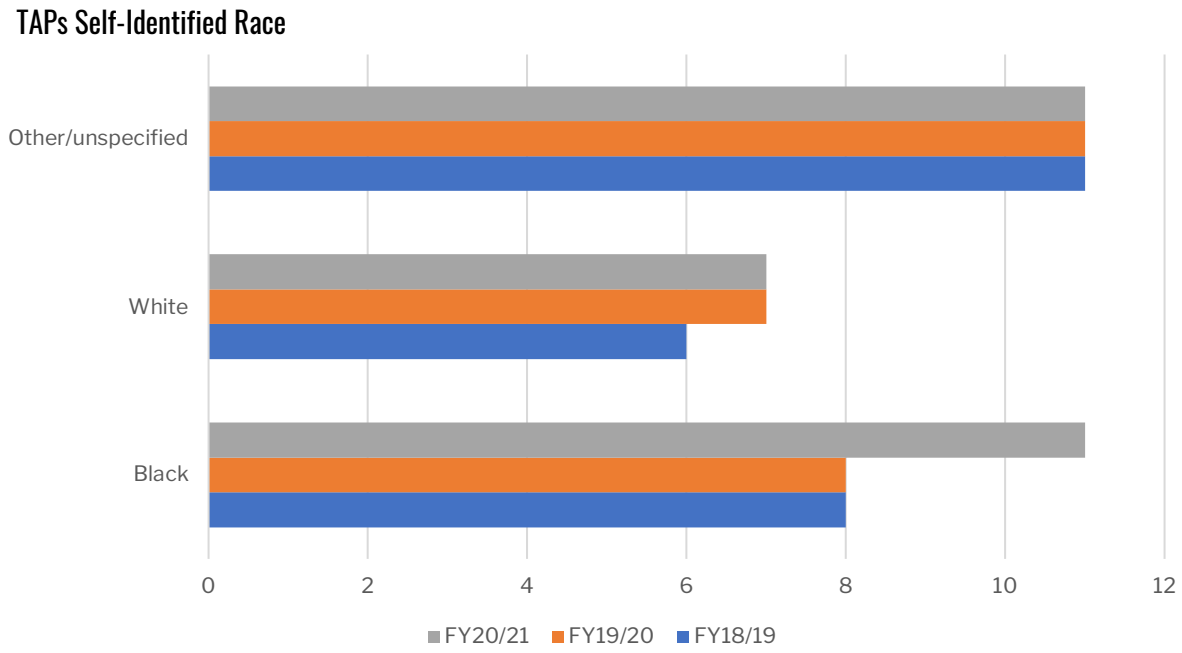
During FY19 there were a total of 25 TAPs. Educational qualifications varied but 24 of 25 held college degrees. Specifically, two had an associate's degree, 8 had a Bachelor of Arts degree, 13 had a Master of Arts degree, 1 had an Educational Specialist Degree, and one was specified as "other". Regarding academic areas of study, the majority (n=21) held college degrees in Early Childhood. Two TAPs providers held degrees in "Other Human Services" and two were specified as "other". Most of the TAPS possessed CCCCD certification (22 of 25). Twelve possessed a certification other than CCCCD. Fourteen of the TAPs identified as female, and the other 11 were unspecified. Eight of these TAPS identified as Black, six identified as white, and the other 11 were unspecified.

During FY20 there were a total of 26 TAPs. Similar to the prior year, the majority held a four-year college degree or higher. Specifically, 3 had an associate's degree, 10 had a Bachelor of Arts degree, 11 had a Master of Arts degree, 1 had an Educational Specialist Degree, and one was specified as "other". As for academic area of study, 21 of the TAPs degrees were in Early Childhood, one was in Social Work, one was in Other Human Services, and three were categorized as "other". Most TAPs (23 of 26) held CCCCD certification while 14 possessed a certification other than CCCCD. Thirteen of the TAPs identified as female, one identified as male, and the other 12 were unspecified. Eight of these TAPS self-identified as Black, seven identified as white, and the other 11 were unspecified.

During the 2020-2021 year, of the 29 TAPs, 23 held a four-year college degree or higher. Specifically, 3 had an associate's degree, 13 had a Bachelor of Arts, 10 had a Master of Arts, 1 had an Educational Specialist Degree and there was 1 that had something other than these. Most TAPs held degrees in Early Childhood, one held a degree in Social Work, one held a degree in Other Human Services, and three were unspecified as other. Twenty-four of the TAPS possessed CCCCD certification. Fifteen

possessed some other certification other than TAP or CCCCD certification. Eleven of these TAPS self-identified as Black, seven identified as white, and the other 11 were unspecified. Seventeen of the TAPs identified as female, and the other 11 were unspecified.





Lastly, with regard to the TAPs workforce, we sought to understand their length of time in their positions. The TAPs in the current data set were employed for an average of 66 months, with a range of one month to 202 months (SD = 52 months). The average length of employment is relatively long, which is noteworthy and consistent with the relationship-based approach necessary for high quality TA. Having a relatively stable staffing pattern for this workforce can enhance the level of trust that child care providers place in the TAP they are working with; in the context of a trusting relationship, constructive feedback can be both provided and accepted. Without this basis of trust, TA efforts are likely to have little impact on the quality of care that children and families receive.

Having a relatively stable TAPs workforce is necessary but not sufficient to create change in child care settings. Thus, for this evaluation we also examined the average length of provider participation in TA. The average length of provider participation was 51 months (SD 29.98), with a range of one month to 143 months. That said, many of the TA entry/start dates were not provided in the data set, thus, this data on length of participation should be viewed with caution.

The TAPs providers were extremely active during the evaluation period; indeed, during this time frame, a total of 8878.50 hours of TA were provided. However, the number of hours of TA provided per year decreased substantially over the evaluation period, from 4200.50 in FY19, to 3155.75 in FY20, to 1522.25 hours in FY21. This decrease in 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, as well as a decrease in the number of TA programs offered at the local level over the evaluation period.

The TAPs providers were extremely active during the evaluation period; indeed, during this time frame, a total of 8878.50 hours of TA were provided.

Below please find more detailed data on the number of hours of TA provided by month and fiscal year for the evaluation period:

	2018-2019	2019-2020	2020-2021	Total
January	438.50	465.75	89.00	993.25
February	444.75	461.75	148.75	1055.25
March	412.75	239.75	220.50	873.00
April	464.00	3.50	168.25	635.75
May	475.25	34.25	21.00	728.50
June	301.25	37.25	140.00	478.50
July	121.00	123.25	26.25	270.50
August	188.00	270.75	30.00	488.75
September	305.50	361.5	94.25	761.25
October	373.50	470.25	155.25	999.00
November	377.75	378.5	108.25	864.50
December	298.25	309.25	122.75	730.25
Total	4200.50	3155.75	1522.25	8878.50

Another way to examine data related to TA program implementation is by assessing the overall number of classroom visits; 6088 visits occurred during the evaluation period. In FY19, there were 2615 classroom visits (range by month was 78-298); in FY20 there were 2177 visits (range by month was 13-330), and in FY21 there were 1296 classroom visits (range by month was 40-181). The table below provides full details on number of classroom visits by month, fiscal year, and overall.

6088 visits occurred during the evaluation period.

	2018-2019	2019-2020	2020-2021	Total
January	246	330	76	652
February	257	310	105	672
March	246	146	181	573
April	283	13	142	438
May	298	42	150	490

	2018-2019	2019-2020	2020-2021	Total
June	195	45	120	360
July	78	90	40	208
August	125	214	41	380
September	206	242	96	544
October	238	297	136	671
November	247	234	97	578
December	196	214	112	522
Total	2615	2177	1296	6088

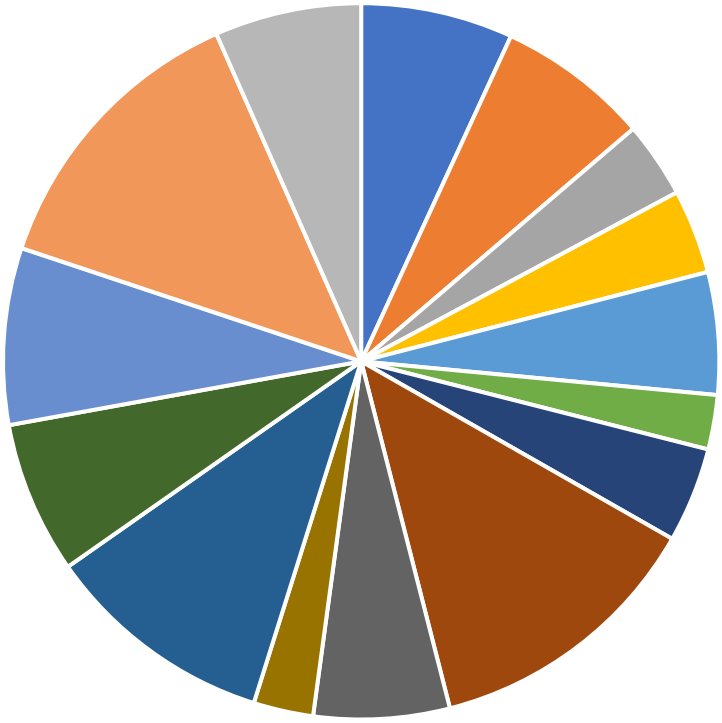
To provide additional detail and context, we also examined the number of TA visits to child care providers by month over the evaluation time frame. Overall, an average of 6.37 visits were provided to each unique child care provider per month (median = 6.00, SD = 3.72). The average number of visits by year remained relatively stable over the evaluation period; in FY 19, an average of 6.17 visits (median = 5, SD = 3.57) occurred per month; in FY20 an average of 6.68 visits (median = 8.00, SD = 4.01) occurred per month, and in FY 21 an average of 6.26 visits (median = 5.00, SD = 3.46) occurred per month. Thus, it appears that for those child care providers who continued to be active in the TA programs provided by local First Steps partnerships, a relatively stable rate of visits occurred, despite the impacts of the COVID-19 pandemic.

During these visits, overall, an average 1.32 hours of TA were provided per classroom visit. There was an average of 1.59 hours provided in 2018-2019, 1.27 hours provided in 2019-2020, and 1.11 hours provided in 2020-2021. The table below provides details of visit length by month and fiscal year for the evaluation period.

	2018-2019	2019-2020	2020-2021	Total
January	1.78	1.41	1.17	1.45
February	1.73	1.49	1.42	1.55
March	1.68	1.64	1.22	1.51
April	1.64	0.27	1.18	1.03
May	1.59	0.82	1.46	1.29
June	1.54	0.83	1.17	1.18
July	1.55	1.37	0.66	1.19
August	1.50	1.27	0.73	1.17
September	1.48	1.49	0.98	1.32
October	1.57	1.58	1.14	1.43
November	1.53	1.62	1.12	1.42
December	1.52	1.45	1.10	1.35
Total	1.59	1.27	1.11	1.32

Relevant for understanding the TA program support for child care providers, the evaluation team examined the types of topics addressed during classroom visits (QE). A wide range of topics were covered in these visits; topics most commonly addressed included Health/Safety (10.8%), Staff-Child Interaction (10.4%), and Classroom materials (8.5%). Other commonly addressed areas are noted in the pie chart below. 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. Goal writing also represented an infrequently addressed topic.

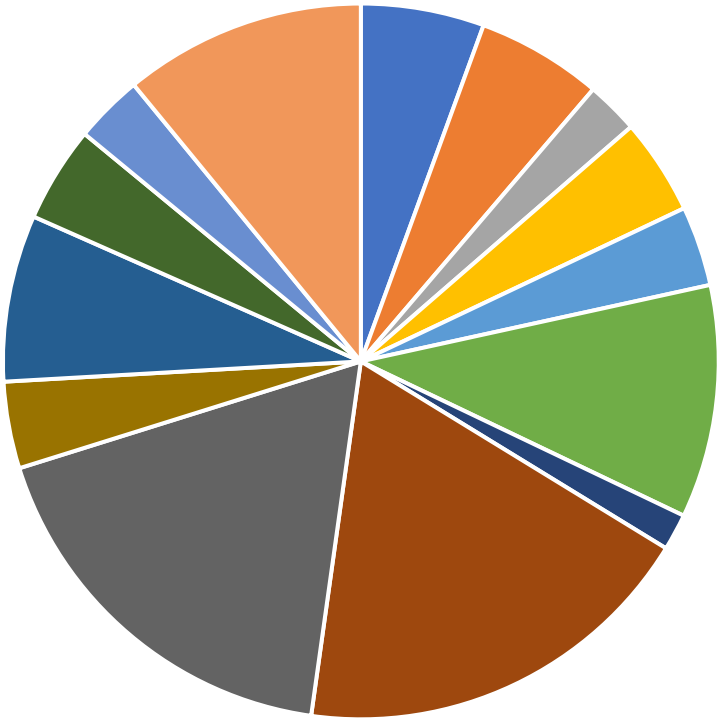
TA: Classroom Visit Common Topics



- Arrangement
- Classroom Management
- Curriculum
- Positive Discipline
- Goal Planning
- Child Growth and Development
- Infants/Toddlers
- Staff-Child Interaction
- Language
- Literacy
- Classroom Materials
- Child Observations
- Other
- Health/Safety
- Routines/Scheduling

The number of TA **site visits** (QC) provided over the course of the evaluation time frame was 7299. Overall, the most common topics in the site visits included Center Operations and Management (17.9%), Other (17.4%), Staff Management/Supervision (10.6%) and Goal Planning (10.2%).

