

# Theory of Change for the Strong Minds Network

(Updated 10/15/2014)

The mission of Children's Services Council (CSC) of Palm Beach County is to help children in the community reach their full potential, and to assist them to achieve long-lasting, positive life outcomes. Our focus is placed on the attainment of the following child outcomes:

- Babies are born healthy
- Children are free from abuse and neglect
- Children are ready for school
- Children have access to quality out of school time

One of the strategies used to prepare children for school was the development of a Quality Rating and Improvement System (QRIS) initiated by CSC more than 10 years ago. Based on the learning from the current system, Quality Counts (QC), national research, and a review of our system by national experts, CSC has decided to replace the current system with a new system: the Strong Minds network. The network will have greater emphasis on achieving child outcomes so that children will be ready for school.

## Problem Statement

Recent research literature claims that the effectiveness of many current QRIS on child learning outcomes is limited and far from satisfactory. There is a need to create a new system that will increase efficiency and boost program and child outcomes.

## Background

In the last 10 years, many states have adopted QRIS as a market-based approach for improving early childhood education and program quality. Typically, QRIS is designed to rate individual child care providers and to disseminate ratings that inform parents' decisions about enrollment and inform policy-makers' decisions about investment in quality improvement to increase kindergarten readiness. Given extensive state and local investment, concerns were raised about the effectiveness of QRIS on child learning outcomes. In recent years, policy makers and educational researchers have placed increasingly more focus on investigating the validity of QRIS related to school readiness. These studies have claimed that the strategy of QRIS intended to rate the quality of the programs may not truly reflect the impact on child learning outcomes (Sabol, Hong, Pianta, & Burchinal, 2013).

The study by Sabol and his colleagues (2013) found few associations between QRIS indicators and child outcomes. In this study, the QRIS rating indicators included staff qualification, staff-child ratio, group size, family partnership and learning environment.

When an additional indicator, the quality of the teacher-child interaction as measured by the Classroom Assessment Scoring System (CLASS) by Pianta, Karen, Paro, & Hamre (2008) was included, it was found to have a strong relationship with children's learning and outcomes; however, they observed that very few QRIS across the nation used teacher-child interaction measured by CLASS as a quality indicator.

In related literature, Fiene (2013) also revealed that even though programs in QRIS were moving up the various star levels, no relationship was found between kindergarten readiness and increasing star levels.

CSC was on the cutting edge when it instituted this new theoretical approach for quality improvement. Following national best practice at that time, CSC adopted a strategy ensuring that each child care provider received intensive coaching, career advising and financial incentives for participation. These interventions were costly, but the investment appeared to yield a worthy return. QC's positive impacts on the practitioners, site quality and some site-level school readiness performance have been documented in various journal articles, evaluation reports and publications ( e. g., Shen & Ma, 2013, 2010; Shen et al., 2011; Ma et al., 2013, 2011). Over the years, participation in QC increased significantly. Classroom assessment scores improved and the project was deemed a success.

Similar to findings of recent national studies, our local QC evaluation results have been limited and inconsistent regarding improving children's readiness for kindergarten. To evaluate the validity of the theory of change, Shen and Ma (2010) examined the resources invested and the characteristics of QC providers that are associated with kindergarten readiness as measured by Florida Kindergarten Readiness Screener (FLKRS). They found that the providers with a higher ECERS-R rating and star rating was significantly related to a higher Early Childhood Observation System (ECHOS) ready rate, but not with a higher Florida Assessments for Instruction in Reading (FAIR) or overall kindergarten readiness rate. When comparing similar VPK children participating in QC with those who did not participate in QC, they did not find any significant impact. Data from 2011 and 2012 FLKRS indicated that the length of time a provider participated in QC was not associated with improved kindergarten readiness (Lu, 2012).