Site Visits: Most Common Topics



Please see Appendix B for more technical assistance classroom and site visit details.

TA: Quality Improvement Plans

For child care providers participating in TA offered by local county partnerships, in collaboration with their TAP, Quality Improvement Plans (QIPs) are created. QIPs are written documents in which center and/or teacher goals are identified, and action steps are listed to meet the specified goals; QIPs are an implementation driver. For the current evaluation, QIPs were reviewed to better understand areas of similarity and difference across QIPs, and to determine potential influences on those areas of similarity or difference (specifically, how did county location and provider enrollment status in the ABC Quality Program impact QIPs). In addition, we sought to examine whether providers were meeting the goals established in the QIPs, and if location (county) and enrollment in the ABC Quality Rating System influenced goal attainment.

Over the course of the evaluation time frame, a total of 18 counties participated in TA. The number of counties providing TA programs varied by fiscal year, from 18 in FY18/19, to 16 in FY 19/20, and to 15 in FY 20/21.

A total of 11 counties responded to the request for QIPs from the state First Steps office, as QIPs are retained locally. Of the 11 counties that responded, one responded by email and did not include any QIPs for review, and one county sent one plan that was outside the date range for the evaluation. Thus, the evaluation team was able to review QIPs from 9 counties, representing half of the counties that participated in TA programs over the course of the evaluation period.

The number of QIPs obtained for this evaluation from each of the 9 counties varied widely, from 2 to 30. Importantly, the format of the QIPs varied significantly 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. QIP format ranged from an Excel spreadsheet with tabs for each year to hand-written plans; some plans included typed goals or action steps with handwritten notes regarding progress. Based on the sample of plans obtained and the variations in documentation, it is not possible to draw meaningful conclusions regarding the number or types of goals or action steps met/completed.

The sample of QIPs examined demonstrated use of a strong empirical basis for establishment of goals, most typically using data from observational environmental rating scales of child care quality completed with the centers, the ECERS and ITERS (see page 10 of this report for additional detail on these measures). Each of these assessment instruments is composed of several subscales reflecting important domains of infant and early childhood care settings; within each subscale are specific items that can be observed that pertain to each domain. In the plans that used specific ECERS or ITERS items, items that were listed were typically those in which the center observed fell short. However, the action steps to address these areas of concern were written in general terms, and typically were not specific or measurable.

Provider participation in the ABC Quality Rating System was noted on a minority of plans. Thus, conclusions regarding variation of QIPs by center participation in the ABC QRS cannot be made. Similarly, significant variation in documentation regarding QIP goal attainment by provider location (county) prohibits meaningful summary conclusions to be made about goal attainment by location.

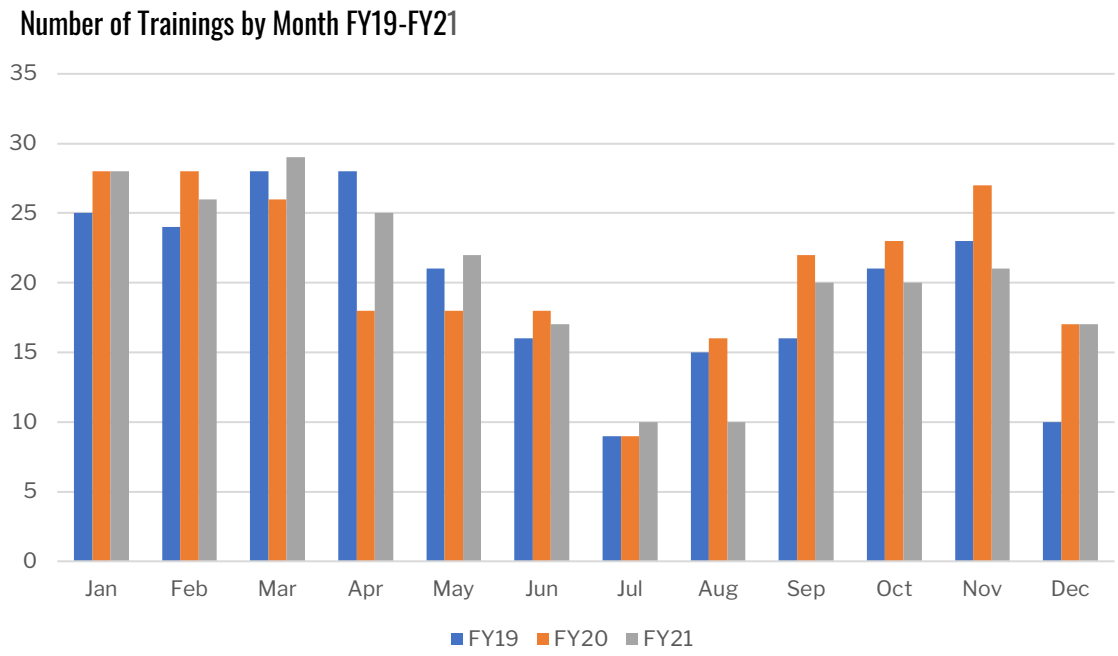
In sum, the QIPs would benefit from use of a shared format across counties, and adoption of SMART goals/action steps. SMART stands for “specific, measurable, achievable, relevant, and time bound”. While many action steps to meet the general goals noted on the QIPs did have a time frame for completion, 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. For example, a goal of “maintaining a healthy classroom environment” is certainly an aspirational and positive goal, but it is not specific nor measurable. An example action step to meet this goal seen on several plans was “reinforce nap routines-cot spacing”. This action step wording would benefit from a much higher degree of specificity (e.g., all cots in the 3-year-old room will be spaced appropriately based on the number of cots used each nap period on a daily basis). Another example of an action step noted on a QIP under the same goal of “maintaining a healthy classroom environment” was “observe and model handwashing at appropriate times”. The action step would benefit from much more specificity, e.g., “staff will wash their hands and supervise handwashing for all children at lunchtime each day”. 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. Providing this level of specificity in goals and action steps can then support creation of a chart or checklist for staff (and observers) to track and monitor the behavior of interest, e.g., daily handwashing at lunchtime, until this behavior becomes fully

established. Once a behavior is fully established, tracking/monitoring can then be phased out to be episodic in nature.

Training Programs

A total of 726 trainings were provided by local partnerships.

First Steps local partnerships were very 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. The number of training courses offered each FY of the evaluation were relatively stable, with 236 trainings held in FY19, 250 trainings held in FY, and 240 trainings held in FY21. The average number of trainings offered by month was 21.5, and ranged from 9-29. The figure below provides an illustration of patterns across the years of the evaluation; less training is offered in the summer months of July and August, as well as in December.



Regarding the number of trainings offered by county, significant variation was seen. Within FY19, the number of trainings offered by county ranged from 0-21. In FY20, the number ranged from 2-24; and in FY21 the number of trainings offered ranged from 0-12. No data were available regarding the format of these training events (i.e., in-person or online). For additional details regarding the number of trainings offered overall and by county and FY, please see Appendices C, D, and E.

Eight topic areas are the focus of training. 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 Table below provides additional information on the overall number of courses by topic. For more detailed information on the distribution of topics by county, please see Appendix D.

	N	Range	Minimum	Maximum	Mean	SD
Special Needs	34	1.5	1	2.5	1.632	0.6432
Nutrition	143	8.5	1	9.5	2.269	1.43
Professional Development	128	11.5	1	12.5	2.5801	1.76803
Child Guidance	166	31	1	32	3.256	3.1367
Program Administration	53	99	1	100	3.453	13.536
Health and Safety	142	349	1	350	4.9525	29.2158
Child Growth and Development	176	451	1	452	5.56	33.9433
Curriculum Based	249	674	1	675	5.6436	42.63

Training Plans

The implementation of Training programs offered by local First Steps partnerships are guided by training plans. In contrast to QIPs that guide TA programs, the format of training plans is dictated by the State First Steps office, and thus Training Plans are relatively uniform across counties with Training programs. The State First Steps office provided training plans for each of the three fiscal years of this evaluation; a content analysis of these plans was performed by year by the research team. The focus of the evaluation questions was to identify similarities and differences across the training plans, and to determine how well goals of these plans were being met. It is important to note that the format for these plans changed from FY19 to FY20; the revised format was also used in FY21.

A total of 34 Training Plans were obtained for FY19 and FY20; 33 were obtained for FY21. The format used for the FY19 training plans was more complex and structured than the format used in FY20 and FY21; despite the change in format, similarities were noted across all fiscal years included in this evaluation.

Determination of Training Needs

Each county has some flexibility in determination of training needs at the local level. That said, many counties use survey data and contacts with key stakeholders to determine training needs. More specifically, surveys used to collect data fell into two categories: surveys that were used in evaluation of training events, or, more commonly, surveys of key stakeholder groups (child care directors and teachers). Only one mention of collection of data on training needs from parents was noted.

The second most common method of collecting information on training needs came from some type of direct communication with key stakeholders working in the child care industry and with other local individuals or organizations supporting child care quality. Significant variation in the type of direct communication was noted; these included phone calls, meetings, and discussions with stakeholders. These discussions were noted as “informal” in several training plans. Another relatively common source of data on training needs was derived from reports of deficiencies or violations as identified by SCDSS monitors. Classroom observations and feedback from TA providers was less frequently mentioned to assess child care provider needs.

Training Follow-Up

An important activity that is codified in the training plans is the method of follow-up for training events. The most common methods reported included training surveys or assessments (most often post-training assessments, although some plans explicitly mentioned pre and post training course evaluations). In addition, most plans also noted contact with child care providers after training, via

phone calls, email, meetings, or discussions. Follow up by TAPs was noted, although less commonly than direct contact with child care providers.

Topics Addressed

Within the training plans, 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). In addition, and as illustrated by data reported earlier regarding content topics of First Steps training events, a very 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.

Number of Collaborations

Across training plans, counties reported working with between one and nine other local entities to determine training needs and to deliver training. The most common number of collaborators was 3-4. This suggests that Training Plans are derived in collaboration with other local entities, which is critical given the desire of First Steps programs to be additive, not duplicative, of local efforts.

Areas of difference noted across Training Plans included the number of child care providers targeted, the number of training events planned, as well as the budget that counties must support training programs. These variations are expected, given that each county develops their training plans based on available resources and in the context of other local services and supports for training. Of note, approximately 25% of plans reviewed contained little specific detail, instead describing training efforts in broad ways.

In sum, while training plans evidenced a high degree of similarity, it would be helpful if plans contained more specific details on the needs assessments performed, and more specific details on how follow-up will be conducted. For example, noting when the needs assessments were conducted, and more specific information on how the assessments were conducted would be helpful. Regarding follow-up after training, it would be helpful to understand if knowledge is assessed specifically at the beginning and end of the training events. Furthermore, if training follow-up is accomplished using meetings or discussions, it would be helpful to understand exactly when this follow-up is expected to occur, and what the focus of the follow-up is. Such follow-up from training events is important as stand-alone training events are likely to have limited impact; indeed, the strongest models of pedagogy for changing teacher practices include a combination of training and ongoing support (e.g. Domitrovich et al., 2009; https://sites.psu.edu/redi/wp-content/uploads/sites/29653/2015/08/Domitrovich-Gest-Gill-Jones-Sanford-DeRousie-EED-2009.pdf). Fortunately, several counties are employing both TA and Training programs, as illustrated in the Adoption section of this report. Lastly, the simplified template used for Training Plans in FY20 and FY21 is both helpful and useful, as compared to the format used in FY19.

Implementation: Qualitative Data

Obtaining a comprehensive evaluation of TA and training efforts requires that information on these important programs be obtained directly from key stakeholders across the state. Three key stakeholder groups were identified for this evaluation: TAPs providers, First Steps local partnership offices, and child care directors and teachers. To obtain the perspectives of TAPs providers and First Steps local Partnerships, a qualitative approach was taken.

Qualitative Data Collection Methods

Data was collected through 4 remote focus group discussions, two with Technical Assistance Providers (TAPs) and two with county Executive Directors (EDs). Participation in focus group discussions was solicited through email invitations sent by the research team to all TAPs and CEDs, using addresses provided by the state First Steps office. Potential participants were instructed to respond by via email, indicating if they would participate. TAPs were given two times to choose from. EDs were invited to different focus groups depending on whether their county provided training only, or both training and technical assistance. Because the times initially proposed for ED focus groups (and approved by the state First Steps office) turned out to have unexpected scheduling conflicts, alternate times were identified and approved. Participants who agreed to participate were provided information via email to join the remote focus groups.

Focus group discussions were conducted using a semi-structured interview guide (see Appendices F and G), while flexibly following participant conversation and probing to explore emergent insights. Focus group interview guides with both TAPs and EDs addressed:

- participant roles and major work activities within First Steps,
- understandings of child care quality,
- perspectives on factors and situations that contribute to child care quality improvements,
- perspectives on factors and situations that present challenges to child care quality improvements,
- things that make First Steps TA and training unique, and
- recommendations for program changes.

Focus groups with EDs also addressed the nature and adequacy of county training plans.

A total of 13 TAPs participated in the focus groups, spanning 7 counties (from the Midlands, Low Country, and Upstate). A total of 10 EDs participated, with 6 from counties offering both TA and training, and 4 from counties offering only training; counties from the Midlands, Pee Dee, and Upstate regions were represented in each focus group.

Focus group discussions lasted approximately 90 minutes each, and were audio recorded with permission granted at the start of each group by participants. Audio recordings were transcribed, and transcripts were analyzed using NVivo 12 software. The two TAPs focus groups were analyzed together, and the 2 CED focus groups were analyzed together.

Data was analyzed thematically, using a combination of a priori and emergent coding, with a priori codes based on the research questions and interview guide prompts. A constant comparative method was used to inductively develop codes, and to clarify and refine the meaning of codes as additional text was encountered. After the initial coding was completed, codes were grouped thematically into broader categories. Both the broad thematic categories, and the subthemes within these categories are reported as findings. All data has been deidentified prior to inclusion in this report.

QUALITATIVE FINDINGS

Technical Assistance Provider (TAP) focus groups

Findings from the TAP focus groups are organized around six main themes:

I. **TAP role**
II. **Importance of relationships in First Steps technical assistance**
III. **Child care quality and challenges to achieving it**
IV. **What makes First Steps TA work well?**

V. First Steps TA program strengths and unique characteristics
VI. TAP recommendations for improvements

Each theme is briefly discussed below, including exemplar quotes as appropriate.

I. TAP role

Focus group participants identified multiple important components of what they do in their roles as TAPs.

- Relationship development. The importance of relationships was a dominant theme throughout both TAP focus groups and will be discussed in some depth in the section below, but in general TAPs expressed that relationship development is a critical aspect of their work, starting with the first visit they make to a center, and continuing as a core of all subsequent work with both center directors and teachers.
- Assessment. For providers who choose the "intensive" model, an assessment is done, sometimes by a TA or coach that is not working directly with that provider. Assessment is voluntary and happens in the context of trusting relationships to reduce the sense that it is about finding fault or blame.
- Goal setting. Goal setting can flow from the assessment results, but since it can take "different amounts of time to get the assessment results back", TAPs sometimes move on to identify and work on goals based on teacher input while awaiting assessment results. As one TAP described: "…in some ways, it does change when we've got the information from the assessment, but in other ways, it just continues, we're still working on relationship building, and we're still setting and accomplishing goals with the teacher in the program."
- Being in the field with teachers. TAPs described a significant part of their work with teachers involving being present in the classroom, and both modelling and providing support and ideas for how to deliver high quality services.
- Offering advice and suggestions. TAPs provide "support, advice, ideas, suggestions, feedback" to help promote quality. They also act as a "sounding board", helping center directors and teachers to problem solve around challenges.
- Sparking new ways of doing things. By providing new materials, resources, and ideas, TAPs help teachers to try new ways of approaching their work. As one TAP said: "I noticed that the materials that we provide to the centers, with the programs that we have, it kind of gives them like a spark of an idea of new ways to teach your children like especially if you've been a season teacher for so long, you get kind of accustomed to doing the same thing all the time. So, having someone come in and kind of bring a new light bulb to you, and spark new ideas, it seems helpful that when we have that bonding connection with the teachers that kind of have them open up and say, "Hey, I want to do something different. I want to do something new. I've been doing it this way for a long time, and I want to see the kids learn in a different way."

TAPs identified several key features of the environment in which they implement their role in service provision.

- Voluntary nature of services. Centers choose to work with First Steps, and they choose what they will do throughout the TA process.
- Differences by county. Although the TAP role has similar components throughout the state, how TAPs approach their work, the needs they respond to, and the supports they have to work with vary by county.
- Diversity of ECE centers being serviced. The ECE centers and providers vary across the state and within each county, from large centers to small family homes and group homes with just a few children. These differences mean that what a TAP does will also vary depending on the center they are working with.

II. Importance of relationships in First Steps technical assistance

The development of trusting relationships was reported to be foundational to all other work that TAPs do. TAPs discussion of relationships addressed three main themes: 1) keys to building positive relationships; 2) characteristics of positive relationships; and 3) the importance of relationship to accomplishing quality improvements. Each is discussed in turn below.

1. Keys to building positive relationships.
   a. Starting with the director. TAPs indicated that building positive relationships with teachers generally required starting at the top by building a trusting relationship with the center director. This involves establishing trust so that a center will be open to having the TAP work with them: "I know I cannot be successful with the teachers until that relationship is built with the administrator understanding their goals, their objectives and to help them to understand that I become a part of the team and I'm there to work alongside them and I'm not there to regulate their programs in any way. I think you have to really work hard to make them feel comfortable that they can trust you. And that you can provide the support that they are real – that they really need." It also involves getting buy in from the center director for changing practices to improve quality: "if the top doesn't want to do quality, then no matter what you're doing in that classroom, it's not going to be effective if you don't start with a director."

   > "I know I cannot be successful with the teachers until that relationship is built with the administrator understanding their goals, their objectives and to help them to understand that I become a part of the team and I'm there to work alongside them and I'm not there to regulate their programs in any way."

   b. Attending to director needs. Part of getting buy in from the director involves ensuring that TA services are responsive to director's multiple and complex priorities. One PAT reflected: "I think sometimes we forget the roles and responsibilities of that director, because they're not only looking at the educational component, they're looking at how I'm going to pay my staff and provide all of those things that are necessary for operating the program." Another PAT explained: "…you check in with [the director] and you kind of ask them, 'Is there anything that you would like for me to discuss with the teachers in the classroom in addition to what we're already going to talk about', just to like ease it in having that relationship with the director. You know, it gives you a little more leeway also because you're partnering with her, also with their teachers…"
   c. Attending to teacher wellbeing and goals. Rather than diving directly into changes or challenges regarding child care quality, TAPs first engage teachers by asking about their own wellbeing and any goals that they have. As one TAP described: "…I would I go, 'How was your weekend?' And if they told me they were going on a birthday trip, I was like, 'Oh, how was your trip?'…That makes them feel like that's a relationship… I just always try to make sure that everything with my teachers are okay and they're okay, then we can proceed with the visit… it helps the visit go the way, not all the time, but it's smooth sailing after that."

2. Characteristics of positive relationships.

   - TAPs described positive relationships that supported effective work as ones characterized by **authenticity and consistency**, where they were experienced by teachers and center directors as **relatable rather than judgmental**, and where they could be counted on to follow through with commitments.
   - Positive relationships were also characterized by **collaboration and partnership**. One TAP explained "…we don't go on there and tell them, 'This is what you're going to do. This is what this'… the same way we want teachers to have back and forth conversations and

engagement with their children, is the same way we want to be with the teachers…So, it's a partnership."

"…it's a partnership."

- Finally, positive relationships are ones where the teachers view the TAP as **being there to help them rather than there to report** them if they make mistakes: "… a lot of the people come in like even with the DSS, if something happens, they're required to self-report, and they get in trouble when they self-report…they know with us, okay, I have some leeway, I can mess up and she's going to help me…it's just not going to be totally bad. We can always fix stuff…"

3. Importance of relationships to accomplishing quality improvement.

   Building positive relationships was described as essential to accomplishing technical assistance goals for three main reasons. First, positive relationships were a foundation for help seeking and honest communication about challenges. Second, positive relationships facilitated openness to change and try new things to improve quality. And finally, when staff at one center experienced positive relationships, they told peers about those experiences and this word of mouth made more providers open to participating in First Steps technical assistance programs.

III. Child care quality and challenges to achieving it

What is quality child care?

TAPs described a range of key aspect of child care quality, involving the following:

- Attention to ensure child health and safety, including hand washing, diaper changing, and maintaining a clean environment.
- Positive social and emotional context, characterized by teacher sensitivity and responsiveness to children's needs and interest, and warm and emotionally supportive interactions and relationships.
- Engaging environment to support development of diverse children, with inviting materials inside and outside the classroom.
- Processes and practices that are child directed and that promote development, where teachers are intentional about use of language and other opportunities for development, but support children to make choices about how to engage the environment based on their own interests and needs.
- Teacher wellbeing is promoted, through a positive work climate, supportive staff relationships and interactions, opportunities for professional development, and sensitivity and responsiveness to times when a teacher is feeling burned out or otherwise needs additional support.

Challenges to achieving child care quality

The TAP focus groups included discussion of a range of challenges or threats to achieving child care quality – some involve challenges that are pervasive in the ECE field, and some involve challenges that First Steps faces in promoting child care quality.

Quality challenges pervasive to ECE

TAPs discussed the general challenges facing the ECE field, including the overall economic difficulty that centers face to provide care that is affordable to families, while also paying ECE teachers a livable and fair wage. There was a strong sense among TAP focus group participants that ECE providers are undervalued for their work. As one TAP commented: "nobody's necessarily getting into it for the pay, and so I think it is a challenge when in addition to not being paid appropriately, or what they deserve, they're also not valued the way that they deserve to be valued.

So, that's like it's a real challenge to make the providers feel like they do what they do matters and giving them value."

The undervaluing of ECE teachers stands on contrast to the difficulty and importance of the work that they do: "…we have the research that zero to five is the biggest, most important part of a child's development. And then we turn around and say that the people who are going to care for our children during that most fundamental time aren't valued enough to be respected the way they should be paid….It's just it's a real discrepancy." The hard work of delivering high quality ECE services can be made even harder when there is a mismatch between provider approaches to working with children, and the experiences those children have at home. One TAP described: "…the teacher's trying to implement some really strong like behavior, not behavior plans, but expectations that aren't necessarily matched at home, and feeling like it's a fruitless effort, because they are trying to provide an environment that's not necessarily being reinforced outside of the center."

The inherent difficulty of ECE work, the lack of adequate pay and the material hardships that creates for providers (e.g., homelessness, food insecurity), and the increasing demands for providing quality care come together in ways that can lead to burn out and turn over. TAPs in one group discussed this nexus of unbalanced pressures, demands, and supports as "the elephant in the room" with them as they work with providers to improve quality.

Specific challenges for TAPs to achieve quality improvement

TAPs noted several challenges specific to their ability to have a positive impact through the First Steps technical assistance program. Some of these challenges involved aspects of how First Steps functions, including within the broader ECE stakeholder environment.

- Lack of flexibility that limits ability to individualize to center needs. The 3-year timeframe for some services, and the linking of specific funding mechanisms with specific processes and resources were both cited as challenges. For instance, one TAP noted that some centers have needs for support in a specific area such as language development, but if those needs aren't aligned with a grant that funds for materials, the TAP is limited in what can be provided.
- Lack of respect for First Steps staff in the overall system of ECE services. A number of TAPs commented that they are not seen as equals to staff from other agencies, and that this limits the work they can do. They report being excluded from information sharing, not at the table on key decisions, and not recognized for the work that they do in the state.
- County isolation. Although TAPs generally appreciated the flexibility each county has to tailor its program to local needs, there was also some concern that counties lacked sufficient support: "… I also feel like sometimes we're on deserts, because we're our own little county desert. And we don't get the support that we need from our state office or we don't get the extra support or we're not always included as an agency…we're not looked at as a state agency. So we're not given that same respect…"

Finally, TAPs discussed a number of factors at the ECE center or provider level that can make it more difficult to accomplish quality improvements.