Further, a pilot study of curriculum implementation with coaching support for low-performing QC VPK providers revealed that there was no positive effect on children's readiness when comparing the experimental groups with the control group (Shen & Ma, 2013). The results from this study seem to imply that the use of curriculum and general coaching is not enough to produce school-readiness improvement. Studies on preschool curriculum have also shown that the implementation of different curricula has done little to improve student achievement since it is teachers' facilitation of learning objectives - not simply having the curriculum box on the shelf - that determines whether children benefit from instruction (Justice, Mashburn, Hamre, & Pianta, 2008; Consortium, 2008)

Given the studies across the nation and our local findings, the QC stakeholders were concerned with whether the current QC program strategies can result in accurate and meaningful star ratings that directly link to child outcomes. The lack of consistent evidence to demonstrate the current QC's progress toward the desired goals has raised issues from two dimensions: one is the

validity of the design, and the other is effectiveness of implementation. Recognizing the situation, CSC staff worked with a national consultant to conduct a thorough needs assessment on the current QC. We found the current QC system has not yet indicated a strong correlation between QC ratings and state-mandated child assessment measured by FLKRS. In addition, the system is facing various challenges such as high cost of coaching and career advising, high cost of financial incentives for centers and homes (i.e., mini-grants and quality enhancement payments).

Acknowledging the high cost and questions of the current QC system's effectiveness, we see an urgent need to redesign the system with a new approach that contains costs, focuses on program efficiency and improves school-readiness results. As suggested by the relevant research literature, the redesign will direct our resources to enhancing the validity of the early care system by targeting a few indicators with demonstrable links to children's learning (Sabol, Hong, Pianta, & Burchinal, 2013). The effectiveness of the teacher-student interaction as measured by CLASS will be the lynchpin of the new approach. Sufficient support and resources will be provided to child care providers, practitioners and families to ensure children receive high-quality care and effective teaching, and ultimately, get ready for kindergarten. More specifically, based on our needs assessment (Stoney & Mitchell, 2012), 12 recommendations for Strong Minds network will be under close consideration:

1. Focus on fewer, higher-quality providers
2. Base accountability on a few, powerful standards that focus on classroom interactions, teaching and learning
3. Shift to responsive technical assistance, available on request, and focused on programs that are most likely to benefit
4. Expand and redesign Career Advising to reach a broader group of practitioners
5. Expand access to SEEK Scholarships so they are available to more practitioners
6. Expand WAGE\$ so that all practitioners who work in the centers and homes in the Strong Minds network have access to a wage subsidy based on their qualifications
7. Expand access to training and Technical Assistance (TA) focused on Teaching Strategies GOLD
8. Boost reimbursement rates and increase access to CSC Scholarships as the primary financial incentive for participation in the Strong Minds network
9. Eliminate Mini-Grants and Quality Enhancement Payment
10. Centralize administration to strengthen accountability
11. Recognize that home-based providers will need a more flexible approach tailored to their unique needs and circumstances
12. Maximize automation to facilitate access to program supports, resources and training

## **Desired Outcomes**

The goal of the Strong Minds network is to get children ready for school. We believe that if we can improve the desired outcomes for the child care providers, child care practitioners and children's families, then children will be ready for school.

### **Improved Outcomes for Child Care Providers**

The desired outcomes for child care providers are as follows:

- Increased child care providers' participation in the Strong Minds network (short-term).
- Increased child assessment with GOLD by child care providers (short-term)
- Improved child care providers' learning environment for children (intermediate)
- Improved participating children's learning and development (long-term)

Child care providers in the Palm Beach County are encouraged to apply to the Strong Minds network. However, to ensure the quality of child care providers' learning environment for children, only providers that meet the minimum thresholds on assessment will be eligible to be enrolled in the Strong Minds network. The Strong Minds network will employ a two-tiered reimbursement supplement<sup>1</sup> that supports the in-network providers' continuous improvement based on eligibility criteria met<sup>2</sup>. The widely used environment rating scale, Infant/Toddler Environment Rating Scale-Revised (ITERS-R) (Harms, Cryer, & Clifford, 1990) will be used to assess the infants and toddlers' classrooms and the Family Child Care Rating Scale - Revised (FCCERS-R) (Harms, Cryer & Clifford, 2007) will be used to assess family child care homes. The well-established CLASS will be used to assess the effectiveness of teacher-child interactions in pre-K classrooms in community-based and school-based child care centers.<sup>3</sup> The Teaching Strategies GOLD will be used by the providers to measure children's learning and development.

### **Improved Outcomes for Child Care Practitioners**

The desired outcomes for the child care practitioners are as follows:

- Improved child care practitioners' quality (short-term)
- Improved teacher-child interactions (intermediate)

Recognizing that children's learning outcomes are greatly influenced by their child care practitioners' teaching practice and behaviors (Cooper & Costa, 2012), the Strong Minds network will provide professional development opportunities and supports for child care practitioners. Practitioners' quality will be measured by practitioners' progress towards their professional development goals, participation and completion of formal and informal trainings and education. Practitioners' effectiveness of teacher-child interactions will be measured by CLASS.