- Complex and sometimes fragmented service and regulatory environment
    - Center/provider history of negative experiences with other service providers
    - Confusion about what First Steps offers and how they are different than other agencies (e.g., DSS, ABC)
    - Competing messages from First Steps and other agencies
- Centers that do not provide adequate support for quality care or for staff development

    - Directors that are not invested in making changes, or that do not support staff to work in compliance with licensing requirements
    - ECE providers that lack sufficient education or training, and centers that do not support staff to continue to learn and develop
- ECE staff who do not take up new learning
    - Experienced providers who are "set in their ways"
    - ECE providers who have unrealistic expectations for children's development and behavior – sometimes reinforced by parents
- Staff turnover
    - Working with new staff from visit-to-visit limits impact at the Center level
    - Inconsistency of provider compromises children's experiences of relationship in the child care environment
- Seriousness of problems in a child care center
    - Some centers have significant and complex challenges to quality improvement, and working with these centers requires calibration of what it means to be successful: "…the teacher piece can be challenging, but also outside of the teacher's control, like the environment, the director, the challenge is just in the physical space, the health and safety piece, there's a lot of that too where we just have to say, okay, like, we're not going to just go in and snap our fingers. And we're not magicians, but we really have an opportunity here to help the classrooms that need it the most."

IV. What makes First Steps TA work well?

TA/service provision factors associated with success. Given the challenges described above, TAPs describe a number of aspects of the First Steps approach that allow them to be successful in having a positive impact on child care quality. These factors fall into three main themes: empathic and empowering relationships; services that make it easier to do the job; and helping to navigate other agencies and resources. These are each summarized below.

1. Empathic and empowering relationships. TAPs discussed the importance of starting where the provider is at, clarifying roles and expectations, empathizing with the challenges and demands they face, and empowering both providers and center directors by validating successes.
2. Services that make it easier to do the job. Effective services, particularly in the voluntary context of the First Steps program, requires that teachers experience services as adding value to their lives rather than adding additional demands or burden. One TAP explained: "[teachers are] like overworked, like [they] have to do extra because we don't have enough people to fulfill their jobs. So, that's extra work on them. And then you know, you're adding more paperwork, more high quality, I have to do X, Y, Z, I have this coach coming in, then we have this coming in, and then we have assessor for three hours, all of that is some of the challenges." TAPs described several factors that help them be experienced as helpful rather than burdensome:
    a. **Sharing ideas based on professional experience.** – TAPs explained that they are more able to be effective because they have experience as ECE providers. This improves both their credibility with those receiving services, and their understanding of how to improve quality in the real word contexts that care is provided.
    b. **Observation, assessment, and feedback**. TAPs are able to look from the outside at what is happening in a classroom, to see things the provider might not be aware of while they are immersed in the experience of providing care. In at least one county, the process was augmented by use of a software program that allowed the teacher and TAP to look together at recordings: "when we meet for the debrief… I will say to

them, "Tell me what you think is happening in this part of the clip." And they just see so much and can tell me what are some other ways or strategies they can accomplish a particular goal…[the software has] been a good tool to have."

c. A hands-on approach. TAPs report the importance of modeling new ways of doing things, and providing practical support for providers to try out new skills and approaches. One TAP described: "…we're doing a lot of hands-on work with the children, kind of feet on the ground, we're in this together sort of thing. And then often when we are working on specific goals with the teachers, it's hands-on with the children in the class, diapering procedure, hand washing procedure, interactions, all of those things. Modeling is a big part of how we support the teachers. As another TAP explained: "And as teachers see that you're willing to support them in the classroom and not just kind of sit back with a notebook and take notes, but you're actively a part of the process, that makes them feel comfortable like, 'Hey, she is here to help us.'"

d. Tailoring services to specific center/provider needs. This involves tailoring the focus of TA, as well as the frequency, timing, and number of visits. One TAP commented that individualizing their TA work mirrors what they ask providers to do as they individualize their work with each child in their classroom.

3. Help navigating other agencies and resources. TAPs reported being seen as important resources above and beyond the specific goals they were working on with centers and providers. As one TAP summarized, "…the TAs for First Steps are your resource for your state of all the difference agencies, all the different tools that are going on, everything that's happening in our state, the First Steps TAs should be aware of it. Again, not experts, but know how to navigate the system and know how to help the centers."

Center/provider factors associated with success. The focus group discussions also identified a number of attributes of ECE centers that make positive impact more likely:

- A focus on quality and improvement from the top down
- Centers that are not in it for the money
- Stable staffing
- ECE providers who really want to be there

Examples of success. Focus group participants gave a number of examples of what it looks like when they are successful in their work with a Center or provider.

At the **center level**, examples of success included the Director using different hiring processes to ensure staff really wanted to be there, and building support for additional early childhood development education, so that more staff are enrolled in coursework to continue their professional development.

At the **classroom level**, examples of success ranged from a teacher being more open to trying new ways of doing things, to specific improvements in health and safety (teachers ensure children always wash hands at appropriate times), in how teachers interact with children (e.g. teacher sitting down with a group of children and interacting with them), and in the classroom environment (e.g. more child-directed approach, more child-friendly environment).

V. First Steps TA program strengths and unique characteristics

The TAPs discussed a number of ways that First Steps TA is unique from the services and programming offered through other agencies and organization.

Time and trust. First Steps TA provides long term, consistent and relationally-based services. One TAP explained what makes First Steps unique, saying, "I guess the biggest piece that makes us different is that relationship piece, and then the time that we're able to invest in them where I think

some other programs that may be similar to what we offer maybe don't have the time to spend in the classroom that we have or the time to invest in the relationships that we have." Another TAP said, "We're in it for the long haul. A lot of other TAs, they come in, they fix one problem and they move on…but once the center is with us, they are with us." These long-term relationships are important because they allow for meaningful changes processes to unfold: "There's just so much growth, so have a lot to be grateful about…But it didn't happen overnight….Most of the programs that we have, we've been with them almost like three years."

Collaboration and integration. TAPs discussed First Steps TA being unique in terms of the collaborative approach, both among TAPs and their county offices, and between TAPs and those receiving services. This allowed for TAPs to take an integrative approach, linking ECE providers to resources within First Steps and in the broader community. And it allowed TAPs to build their own expertise, for instance being training in a wide range of programs and models that they could then share with the Centers and providers they work with.

Holistic focus. Unlike some other programs or agencies that focus on regulatory issues, or a particular age group or developmental domain, or children with specific needs, First Steps focuses holistically on children's early development, and works with the whole Center on how best to improve quality.

VI. TAP recommendations for improvements

At the culmination of each TAPs focus group, participants were asked what recommendations they had for how the First Steps TA program could allow them to be more effective at helping improve child care quality in their county.

1. Improve awareness of what First Steps TA provides and how it is unique. Not all ECE centers are aware of what First Steps can provide, or of how First Steps is different from other organizations. Improving awareness that First Steps is voluntary, not regulatory, and that it is long-term, strengths based, and grounded in trusting relationships would help expand reach of the program, and ease development of relationships with new Centers as they begin to work with First Steps.
2. Improve communication and coordination among organizations providing ECE-related services. Ensuring clear communication among the various stakeholders that are working with an ECE provider would help to reduce conflicting messages and duplication of services and maintain clarity about different roles and expectations.
3. Improve access to full range of First Steps TA services to all participating counties. Some counties have one TAP while others have a TAP team. Some counties do not have a TAP at all. The TAPs discussed the possibility of expanding coverage across the state by hiring more TAPs, and/or supporting smaller counties to combine in hiring TAPs. This would both expand reach of the program and ensure that all TAPs were part of a team, with support and opportunities to collaborate and problem solve.
4. Expand professional development for TAPs to focus specifically on knowledge and skills related to coaching. TAPs described having good opportunities for training on the various curricula, skills, assessments, etc., that they use in their work with ECE centers/providers. However, they noted a lack of sufficient training on the process of coaching itself – how do you develop and sustain a relationship in ways that lead to provider take-up of the curriculum, skills, etc., that you are suggesting they adopt? Training explicitly on effective coaching could help TAPs improve service effectiveness. Importantly, the self-identified area of need for training in coaching models and skills specifically is consistent with the evaluation findings from the QIP review. Training in coaching models could encompass specific information on creating meaningful and measurable goals, and ways to track goal attainment over time.

LOCAL FIRST STEPS PARTNERSHIP EXECUTIVE DIRECTOR (ED) PERSPECTIVES

Gaining the views of First Steps local partnership offices, as providers of TA and training programs, is critical to support a comprehensive view of these services. The focus group data gathered with EDs is summarized below.

COUNTY EXECUTIVE DIRECTOR (ED) FOCUS GROUPS

Findings from the ED focus groups are organized around five main themes:

I. **County Executive Director (ED) role**
II. **Child care quality and challenges to achieving it**
III. **What First Steps training and TA is about, and what makes it work well**
IV. **Training – approaches, challenges, and efforts to improve**
V. **ED recommendations and ideas for innovation**

Each theme is briefly discussed below, including exemplar quotes as appropriate.

I. County Executive Director (ED) role

Focus group discussions clarified four main aspects of the ED role with respect to child care training and technical assistance.

- Assessing, understanding, and setting priorities in response to community needs and resource context.
  - In some counties this involves surveying ECE providers to assess their needs and resources, and in other counties it is a more ongoing process of "being aware of what [various ECE stakeholders] are doing, making sure we're all still lined up, we're all still moving in the same direction."
- Providing support, supervision, resources, and materials to those providing services.
  - This part of the ED role included building trusting relationships with ECE providers, supporting TAPs and supervising their day-to-day work, and in smaller counties without TAPs, doing visits with ECE centers, bring books and other materials, and helping center directors with things like planning and budgeting.
- Engaging ECE professionals in the broader community of child and educational services.
  - EDs described an important role in bridging ECE professionals with K-12 and other community stakeholders, to both help communicate the importance of ECE to children's development, and to elevate ECE professionals as experts.
- Communicating what FS does and advocating for the importance of ECE.
  - EDs had responsibility for reporting on what First Steps accomplishes through child care training and technical assistance, to their funds and community stakeholders. They also describe responsibility for communicating more broadly about the importance of quality ECE for children's development, as a way to generate broader buy-in and commitment to First Steps' work.

II. Child care quality and challenges to achieving it

What is quality child care?

EDs described quality most broadly in terms of children receiving "loving, nurturing care and education." One ED explained: "You shouldn't have education without care, and you shouldn't have care without education. They go hand in hand, so that a baby's brain is being built every day stronger and stronger in a loving, nurturing environment." EDs also described quality child care as environments where parents are valued, and as an ongoing process rather than

something that is accomplished in a static way. The focus group also addressed that while quality is reflected in nationally recognized standards, achieving quality involves resisting the sense that everything should be focused on measuring children's learning:

> "But we've somehow got to find the right balance…telling parents that at this age, play, socialization being able to develop their gross motor skills, their fine motor skills, all of that is what we're trying to achieve. Not can I hold a pencil? Can I write all my letters neatly, but all of those other fundamental developmental things that go on to allowing all of that to happen when they go to school? But we're beginning to have all of that testing, I want to give them a test, is this child care center doing? Well, that's what we've got to balance. If they're doing well, and we can, you know, we can measure that by putting in the right inputs. The children will flourish. And that's what we've got to balance. And I think sometimes we, we forget that."

Challenges to achieving quality child care

The ED focus groups included discussion of a range of challenges or threats to achieving child care quality – some involve challenges that are pervasive in the ECE field, and some involve challenges that First Steps faces in promoting child care quality.

Quality challenges pervasive to ECE. General challenges to accomplishing quality ECE focused on economic and job market issues, specifically:

- Difficulty attracting and retaining qualified and high performing ECE providers due to low pay, lack of respect
- Inadequate supply of child care in many communities
  - This has gotten worse since the onset of COVID

General challenges also include issues related to the place of ECE within the broader educational environment, including:

- Lack of parity between ECE and kindergarten/elementary education professionals;
- Disconnect between ECE and K-12 systems; and
- Unintended consequences of expanding public 4-K and 3-K options
  - Because the budget model for most ECE center relies on higher-ration 3- and 4-year-old classrooms to offset cost burden for infant and toddler classrooms, the shift to free 3- and 4-K in public school systems is a threat to many ECE centers' ability to stay in business.

Quality challenges for First Steps training and technical assistance

As First Steps works to improve child care quality through their training and TA programs, EDS report a range of challenges to their efforts.

Seriousness of quality problems. EDs discussed that many centers have problems with basic aspects of ensuring child safety, and that the need for ongoing attention to these problems means that other key aspects of quality improvement cannot be given adequate attention. For instance, one ED described: "…we have so many other issues that have to be dealt with for safety of the children, for hygiene. You know, you can't put a kid to sleep in the high chair, you can't not wash your hands between diaper changes and change gloves. We can't. The list goes on." Another ED notes: "…if we can't provide these centers with those basic things, and basic hygiene…then we can't get to the other stuff."

Voluntariness of First Steps participation. Exacerbating the seriousness of quality problems, EDs were aware that if First Steps pushed too hard for changes, programs would simply stop participating in training or TA. Most centers do not participate, particularly in Technical Assistance programs, perhaps "…not wanting anyone to come in and look at their

facility, you know, closer. They might think that there's some deficit on their part, or there's going to be some perceived deficit." Another ED commented: "We have been fighting the good fight for health and safety, sanitation, interactions. 18 years and running it, it just, it's never ending. It is never ending and we've got plenty of B plus centers. So, they'll look at us when we come in. And we give them ones and twos and threes on our assessments and [they say] 'Well, ABC says I'm fine. So, I'm fine.'"

Difficulty measuring and maintaining quality improvements. Assessing change in child care quality is difficult, in part due to high staff turnover. Because the staff who are involved at the time of assessment may be different than those receiving training /TA, and those may be different than those involved when follow-up assessment occurs, it is difficult to identify whether the services provided had an impact on those who received them. EDs also described frustrations that, despite providing good services, some ECE providers do not make changes in how they go about their jobs. This was captured well when one ED explained: "…when I keep reading the same observations month after month, I'm like, and we're giving them everything we could possibly give them and support them in and help them and guide them…I feel like, when is it? When are you going to get this?" Even when improvements do occur, they can be difficult to maintain. Another ED commented: "While we are currently hands on with certain staff, once that hands on become a little less hands on and a little more hands off, we find that the gains that we're making aren't sustained."

III. What First Steps training and TA is about, and what makes it work well

EDs identified a number of key characteristics of the First Steps approach that they felt made it an important component in the overall field of ECE services.

Trusting, empowerment, and partnership. EDs described the strength of work that they and their staff do as being grounded in the trusting relationships they develop with child care center directors and providers. As one CED said:

> *I think part of that technical assistance when you build that relationship and… they're excited to see my technical assistance come in, you know, they want to talk to him. They want to ask questions, they want to learn and if you give them that respect where you're dealing with them… then you're showing them that you value what they're doing as well.*

Grounding shared work in trusting relationships was also reflected in a sense of partnership as First Steps engaged child care directors and providers as leaders in the early childhood community:

> *I look at child care centers, child care providers, that are in our community, as an integral partner in providing early childhood interventions, early childhood opportunities for a number of families and a number of different settings. So beyond just …how do we provide the technical assistance is how do we bring child care centers, child care providers, into the greater conversation about early childhood.*

The focus on nurturing partnerships also extended to other community stakeholders, including local public school and higher education. Several EDs commented on the importance of their relationships with local public-school superintendents, specific elementary schools, and 4-K programs. These relationships allowed them to: extend programming into public school classrooms; collaborate in offering trainings to ECE providers and school district staff; build connections between ECE providers and the 4-K and kindergarten settings those children would transition into; and leverage broader community support for the importance of quality child care programs. As one ED

summarized: “The child care programs are currently on board with the school district and they understand that they're just all the same businesses, just two different organizations.”

Building the ECE community. By attending to relationship development, First Steps EDs sought to promote and strengthen the overall ECE community and the networks through which information and resources could be shared within that community. One ED described their work to bring center directors together and help them to trust each other rather than see each other just as competition: “The beauty of it that I was trying to sell them on is that you all can learn from each other. And you all can make the business more like a network than a business.” Another ED described a community event that brought positive attention to the importance of quality child care: “So it was absolutely one of the best nights I've been in this field for 35 years, and it will go down as one of the best nights ever. We had 180 people…celebrating our early care and education community and their commitment to quality. So it was everybody from [people in ECE organizations] to [people in higher education].” While First Steps played a central role in this, the ED explained: “I cannot claim it as what we have done. It’s the village again, right. It was the village getting together.”

IV. Training – Approaches, Challenges, and Efforts to improve

Approaches. EDs reported a diverse set of approaches to planning and implementing training in their counties.

Decisions about what training to offer were based on:

- Results from county surveys of child care providers
- Recommendations from Technical Assistance providers and needs identified through QE/QC services
- Current and emergent issues facing the field (e.g. mental health challenges related to COVID)
- Priorities identified in the comprehensive plan
- Development of a training plan the focuses on topics required for recertification

Counties had some differences in how they implemented training as well, with some contracting out for trainings (e.g. with Palmetto Shared Services), while others identified certified trainers to address locally determined training needs. Most, if not all, training had moved online during COVID, but some counties were working toward a return to in-person training, while others were continuing a virtual approach.

In part to ensure good attendance, and in part to extend opportunities for quality improvement, some counties opened up their trainings to providers who were either not otherwise working with First Steps, or those in other counties. One ED explained: “…we offer to all child care staff, school teachers, anybody, you know, that worked with kids…”

Challenges. The focus group discussions highlighted some challenges that EDs were aware made it hard to both get good attendance at trainings, and for trainings to have a meaningful impact on child care quality in their counties.

- Competition. EDs noted that DSS offers a wide range of online trainings, and that it is difficult to engage their country providers in First Steps training, particularly if those providers were able to easily fulfill their regulatory requirements for training hours through DSS offerings. One ED for a small, rural county explained: “And we still had that problem where, you know, DSS offers a lot of trainings online. So we don't have as many people.”

- **Training purpose – regulatory compliance, or quality improvement?** Related to the competition with DSS trainings, EDs discussed the underlying issue that many providers viewed training as something that was important only to meet regulatory requirements. In that context, it was challenging to engage providers to participate in training as part of ongoing professional development and as a way to improve the quality of services they were providing.
- **Reach and accessibility.** EDs discussed difficulties in finding times, places, and formats for training that worked for the providers in their county. One ED commented: "they were offering them on Wednesday night. Well, a lot of people go to church on Wednesday night, so they can't do that, you know, so you started trying to schedule something that meets, that meets people's needs, that's kind of tough, you know." Another explained, "Now, we've found that if we go over maybe three hours, folk won't show up, they won't participate at all, you know." Contracting with South Carolina Endeavors solved some accessibility problems because trainings were online, but it this made it difficult for a county to ensure that they training they selected based on local needs were reaching local providers:

> "we actually have received the South Carolina Endeavors grant for the last couple of years. And this next year, we're not applying because we have to offer the trainings statewide, which is not a problem. But we'll offer an online training and we'll have 75 people register, and maybe 10 of them are from our county. All the rest of them are from somewhere else. And so, we contract with trainers to provide the training, and do what we have to do to meet the grant requirements. But it's just not one of those things where we see that we're impacting providers that are going to be then working with kids and our county."

Efforts to improve. EDs described a number of things that they have done, or are planning to do, to try to address the challenges they face with their training programs.

- Ensuring trainings are engaging. EDs discussed bringing in new trainers, offering interesting, enjoyable and applicable topics
- Providing incentives to attend. EDs in some counties have explored ways to make the training experience fun, and to use trainings as a time to show providers how valued they are. For instance, some trainings offered door prizes or gift cards. One county planned a training conference at a resort where center staff could get all of their training hours at one time and in a pleasant environment.
- Offering different tracks – options for regulatory requirements and deeper learning and professional development. One ED described how their county organizes training "to achieve two routes. One of those is for those who just need the hours…The second is for those who wish to take a more serious dive…that may include how do we try to factor out bias and racial stereotyping in the classroom? How do we understand brain development?…The families who have other issues that go beyond what the child care center – how do I get them connected to Baby Net…"
- Reducing cost. Several EDs mentioned the importance of offering trainings for free or reduced cost, or providing scholarships so that more providers could attend.

V. CED recommendation and ideas for innovation

Focus group discussions with EDs highlighted 4 subthemes of recommendations, as well as several more specific suggestions for addressing challenges.

1. Improve awareness of the importance of ECE, and about what First Steps offers that is unique within the field of ECE supports and services. Suggestions included outward facing efforts, such as educating families about what quality means in ECE and having a statewide campaign to promote awareness of ECE. Suggestions also included efforts to educate policy makers and center directors/providers about the differences between First Steps and other organizations they work with such as ABC and DSS. One ED commented: "My fear lives in that one day, someone's going to say, Oh, two groups are doing the same thing. And two groups totally are not doing the same thing. And there's a very, very, very huge difference between the work…" Another ED referenced a website that lists technical assistance resources, noting: "South Carolina First Steps is barely recognized as having a TA program. I'm sorry, we put a lot of effort, a lot of energy, a lot of money into the work that we do. And I think First Steps needs to be able to say that and not be afraid. This isn't about a competition. Would that it would be that we are working together and not in our silos supporting each other." In part, clarifying what is unique about First Steps is important because of its unique role in promoting quality over and above regulatory requirements: "Right now, we confuse regulatory with quality. And those two things are completely separate, and they need to be completely separate. There is a baseline of sanitation, of health process, of bare minimums, that you need to meet the regulatory requirements of running a child care center. Quality is a completely different subject."
2. Ensuring that smaller counties have access to adequate resources for Technical Assistance (TA). Several EDs in smaller counties commented on the challenges of being a "staff of one", including the lack of funds to hire a TAP, and the difficulty of doing "…the deep dive that I want to with our providers". These smaller counties also experienced difficulty finding qualified staff to provide TA, even when they did have the funds. As one ED commented: "I had to hire somebody from three counties over to do mine when I did have it. And we only did it one year and it the county I'm in now and I've been there 15 years. We didn't have the money." One larger county ED commented about the importance of collaboration across counties, saying "I believe in sharing what we have." Another ED expressed a similar sentiment with respect to training, saying: "…we were getting inventive with [training provision] to see if, I don't mind if another county wants to sign up and do the online trainings with us, we open it, you know, it didn't have to be just my county, and other counties had… invited us." With limited resources, difference resource and need contexts across counties, and challenges in engaging providers in services, some EDs were considering ways to share resources and collaborate more fluidly across county lines.
3. Increase flexibility in use of funds, and shift funds to where they are needed. EDs notes a number of ways that funding could shifted, and expanded, to better address quality needs. For instance, some EDs were concerned that too much First Steps money goes to 4-K and not enough to child care. Some expressed frustration with limitations on how funds could be used: "…the way grants are done or the way money's done, there's certain things you would love to be able to do that, it doesn't fit in any of those things."
4. Changing training to a teacher-centered approach. Because so many ECE teachers move from job to job, some EDs suggested that rather than focusing on quality improvement at the center level, training and supports should follow the teachers. This would lead to improvements in child care quality across centers, since although teachers change where they work, "…they stay in the county. They don't really go far."

This teacher-centered approach would fit well with cross-county options for training that are already be offered by some county First Steps: "…it is open to anybody across the state. It is not just for [our] county. So it could be that 30 people are on, they've had as many as 89 folks on, so no matter where you are, if you are, let's say you switch child development centers, right, but you are invested in, you believe in in you know, that Conscious Discipline is building you as an early care and education professional, you are still able to get on and get that training. One ED suggested using funds to provide all child care staff with a group membership to an online training source (ProSolutions Training), so that ECE providers could choose the trainings that they were interested in, supporting "lifelong learning". Another ED suggested developing a 3-year plan for professional development, so that "[ECE providers] feel like they're really part of something, that people are working for them, …and they have, can [come] away with something…".

5. Miscellaneous recommendations. A few additional recommendations did not fit well within a broader theme, so are included separately below.
    a. One ED suggested adopting an innovative approach being used in Washington DC, commenting that "…[the DC program has] got some really progressive ideas on how to help increase the quality of care, and we can't wait on regulatory organizations doing it."
    b. One ED was exploring the possibility of opening their own child care center, because of a serious lack of quality child care options in their county.
    c. One ED suggested that First Steps support a process where final assessments (e.g. to observe possible quality improvements following program participation) be conducted by qualified people from outside a given country, to ensure objectivity: "…maybe it's just a informal group of we've got 12 around the state, and that we can draw on and that they can come in and assess our centers, we can go assess their centers, but maybe a little bit more organization."

Summary of Focus Group Data

The four focus groups conducted with TAPs and EDs provided important insights into what First Steps TA and training involves, the contexts in which these programs are delivered, and some key factors that support or hinder these programs from impacting the quality of child care in the state. The focus group data also clarifies TAP and ED perspectives on what makes First Steps TA/training unique within the array of ECE services in South Carolina. That said, it is important to note that the focus groups represented a limited number of Eds and TAPs, because many of those invited declined to participate. Better participation may have led to different findings, so additional data collection would be appropriate to check the accuracy, representativeness, and applicability of findings across the state.

Key Focus Group Findings

1.) First Steps plays a unique role in the ECE landscape because participation is voluntary, non-regulatory, strengths-based, long-term, individualized, and grounded in trusting and empowering relationships.