### **Improved Outcomes for Families**

The desired outcomes for families are as follows:

- Improved families' participation in the program activities for their children (short-term)

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<sup>1</sup> The two-tiered reimbursement supplement is a reward system that provides financial support to the child care provider based on the eligibility criteria met and the full-time enrollment of children.

<sup>2</sup> One of the important criteria is that three years from acceptance into the new system, a provider must be accredited by a gold-sealed approved accreditation body.

<sup>3</sup> In the future, when CLASS for infants/toddlers and for family child care homes are available, learning environment for infants and toddlers and family child care homes will be assessed using CLASS instead of ITERS-R or FCCERS-R

- Improved families' access to early learning programs for their children (short-term)
- Improved families' access to developmental support services for their children.(short-term)
- Increased parent engagement in their children's learning based on GOLD family subscale (intermediate)

In the Strong Minds network, supports will be provided to families to achieve these outcomes. For example, families aiming to support their child's development and learning will be connected to parenting education and services through programs or systems such as Healthy Beginnings (HB), Triple - P, BRIDGES and Incredible Years. Outcomes for families will be measured by families' participation in the related programs and services and their involvement in their children's learning and education.

### **Improved Outcomes for Children**

The goal and the long-term desired outcome for children is school readiness. School readiness will be measured by the percentage of in-network children who are ready for kindergarten based on the Florida Kindergarten Readiness Screeners (FLKRS). In addition, the Strong Minds network will explore other school readiness measures such as the percent of children who are enrolled in the Exceptional Student Education (ESE) programs upon entering kindergarten and children who are retained in the kindergarten.

For a presentation of how resources, strategies and outcomes of the Strong Minds network are aligned and how outcomes are measured, please see the Logic Model for Strong Minds with the DM #158552 and the Guide to Evaluating the Strong Minds Network with the DM # 151350.

### **Influential Factors**

Influential factors are the related elements that affect program implementation and network development. Influential factors can be positive (supports) or negative (barriers). A newly redesigned network will have strengths that support growth as well as barriers that hinder the implementation process. However, if we can appropriately identify them and plan our strategies accordingly, we will be able to reduce the negative influence of possible barriers and bring our strengths and resources into full play. The following is a list of supports and barriers identified for the Strong Minds network:

#### **Supports**

- Specific quality requirements to monitor performance
- Implementation Science to guide the implementation
- Reliable and valid quality assessment tools to assess teacher-child interaction and children's progress
- Centralized and experienced administration to strengthen accountability

- Adequate resources to support the providers' capacity building and improvement (marketing, communication, training, funding, reimbursement, etc.)
- Targeted technical assistance to help providers and practitioners with best practice
- Scholarships, salary supplements, and career advising to support practitioners' learning and professional development
- Strong partnerships and leadership
- An integrated system with shared mission, vision and guiding principles
- Integrated resources with early childhood system of care
- Partnerships with national leading organizations and consultants
- New technology and coordinated data systems
- Data driven decision making
- Navigation supports to providers

### **Barriers**

- Lack of buy-in and participation of child care providers
- Lack of provider capacity
- Reluctance to change
- Challenges in alignment with other early childhood (ECE) systems (state and federal)
- Competing priorities among various ECE systems
- Appropriate use of GOLD and CLASS assessment to ensure fidelity
- Learning curve for practitioners and providers related to technology and automated system
- Lack of understanding and engagement from the families

## **Strategies and Assumptions**

The Strong Minds network seeks to achieve the desired outcomes and overcome the identified problems and barriers through implementing three key strategies: support child care providers, support child care practitioners and support families. Relevant activities are designed for each strategy area to ensure its effective implementation. The identified strategies are based on review of the relevant literature, our previous experiences and accomplishments and recommendations from our needs assessment. The following are the strategies and activities:

### **1. Support Child Care Providers**

In order to prepare children for school, providers' learning environment is the key to success (Cooper & Costa, 2012). The Strong Minds network will focus on resources that support child care providers' ability to improve the quality of the learning environment and, in particular, the effectiveness of teacher-child interactions. This strategy consists of a number of key activities: tiered reimbursement supplement (entry/annual membership requirements), navigation support, Technical Assistance, assessment, data system, online resources and other supports (technology, marketing materials, opportunities for outreach, communication, education and training) These activities work together to create a supportive system for providers that seek to achieve positive child outcomes. A brief overview of each activity is provided below:

**Tier Reimbursement Supplement** identifies specific requirements and quality thresholds for providers to enter into the Strong Minds network and membership renewal. These requirements and quality thresholds are tied to the tier of the reimbursement a provider can receive for the services they provide to children. The requirements and thresholds are based on these areas: school readiness agreement, Registry participation, licensing, assessment results on ERS (ITERS-R/ FCCERS-R) and CLASS, use of GOLD child assessment, school readiness, VPK , Head Start (if applicable). For the detailed requirements, please refer to DM#149846. These requirements and quality thresholds, established by the Strong Minds network leadership group, are based on the best practice and guidance from experts and relevant literature. As pointed out by Zaslow et al. (2010), certain thresholds of early care and education quality need to be met before more positive outcomes for children are seen, which is why we need to set a relatively higher-quality standard for the participating child care providers, especially those at the tier-two level. A recently released article by the QRIS National Learning Network and the BUILD Foundation references resources for those in the early stages of developing tiered reimbursement supplement. When thinking about a tiered reimbursement supplement, it's important to understand the Iron Triangle and the fact that, while a tiered reimbursement supplement may provide an incentive for a provider to move to a higher level of quality, it is only one component of the triangle and is likely not even enough to fill the gap. While a tiered reimbursement supplement is a financial incentive to the network, it is important to remember that this will not be the only way to build network capacity.

**Navigation** provides centralized administration and ongoing services to providers to coordinate within the Strong Minds network as well as provide linkages to other aspects of the Early Childhood System of Care such as Health Beginning system and BRIDGES. Navigation services are provided by CSC Navigators.

**Technical Assistance (TA)** focuses on resources that support providers in the areas of child observation and assessment (GOLD), positive teacher-child interactions and social-emotional development (CLASS), curriculum/planning/instruction, environment for infant/toddler, behavior management and accreditation. Targeted technical assistance is available upon request and focuses on programs that are intentional and most likely to benefit. Targeted technical assistance will be provided by agencies contracted by CSC. Figure 2 presents the teaching and learning cycle that TA should emphasize when providing supports to providers.



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**Assessment** ensures a fair and reliable process, and valid results for each child care provider. Assessment provides information to demonstrate progress and performance as well as for program improvement. Nationally recognized and research-based assessment tools (ITERS-R, FCCERS-R and CLASS) are used to assess providers' learning environment and teacher-child interaction. GOLD is used to observe and document children's learning progress and development. Assessments on ITERS-R, FCCERS-R or CLASS are conducted upon entry into the system and then every two years. These assessments are conducted by professionally trained and reliable assessors from Children's Forum. GOLD assessment is conducted three times a year and on an ongoing basis. GOLD assessment is conducted by child care practitioners in the classroom.

**Data System and Online Resources** are available to child care providers and their staff to document activities and report progress. A new, more comprehensive and friendly provider-level data system, called WELS, will replace the current data system –Aquarius. An automated system to facilitate application and integrate within the Early Childhood System of Care is available for providers and their staff. Other resources include a Directors' Portal and a training Registry.

WELS is a web-based QRIS data system that addresses core early care and education quality issues for system administration. It is the nation's most widely used data system for quality rating improvement systems and has a proven track record of integrating data from diverse data systems, providing an easy to use system for providers, quality improvement specialists, and other stakeholders, streamlining and improving the quality improvement process, and tracking data over time to inform improvements in QRIS and quality investments. WELS was developed specifically as a Quality Rating and Improvement System. WELS collects all essential data required to produce consistent and reliable site ratings based on each customer's rating criteria. This information includes site and classroom information, licensing, violations, professional staff profiles and histories, checklists and assessments and quality improvement plans. Data and ratings are kept longitudinally, over time, available for analysis using a robust reporting facility.

It has the capacity to be used by multiple users – assessors, coaches, and administrators for 10 to more 1,000 providers.