First Steps plays a unique role in the ECE landscape because participation is voluntary, non-regulatory, strengths-based, long-term, individualized, and grounded in trusting and empowering relationships.

2.) Voluntary participation is a key strength to the First Steps program, but since centers can stop participating at any time, it is critical that services are experienced as value added, rather than as adding demands or burden to already over-worked service providers.

3.) 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 insufficient supply of child care.

4.) First Steps should consider innovations to TA/training that explicitly address challenges of workforce turnover and the socio-economic realities of working in ECE. 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. Additionally, providing stipends, incentives, and other ways to validate participants' time, energy, and important work may help to improve participation and for sustaining effects of TA and training.

5.) Improving awareness both of the importance of ECE, and of the particular role and strengths of First Steps in supporting ECE, is important to supporting First Steps' ability to realize its goals. This involves expanding public awareness so that more stakeholders become invested in improving ECE quality. It also involves improving communication and coordination with other agencies and organizations providing support services to ECE centers and providers. And it involves ensuring that First Steps staff are fully and respectfully included in broader efforts to address ECE quality across the state.

6.) There are 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 approaches to more optimally 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.

7.) First Steps varies from county to county. In some ways this represents 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 services.

Data From Early Care and Education Providers and Center Directors:

Obtaining the views of the recipients of child care technical assistance and training efforts is critical to both understand current programming and to identify areas for further growth and development of these services. Furthermore, as child care center directors and teachers represent to distinct key stakeholder groups, for this evaluation two separate online surveys were developed. Links to these online surveys were distributed to county partnership Executive Directors to share with child care providers that they worked with; in addition, links were sent directly to child care providers who contacted the research team. Unfortunately, a relatively small number of completed surveys were obtained. A total of 37 surveys were obtained from child care directors, and 27 surveys were obtained from child care teachers. However, most surveys were not complete and contained several items with few responses. Among those that responded, the majority were satisfied or highly satisfied with TA services received and with the relationship they had with their TA provider. These child care professionals also reported that the TA and training services provided had moderate to major impacts. However, given the large population of child care directors and teachers who are served by First Steps TA and Training programs, the survey samples obtained are not representative of the larger population and thus, findings cannot be generalized to the larger population of child care directors and teachers.

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 (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 a way to enhance the quality 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 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 observation assessments (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.

APPENDICES

Appendix A: Reach of TA and Training

County	FY18-19			FY19-20			FY20-21		
	Program Offered	# of Teachers and Directors Served by QE/QC	# of Teachers and Directors Served by Training (excluding those served by QE/QC)	Program Offered	# of Teachers and Directors Served by QE/QC	# of Teachers and Directors Served by Training (excluding those served by QE/QC)	Program Offered	# of Teachers and Directors Served by QE/QC	# of Teachers and Directors Served by Training (excluding those served by QE/QC)
Abbeville	Training	0	0	Training	0	52	Training	0	33
Aiken	Quality Enhancement & Training	71	148	Quality Enhancement & Training	71	52	Quality Enhancement & Training	47	169
Allendale	Training	0	0	Training	0	58	Training	0	41
Anderson	—	0	0	—	0	0	—	0	0
Bamberg	Training	0	76	Training	0	44	Training	0	64
Barnwell	Quality Enhancement & Training	30	46	Quality Enhancement & Training	24	21	Quality Enhancement & Training	0	40
Beaufort	Quality Enhancement & Training	103	135	Quality Enhancement & Training	73	114	Quality Enhancement & Training	65	258
Berkeley	Quality Enhancement & Training	2	33	Quality Enhancement & Training	7	43	Quality Enhancement & Training	13	61
Calhoun	—	0	0	—	0	0	—	0	0
Charleston	Quality Enhancement & Training	31	8	Quality Enhancement & Training	19	46	Quality Enhancement & Training	24	53
Cherokee	Training	0	98	Training	0	64	Training	0	47
Chester	Training	0	140	Training	0	58	Training	0	126
Chesterfield	—	0	0	—	0	0	—	0	0
Clarendon	Training	0	21	Training	0	23	Training	0	512
Colleton	Training	0	306	Training	0	63	Training	0	171
Darlington	—	0	0	—	0	0	—	0	0
Dillon	Quality Enhancement & Training	25	45	Quality Enhancement & Training	20	32	Quality Enhancement & Training	9	93
Dorchester	Training	0	118	Quality Enhancement & Training	13	23	Quality Enhancement & Training	25	178
Edgefield	Quality Enhancement & Training	16	64	Quality Enhancement & Training	17	67	Quality Enhancement & Training	16	443
Fairfield	—	0	0	—	0	0	Quality Enhancement	0	0
Florence	Quality Enhancement & Training	97	73	Quality Enhancement & Training	115	119	Quality Enhancement & Training	92	91
Georgetown	Training	0	26	Training	0	30	Training	0	140
Greenville	Training	0	447	Training	0	1198	Training	0	972

County	FY18-19			FY19-20			FY20-21		
	Program Offered	# of Teachers and Directors Served by QE/QC	# of Teachers and Directors Served by Training (excluding those served by QE/QC)	Program Offered	# of Teachers and Directors Served by QE/QC	# of Teachers and Directors Served by Training (excluding those served by QE/QC)	Program Offered	# of Teachers and Directors Served by QE/QC	# of Teachers and Directors Served by Training (excluding those served by QE/QC)
Greenwood	Training	0	96	Training	0	280	Training	0	112
Hampton	Training	0	0	Training	0	47	Training	0	137
Horry	Quality Enhancement & Training	63	0	Quality Enhancement & Training	62	39	Quality Enhancement & Training	23	44
Jasper	Training	0	11	Training	0	112	Training	0	103
Kershaw	Quality Enhancement	51	0	Quality Enhancement	8	0	Quality Enhancement	29	0
Lancaster	—	0	0	—	0	0	—	0	0
Laurens	Training	0	131	Training	0	178	Training	0	31
Lee	Training	0	89	Training	0	48	Training	0	257
Lexington	Training	0	156	Quality Enhancement & Training	0	62	Training	0	345
McCormick	—	0	0	—	0	0	—	0	0
Marion	Quality Enhancement & Training	34	62	Quality Enhancement & Training	53	43	Quality Enhancement & Training	11	91
Marlboro	Training	0	25	Training	0	62	Training	0	21
Newberry	Quality Enhancement & Training	30	75	Quality Enhancement & Training	0	74	Quality Enhancement & Training	0	89
Oconee	Training	0	159	Training	0	345	Training	0	48
Orangeburg	Quality Enhancement & Training	20	168	Quality Enhancement & Training	19	130	Quality Enhancement & Training	21	162
Pickens	—	0	0	—	0	0	—	0	0
Richland	Quality Enhancement & Training	288	299	Quality Enhancement & Training	425	396	Quality Enhancement & Training	241	240
Saluda	Quality Enhancement & Training	10	15	Quality Enhancement & Training	0	43	Training	0	93
Spartanburg	Quality Counts	603	0	Quality Counts	546	0	Quality Counts	497	50
Sumter	Quality Enhancement & Training	6	519	Quality Enhancement & Training	0	184	Training	0	579
Union	Training	0	28	Training	0	15	Training	0	60
Williamsburg	Training	0	133	Training	0	89	Training	0	60
York	Quality Enhancement & Training	0	0	Quality Enhancement & Training	0	0	Quality Enhancement & Training	20	251

Appendix B: Technical Assistance Classroom and Site Visit Details

Type of Technical Assistance provided during Classroom Visits

Over the three-year evaluation period, the following represents the breakdown of the types of classroom technical assistance provided over the classroom visits. Please note that because more than one type of assistance might have been provided during the classroom visit, the percentage shown below is based on the proportion of the total types of assistance provided, not the total number of classroom visits.

	2018-2019 N Visits = 2615		2019-2020 N Visits = 2177		2020-2021 N Visits = 1296		OVERALL N Visits = 6088	
Type of Assistance	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Arrangement	449	5.8%	320	5.5%	214	5.5%	983	5.6%
Block Play	88	1.1%	47	0.8%	38	1.0%	173	1.0%
Brain Development	4	0.1%	5	0.1%	0	0.0%	9	0.1%
Classroom Management	467	6.0%	319	5.5%	188	4.8%	974	5.6%
Cognitive Development	79	1.0%	36	0.6%	46	1.2%	161	0.9%
Community Resources	34	0.4%	23	0.4%	23	0.6%	80	0.5%
Curriculum	255	3.3%	151	2.6%	74	1.9%	480	2.8%
Positive Discipline	204	2.6%	189	3.3%	146	3.7%	539	3.1%
Cultural Diversity	58	0.8%	29	0.5%	36	0.9%	123	0.7%
Foundations for Learning	126	1.6%	40	0.7%	8	0.2%	174	1.0%
Goal Planning	301	3.9%	314	5.4%	162	4.2%	777	4.5%
Goal Writing	47	0.6%	132	2.3%	58	1.5%	237	1.4%
Child Growth and Development	172	2.2%	124	2.1%	52	1.3%	348	2.0%
Infants/Toddlers	256	3.3%	167	2.9%	180	4.6%	603	3.5%
Staff-Child Interaction	864	11.2%	544	9.4%	404	10.4%	1812	10.4%
Language	300	3.9%	289	5.0%	278	7.1%	867	5.0%
Lesson Planning	168	2.2%	93	1.6%	56	1.4%	317	1.8%
Literacy	177	2.3%	128	2.2%	85	2.2%	390	2.2%
Classroom Materials	669	8.7%	517	8.9%	289	7.4%	1475	8.5%
Math	102	1.3%	134	2.3%	75	1.9%	311	1.8%
Mental Health Consultation	2	0.0%	1	0.0%	2	0.1%	5	0.0%
Child Observations	446	5.8%	330	5.7%	201	5.2%	977	5.6%
Other	372	4.8%	432	7.4%	328	8.4%	1132	6.5%
Parent Involvement	36	0.5%	24	0.4%	14	0.4%	74	0.4%
Physical Development	90	1.2%	54	0.9%	34	0.9%	178	1.0%
Health/Safety	906	11.7%	600	10.3%	377	9.7%	1883	10.8%
Routines/Scheduling	421	5.5%	312	5.4%	205	5.3%	938	5.4%
Science	111	1.4%	50	0.9%	55	1.4%	216	1.2%
Developmental Screening/ Assessments	79	1.0%	36	0.6%	31	0.8%	146	0.8%
Social/Emotional Development	111	1.4%	108	1.9%	79	2.0%	298	1.7%
Special Needs	14	0.2%	5	0.1%	25	0.6%	44	0.3%
Time Management	31	0.4%	44	0.8%	21	0.5%	96	0.6%
Transition Times	282	3.7%	208	3.6%	115	2.9%	605	3.5%
Translating/Interpreting	1	0.0%	0	0.0%	0	0.0%	1	0.0%
TOTAL	7722	100.0%	5805	100.0%	3899	100.0%	**17426**	**100.0%**

Appendix B: Technical Assistance Classroom and Site Visit Details (continued)

Type of Technical Assistance Provided During Site Visits

Over the three-year evaluation period, the following represents the breakdown of the types of technical assistance provided over the site visits. Please note that because more than one type of assistance might have been provided during the visit, the percentage shown below is based on the proportion of the total types of assistance provided, not the total number of visits.

	2018-2019		2019-2020		2020-2021		OVERALL	
	N Visits = 2701		N Visits = 2346		N Visits = 2252		N Visits = 7299	
Type of Assistance	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Community Resources	77	3.0%	106	4.5%	220	8.4%	403	5.4%
Communications	164	6.5%	123	5.2%	125	4.8%	412	5.5%
Family Partnerships	37	1.5%	51	2.2%	85	3.3%	173	2.3%
Follow-up	189	7.5%	114	4.8%	12	0.5%	315	4.2%
Foundations for Learning	113	4.5%	36	1.5%	114	4.4%	263	3.5%
Fiscal Management	6	0.2%	17	0.7%	17	0.7%	40	0.5%
Goal Planning	326	12.9%	248	10.5%	188	7.2%	762	10.2%
Goal Writing	50	2.0%	47	2.0%	24	0.9%	121	1.6%
Marketing and PR	17	0.7%	15	0.6%	14	0.5%	46	0.6%
Mental Health Consultation	6	0.2%	3	0.1%	7	0.3%	16	0.2%
Center Operations and Management	343	13.6%	422	17.9%	575	22.0%	1340	17.9%
Other	409	16.2%	513	21.8%	384	14.7%	1306	17.4%
Program Planning and Evaluation	84	3.3%	91	3.9%	111	4.3%	286	3.8%
Health and Safety Policies	129	5.1%	151	6.4%	264	10.1%	544	7.3%
Scholarship Monitoring Visit	149	5.9%	95	4.0%	73	2.8%	317	4.2%
Recruiting and Maintaining Staff	68	2.7%	52	2.2%	105	4.0%	225	3.0%
Staff Management/ Supervision	293	11.6%	236	10.0%	265	10.2%	794	10.6%
Staff Orientation	45	1.8%	23	1.0%	13	0.5%	81	1.1%
Substitute Plans for Teachers while Training	8	0.3%	0	0.0%	2	0.1%	10	0.1%
Time Management	11	0.4%	12	0.5%	10	0.4%	33	0.4%
Translating/ Interpreting	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Transportation	2	0.1%	1	0.0%	0	0.0%	3	0.0%
TOTAL	2526	100.0%	2356	100.0%	2608	100.0%	7490	100.0%

Appendix C: Overall Number of Training Courses by Month FY19-21

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
FY19	25	24	28	28	21	16	9	15	16	21	23	10	236
FY20	28	28	26	18	18	18	9	16	22	23	27	17	250
FY21	28	26	29	25	22	17	10	10	20	20	21	17	240
Total	81	78	83	71	61	51	28	41	64	64	71	44	726

Appendix D: Training Course Topics by Number and County

County		Curriculum Based	Child Growth and Development	Child Guidance	Health and Safety	Nutrition	Prof Devel	Program Admin	Special Needs
Abbeville	N	5.00	4.00	5.00	4.00		8.00	5.00	3.00
	Range	3.00	3.00	1.00	1.00		1.50	2.00	1.00
	Min	1.00	1.00	1.00	1.00		1.00	1.00	1.00
	Max	4.00	4.00	2.00	2.00		2.50	3.00	2.00
	Mean	1.80	2.00	1.20	1.75		1.44	2.00	1.33
	SD	1.30	1.41	0.45	0.50		0.62	0.94	0.58
Aiken	N	7.00	3.00	4.00	5.00	2.00	3.00	6.00	2.00
	Range	6.50	1.50	0.50	2.50	0.00	2.50	1.00	1.00
	Min	1.50	1.00	1.50	1.00	1.00	1.00	1.50	1.00
	Max	8.00	2.50	2.00	3.50	1.00	3.50	2.50	2.00
	Mean	3.14	2.00	1.63	2.30	1.00	2.33	2.25	1.50
	SD	2.23	0.87	0.25	1.20	0.00	1.26	0.42	0.71
Allendale	N	4.00	3.00	5.00	3.00	1.00	3.00	2.00	
	Range	3.00	3.00	3.50	3.00	0.00	2.00	2.50	
	Min	1.00	2.00	2.00	1.00	1.00	2.00	3.00	
	Max	4.00	5.00	5.50	4.00	1.00	4.00	5.50	
	Mean	2.63	3.67	3.00	2.67	1.00	3.00	4.25	
	SD	1.25	1.53	1.46	1.53	.	1.00	1.77	
Bamberg	N	3.00	3.00	2.00	3.00	2.00		3.00	1.00
	Range	2.50	2.00	2.50	3.00	0.00		2.00	0.00
	Min	2.50	3.00	2.50	3.00	3.00		3.00	2.50
	Max	5.00	5.00	5.00	6.00	3.00		5.00	2.50
	Mean	4.17	4.33	3.75	5.00	3.00		4.33	2.50
	SD	1.44	1.15	1.77	1.73	0.00		1.15	.
Barnwell	N	3.00	3.00	2.00	1.00		1.00	1.00	
	Range	3.00	3.00	1.00	0.00		0.00	0.00	
	Min	2.00	2.00	2.00	1.00		5.00	3.00	
	Max	5.00	5.00	3.00	1.00		5.00	3.00	
	Mean	4.00	4.00	2.50	1.00		5.00	3.00	
	SD	1.73	1.73	0.71	.		.	.	
Beaufort	N	10.00	7.00	2.00	24.00	1.00	4.00	10.00	
	Range	1.00	2.50	0.00	7.50	0.00	2.50	5.50	
	Min	2.00	2.00	2.00	1.00	1.00	1.50	1.00	
	Max	3.00	4.50	2.00	8.50	1.00	4.00	6.50	
	Mean	2.35	2.86	2.00	3.65	1.00	2.38	2.25	
	SD	0.47	0.80	0.00	2.30	.	1.11	1.55	
Berkeley	N	5.00	1.00	4.00			4.00	1.00	
	Range	1.50	0.00	2.00			6.50	0.00	

County		Curriculum Based	Child Growth and Development	Child Guidance	Health and Safety	Nutrition	Prof Devel	Program Admin	Special Needs
	Min	2.50	3.00	1.00			3.00	2.50	
	Max	4.00	3.00	3.00			9.50	2.50	
	Mean	3.10	3.00	2.13			4.75	2.50	
	SD	0.55	.	0.85			3.18	.	
Charleston	N	3.00	3.00	3.00	1.00	1.00	6.00	4.00	
	Range	0.50	0.50	1.00	0.00	0.00	0.50	1.00	
	Min	2.00	2.00	2.00	2.50	2.00	2.00	2.00	
	Max	2.50	2.50	3.00	2.50	2.00	2.50	3.00	
	Mean	2.17	2.33	2.33	2.50	2.00	2.08	2.38	
	SD	0.29	0.29	0.58	.	.	0.20	0.48	
Cherokee	N	3.00	3.00	2.00	3.00			7.00	1.00
	Range	2.50	2.50	0.00	0.00			0.00	0.00
	Min	2.50	2.50	2.50	2.50			2.50	2.50
	Max	5.00	5.00	2.50	2.50			2.50	2.50
	Mean	4.17	4.17	2.50	2.50			2.50	2.50
	SD	1.44	1.44	0.00	0.00			0.00	.
Chester	N	9.00	6.00	3.00		1.00	1.00	6.00	
	Range	3.00	1.00	0.00		0.00	0.00	0.00	
	Min	2.00	2.00	2.00		2.00	3.00	2.00	
	Max	5.00	3.00	2.00		2.00	3.00	2.00	
	Mean	3.00	2.42	2.00		2.00	3.00	2.00	
	SD	1.00	0.49	0.00		.	.	0.00	
Clarendon	N	2.00	3.00	4.00	3.00		2.00	2.00	2.00
	Range	3.00	3.00	3.00	3.00		2.00	0.00	0.00
	Min	2.00	2.00	2.00	2.00		2.00	3.00	2.00
	Max	5.00	5.00	5.00	5.00		4.00	3.00	2.00
	Mean	3.50	3.00	2.75	4.00		3.00	3.00	2.00
	SD	2.12	1.73	1.50	1.73		1.41	0.00	0.00
Colleton	N	8.00	4.00	3.00	3.00	3.00	5.00	8.00	2.00
	Range	6.00	3.00	3.00	3.00	1.00	3.00	3.00	0.50
	Min	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
	Max	8.00	5.00	5.00	5.00	3.00	5.00	5.00	2.50
	Mean	4.75	4.00	4.00	3.92	2.50	3.10	4.63	2.25
	SD	1.75	1.41	1.73	1.66	0.50	1.14	1.06	0.35
Dillon	N	6.00	5.00	2.00	3.00	2.00	3.00	4.00	1.00
	Range	3.00	3.00	2.00	0.00	0.50	2.00	2.50	0.00
	Min	1.00	2.00	2.00	1.00	1.00	1.00	2.50	1.00
	Max	4.00	5.00	4.00	1.00	1.50	3.00	5.00	1.00
	Mean	2.25	3.00	3.00	1.00	1.25	2.00	3.75	1.00
	SD	0.99	1.22	1.41	0.00	0.35	1.00	1.44	.

County		Curriculum Based	Child Growth and Development	Child Guidance	Health and Safety	Nutrition	Prof Devel	Program Admin	Special Needs
Dorchester	N	3.00	4.00	4.00	4.00	1.00	3.00		1.00
	Range	5.00	2.00	3.00	4.00	0.00	1.00		0.00
	Min	2.00	2.00	2.00	1.00	2.00	1.00		2.00
	Max	7.00	4.00	5.00	5.00	2.00	2.00		2.00
	Mean	4.33	2.50	3.00	2.25	2.00	1.33		2.00
	SD	2.52	1.00	1.35	1.89	.	0.58		.
Edgefield	N	17.00	10.00	8.00	7.00	5.00	4.00	4.00	1.00
	Range	5.00	4.00	1.50	1.00	0.50	2.00	3.00	0.00
	Min	1.00	1.00	1.50	1.00	1.00	1.00	2.00	2.50
	Max	6.00	5.00	3.00	2.00	1.50	3.00	5.00	2.50
	Mean	2.62	2.15	1.88	1.21	1.20	1.63	4.25	2.50
	SD	1.31	1.11	0.52	0.39	0.27	0.95	1.50	.
Florence	N	5.00	2.00	2.00	2.00	1.00	4.00	4.00	
	Range	4.00	2.50	0.50	3.00	0.00	2.00	4.00	
	Min	2.00	2.50	2.00	1.00	2.50	2.00	2.00	
	Max	6.00	5.00	2.50	4.00	2.50	4.00	6.00	
	Mean	3.60	3.75	2.25	2.50	2.50	3.00	3.75	
	SD	1.78	1.77	0.35	2.12	.	0.82	2.06	
Georgetown	N	2.00	4.00		4.00	1.00	8.00	3.00	2.00
	Range	0.00	4.00		0.00	0.00	0.00	0.00	0.00
	Min	1.00	1.00		1.00	1.00	1.00	1.00	1.00
	Max	1.00	5.00		1.00	1.00	1.00	1.00	1.00
	Mean	1.00	2.25		1.00	1.00	1.00	1.00	1.00
	SD	0.00	1.89		0.00	.	0.00	0.00	0.00
Greenville	N	11.00	7.00	4.00	4.00	4.00	3.00	3.00	
	Range	673.50	451.00	4.00	349.00	99.00	4.50	30.50	
	Min	1.50	1.00	1.00	1.00	1.00	5.00	1.50	
	Max	675.00	452.00	5.00	350.00	100.00	9.50	32.00	
	Mean	65.27	71.43	3.00	89.25	26.38	6.50	19.33	
	SD	202.24	168.12	1.63	173.84	49.09	2.60	15.89	
Greenwood	N	9.00	9.00	8.00	9.00		12.00	6.00	6.00
	Range	3.00	3.00	1.00	1.00		1.00	1.50	1.00
	Min	1.00	1.00	1.00	1.00		1.00	1.00	1.00
	Max	4.00	4.00	2.00	2.00		2.00	2.50	2.00
	Mean	1.56	1.44	1.13	1.44		1.17	1.75	1.17
	SD	1.01	1.01	0.35	0.53		0.39	0.82	0.41
Hampton	N	3.00	2.00	2.00	3.00	2.00	2.00	4.00	
	Range	2.50	2.50	2.50	2.50	0.00	2.50	0.00	
	Min	2.50	2.50	2.50	2.50	2.50	2.50	5.00	
	Max	5.00	5.00	5.00	5.00	2.50	5.00	5.00	

County		Curriculum Based	Child Growth and Development	Child Guidance	Health and Safety	Nutrition	Prof Devel	Program Admin	Special Needs
	Mean	4.17	3.75	3.75	3.33	2.50	3.75	5.00	
	SD	1.44	1.77	1.77	1.44	0.00	1.77	0.00	
Horry	N	6.00	2.00		9.00		4.00	10.00	
	Range	8.00	0.00		3.00		2.00	2.50	
	Min	2.00	3.00		1.00		1.00	2.50	
	Max	10.00	3.00		4.00		3.00	5.00	
	Mean	4.83	3.00		3.00		2.00	4.10	
	SD	2.86	0.00		1.50		1.15	0.97	
Jasper	N	3.00	4.00	1.00			4.00	3.00	
	Range	3.50	3.50	0.00			1.00	2.50	
	Min	2.00	2.00	5.00			2.00	2.50	
	Max	5.50	5.50	5.00			3.00	5.00	
	Mean	4.17	3.88	5.00			2.50	4.17	
	SD	1.89	1.89	.			0.41	1.44	
Kershaw	N			4.00		1.00			
	Range			1.50		0.00			
	Min			1.00		1.00			
	Max			2.50		1.00			
	Mean			1.38		1.00			
	SD			0.75		.			
Laurens	N	10.00	5.00	1.00	1.00	1.00	3.00	4.00	2.00
	Range	2.00	2.50	0.00	0.00	0.00	1.50	0.00	0.00
	Min	1.00	2.00	1.25	5.00	1.00	1.00	2.50	1.00
	Max	3.00	4.50	1.25	5.00	1.00	2.50	2.50	1.00
	Mean	2.15	3.00	1.25	5.00	1.00	2.00	2.50	1.00
	SD	0.67	1.00	.	.	.	0.87	0.00	0.00
Lee	N	8.00	8.00	8.00	7.00	5.00	6.00	6.00	
	Range	4.00	4.50	3.50	1.50	1.50	4.00	4.00	
	Min	1.00	1.00	1.50	1.50	1.00	2.00	1.00	
	Max	5.00	5.50	5.00	3.00	2.50	6.00	5.00	
	Mean	2.38	3.81	3.38	2.43	1.70	3.50	3.17	
	SD	1.30	1.83	1.41	0.45	0.76	1.61	1.57	
Lexington	N	5.00	1.00	2.00	3.00		2.00	10.00	
	Range	4.50	0.00	1.50	1.50		0.50	3.50	
	Min	1.00	5.50	1.50	1.00		1.00	1.00	
	Max	5.50	5.50	3.00	2.50		1.50	4.50	
	Mean	2.70	5.50	2.25	2.00		1.25	2.55	
	SD	1.82	.	1.06	0.87		0.35	1.23	
Marion	N	4.00	1.00	1.00	1.00		4.00	4.00	
	Range	4.00	0.00	0.00	0.00		1.00	4.00	

County		Curriculum Based	Child Growth and Development	Child Guidance	Health and Safety	Nutrition	Prof Devel	Program Admin	Special Needs
	Min	2.00	5.00	2.00	4.00		3.00	2.00	
	Max	6.00	5.00	2.00	4.00		4.00	6.00	
	Mean	3.75	5.00	2.00	4.00		3.25	4.25	
	SD	2.06	.	.	.		0.50	1.71	
Marlboro	N	4.00	6.00	3.00	6.00	4.00	3.00	5.00	2.00
	Range	1.00	1.00	1.50	1.00	0.50	2.00	1.00	0.00
	Min	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Max	2.00	2.00	2.50	2.00	1.50	3.00	2.00	1.00
	Mean	1.25	1.17	1.50	1.25	1.13	2.00	1.60	1.00
	SD	0.50	0.41	0.87	0.42	0.25	1.00	0.55	0.00
Newberry	N	11.00	4.00	4.00	5.00	2.00	6.00	8.00	1.00
	Range	5.00	3.00	3.50	1.50	0.50	1.50	0.50	0.00
	Min	1.00	2.00	1.00	1.00	1.00	1.00	2.00	2.50
	Max	6.00	5.00	4.50	2.50	1.50	2.50	2.50	2.50
	Mean	4.05	3.13	2.38	1.40	1.25	1.50	2.31	2.50
	SD	1.94	1.32	1.70	0.65	0.35	0.63	0.26	.
Oconee	N	9.00	6.00	1.00	3.00	3.00	7.00	3.00	1.00
	Range	1.00	3.00	0.00	0.50	0.00	1.00	4.00	0.00
	Min	1.00	1.00	1.50	1.00	1.00	1.00	1.00	2.00
	Max	2.00	4.00	1.50	1.50	1.00	2.00	5.00	2.00
	Mean	1.72	1.83	1.50	1.17	1.00	1.57	2.83	2.00
	SD	0.44	1.17	.	0.29	0.00	0.45	2.02	.
Orangeburg	N	6.00	6.00		2.00		5.00	6.00	1.00
	Range	2.00	1.50		1.00		1.00	1.50	0.00
	Min	1.00	1.00		1.50		1.50	1.00	2.50
	Max	3.00	2.50		2.50		2.50	2.50	2.50
	Mean	2.33	2.25		2.00		2.30	2.25	2.50
	SD	0.68	0.61		0.71		0.45	0.61	.
Richland	N	31.00	12.00	17.00	5.00	2.00	9.00	6.00	1.00
	Range	12.00	4.50	11.00	8.00	0.00	1.50	1.00	0.00
	Min	1.00	1.50	1.50	1.00	3.00	1.50	1.50	1.50
	Max	13.00	6.00	12.50	9.00	3.00	3.00	2.50	1.50
	Mean	3.10	2.50	3.56	4.00	3.00	1.83	1.83	1.50
	SD	2.69	1.38	3.54	3.72	0.00	0.66	0.52	.
Saluda	N	9.00	8.00	7.00	2.00	4.00	3.00	3.00	1.00
	Range	2.00	4.00	1.50	0.00	0.50	2.00	0.00	0.00
	Min	1.00	1.00	1.50	1.00	1.00	1.00	5.00	2.50
	Max	3.00	5.00	3.00	1.00	1.50	3.00	5.00	2.50
	Mean	2.17	3.13	2.00	1.00	1.13	1.83	5.00	2.50
	SD	0.71	1.48	0.58	0.00	0.25	1.04	0.00	.

County		Curriculum Based	Child Growth and Development	Child Guidance	Health and Safety	Nutrition	Prof Devel	Program Admin	Special Needs
Sumter	N	8.00	7.00	2.00	3.00		1.00	3.00	1.00
	Range	4.00	9.00	3.00	4.00		0.00	2.00	0.00
	Min	1.00	1.00	2.00	2.00		2.00	3.00	2.00
	Max	5.00	10.00	5.00	6.00		2.00	5.00	2.00
	Mean	2.88	3.43	3.50	4.33		2.00	4.33	2.00
	SD	2.03	3.31	2.12	2.08		.	1.15	.
Union	N	5.00	8.00	2.00	3.00	2.00	2.00	3.00	
	Range	1.50	1.50	0.00	1.50	0.00	0.00	1.50	
	Min	1.00	1.00	2.50	1.00	1.00	2.50	1.00	
	Max	2.50	2.50	2.50	2.50	1.00	2.50	2.50	
	Mean	2.20	2.13	2.50	1.50	1.00	2.50	2.00	
	SD	0.67	0.69	0.00	0.87	0.00	0.00	0.87	
Williamsburg	N	8.00	3.00	3.00	6.00	2.00	6.00	6.00	2.00
	Range	3.00	2.50	0.50	2.00	0.00	3.00	4.00	1.50
	Min	2.00	2.50	2.50	1.00	2.00	1.00	1.00	1.00
	Max	5.00	5.00	3.00	3.00	2.00	4.00	5.00	2.50
	Mean	3.31	4.17	2.83	1.58	2.00	2.00	2.58	1.75
	SD	1.22	1.44	0.29	0.74	0.00	1.14	1.74	1.06
York	N	4.00	9.00	3.00			2.00	3.00	
	Range	4.00	4.00	0.00			0.00	1.00	
	Min	1.00	1.00	5.00			5.00	4.00	
	Max	5.00	5.00	5.00			5.00	5.00	
	Mean	2.00	3.67	5.00			5.00	4.33	
	SD	2.00	1.80	0.00			0.00	0.58	
Total	N	249.00	176.00	128.00	142.00	53.00	143.00	166.00	34.00
	Range	674.00	451.00	11.50	349.00	99.00	8.50	31.00	1.50
	Min	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Max	675.00	452.00	12.50	350.00	100.00	9.50	32.00	2.50
	Mean	5.64	5.56	2.58	4.95	3.45	2.27	3.26	1.63
	SD	42.63	33.94	1.77	29.22	13.54	1.43	3.14	0.64

APPENDIX E: Number of Trainings Offered by County and FY

County	2018-2019	2019-2020	2020-2021	Total
Abbeville	2	6	3	11
Aiken	7	4	4	15
Allendale	5	2	4	11
Bamberg	5	4	4	13
Barnwell	3	3	2	8
Beaufort	12	14	12	38
Berkeley	10	11	12	33
Charleston	6	5	9	20
Cherokee	5	4	4	13
Chester	7	6	8	21
Clarendon	5	4	8	17
Colleton	8	7	8	23
Dillon	3	4	3	10
Dorchester	4	2	4	10
Edgefield	12	12	12	36
Florence	5	5	3	13
Georgetown	6	4	9	19
Greenville	6	6	3	15
Greenwood	3	8	5	16
Hampton	6	4	5	15
Horry	2	13	12	27
Jasper	3	4	4	11
Kershaw	0	7	0	7
Laurens	9	7	4	20
Lee	7	11	10	28
Lexington	5	6	7	18
Marion	3	4	3	10
Marlboro	4	5	5	14
Newberry	7	9	7	23
Oconee	9	7	7	23
Orangeburg	9	3	9	21
Richland	10	24	11	45
Saluda	4	10	12	26
Sumter	21	12	11	44
Union	8	7	6	21
Williamsburg	9	4	5	18
York	6	4	5	15
Total	**236**	**252**	**240**	**728**

APPENDIX F: Technical Assistance Providers – Focus Group Guide

1. I know your job is complicated – you work with a range of different people in different roles and in a variety of ways. *To help me really understand what your job is about, can you talk a little about what you see as the most important parts of what you do as a TAP*?

   Probe as needed for different stakeholder relationships: What about the work with teachers? With center directors or providers? With the local partnership? With other people who are involved in trying to improve child care quality?

   Probe as needed for different stages in the process: Are there particular moments in your work with a provider that seem especially important? Are there any unique things you do that are important when you first start working with a provider? When your work with a provider experiences challenges or bumps in the road? As you wrap working with a provider?

2. Next I'd like to learn from you about what you think works well – how your work as a TAP helps improve child care quality. *To get started, could you tell me what "child care quality" means to you?*

   Probe as needed: When you walk into a high quality child care setting, what lets you know that it is high quality? What do you observe?

3. *Can you tell me about a time when you really felt like you were making a positive impact on child care quality*?
   i. What was happening?
   ii. What was your role?
   iii. What made things work?
   iv. How did you know you were making a difference? What changed?

   3a. Are there types of situations where positive impact is more likely to happen?
   v. Things about the child care setting?
   vi. About the child care director?
   vii. The teacher?
   viii. The group of children?
   ix. Things about you?

   3b. Are there types of situations where positive impact is less likely to happen?
   i. Things about the child care setting?
   ii. About the child care director?
   iii. The teacher?
   iv. The group of children?
   v. Things about you?

4. *Can you tell me about a time when you experienced a barrier or a challenge to making a positive impact on child care quality*?
   i. What was happening?
   ii. What was your role?
   iii. What made things hard?
   iv. How did you know it wasn't working?

4a. Are there types of situations where challenges or barriers are more likely?

v. Things about the child care setting?
vi. About the child care director?
vii. The teacher?
viii. The group of children?
ix. Things about you?

4b. Are there types of situations where challenges or barriers are less likely?

vi. Things about the child care setting?
vii. About the child care director?
viii. The teacher?
ix. The group of children?
x. Things about you?

5. From all your experience, you all have learned a lot about how and why TAP works well, and how and why sometimes it doesn't work as well. ***If you could change things so that you could have more positive impact in your work– keeping things realistic, but letting yourself think creatively – what changes would you recommend?***

   Probe as needed: Changes in what you do? In how you are able to do it? In which providers you work with? In how the different stakeholders are involved? In the supports or resources that are available?

6. ***If I want to leave here with a really good understanding of what you do, what works, what doesn't, and what should change, what else should I know?***

APPENDIX G: County Partnership Directors Focus Group Guide

1. I know your job is complicated – your work has many different components and participation in technical assistance [for group with both add: and training] is just one aspect of what you do. *To help me understand how this discussion today fits within the broader evaluation work we are doing, could you first tell me about what you do related to technical assistance [for group with both add: and training]?*

2. Next I'd like to learn from you about how you think Technical Assistance and (for group offering both) training impact child care quality. *To get started, could you tell me what "child care quality" means to you?*

   Probe as needed: When you walk into a high quality child care setting, what lets you know that it is high quality? What do you observe?

For questions 3-5, and 7 repeat sequence for TA and training for those in counties offering both.

3. *What impact do you think (TA/ training) has on child care quality?*
   a. Probe as needed: Are there specific ways that you see (TA/ training) having an impact on providers?
   b. Probe as needed: Are there specific ways that you see (TA/ training) having an impact on children?

4. *Reflecting on your participation in (TA/ training) over the last 3 years, can you think of things that you see as important successes?*
   a. What happened? Who was involved?
   b. What made it successful?

5. *Reflecting on your participation in (TA/ training) over the last 3 years, can you think of things that have been challenges, or that got in the way of positive impact?*
   a. What happened? Who was involved?
   b. What made it challenging?

6. I'd like to focus now on your county training plans over the last 3 years. *Thinking about what you know about child care quality, how well do the training plans address the needs of your county child care providers?*

7. Part of this evaluation process involves finding out if there are things that could be changed to make (TA/training) work better. *If you could change things so that (TA/training) would have the greatest positive impact on child care quality – keeping things realistic, but letting yourself think creatively – what changes would you recommend?*

8. *If I want to leave here with a really good understanding of what you've learned about TA and training - what works, what doesn't, and what should change - what else should I know?*