### **Assumptions:**

We believe the quality of child care providers/programs, classroom learning environment, the effectiveness of early learning practitioners and the engagement of families are fundamental to children’s healthy development and learning. Yet, due to the multiple risk factors embedded in a substantial number of our child care providers --such as lack of relevant knowledge and skills, lack of financial supports, lack of quality staff and the challenges of serving children from low-income and high-need communities --it is still hard for them to create the change on their own for the good of the participant children. We assume that if appropriate and needed support is provided, these providers are capable of improvement and can offer the best services possible to the children. We emphasize providing supports and resources to child care providers, especially those that have the intention and motivation to change and improve. Motivation and change theory for organizations as well as for individuals suggests those who acknowledge the need to change, and are motivated to change, will be more likely to succeed and benefit from the support and resources provided (Owens & Valesky, 2010; Senge, 2006; Berkley, 2004).

## **2. Support Child Care Practitioners**

*“Research finds that the quality of student and teacher interactions is one of the largest determinants of student progress and is an essential element of program quality (Cooper & Costa, p. 19, 2012). Finding ways to equip practitioners with abilities to enhance teaching practice and develop effective teacher-child interaction is key to success in the Strong Minds network. This strategy consists of a number of activities: career advising, formal and informal training and education, SEEK scholarships, ACHIEVE salary supplement and Training Registry. The Institute of Excellence in Early Care and Education supports the practice of professional developments and provides the above services for child care practitioners in the Strong Minds network.*

**Career Advising** through group training sessions, web-based supports, emails and telephone counseling is available to all the participant practitioners and child care providers in the Strong Minds network.

**Formal and informal training and education** is available to all the participant practitioners in Strong Minds network.

**SEEK scholarship** provides monetary awards to practitioners who complete specific education or training requirements.

**ACHIEVE salary supplement** is available for practitioners in the new system to support their career and education advancement. The amount of the ACHIEVE Award is based on the training and education pathway completed by the practitioners.

**Registry** is a training data system. It plays an important role in the new system. Membership in the Registry is a requirement for all the practitioners in the new system. The Registry provides both trainer and practitioner reports to registry members through a secure personal login.

Registry reports include formal and informal professional development accomplishments, as well as licensing requirement trainings. The redesigned Registry will be more user friendly and comprehensive.

### **Assumptions**

Professional development of child care practitioners is an ongoing process of gaining, updating, expanding and applying knowledge, skills, competence and expertise to practice. It is important for all who work within early learning settings.

The link between effective teacher-child interactions and improved social and academic outcomes for children has been evidently supported and replicated in numerous studies across the nation (Sabol, Hong, Pianta, & Burchinal, 2013). Unfortunately, too few children, especially low-income children, are exposed to these types of effective interactions in early care settings. A study by LoCasale-Crouch and his colleagues (2007) with 700 preschool classrooms across 11 states showed that less than 15% of classrooms displayed moderately to highly effective teacher - child interactions across all three categories of CLASS. CLASS has been established as a valid and reliable assessment tool to assess teacher - child interaction and classroom quality in three domains: Emotional Support, Classroom Organization, and Instructional Support (La Paro, Pianta, & Stuhlman, 2004). Another study by Pianta and his colleagues (2007) that followed 800 students from first through fifth grade indicated that less than 10% of children were consistently enrolled in classrooms that scored in the mid- to upper range for effective interactions. This study also pointed out that children from low-income families were significantly less likely to experience effective teacher - child interaction compared to middle-income peers. We intend to improve the effectiveness of teacher-child interaction by providing support to practitioners and their programs with ongoing professional development and education, curriculum support, career advising and assessment using CLASS.

From our curriculum and coaching study, we learned that most of the low-income 4-year old children (90%) who participated in the study were already about a year behind their peers in language, literacy, vocabulary and math assessments when they started the program. Therefore, a targeted treatment plan should be prepared for these children earlier. We will enhance child development and learning through ongoing formative assessment (observation and documentation) using Teaching Strategies GOLD to provide feedback to teachers to improve their planning, curriculum alignment, development and delivery. The importance of integration of assessments on children's development into the new system is supported by Zellman and Karoly (2012).

### **3. Support Children and Families**

Family is the center of a child's learning and development. Though there is no intervention program that works directly with families in the Strong Minds network, the network still provides supports to families through the following activities:

- Provide CSC scholarships to children from low-income families to participate in quality child care or for continuous access to quality child care

- Encourage families to engage in their child’s learning through participation in or linkage to community initiatives such as BRIDGES, Triple - P, early literacy programs and Incredible Years
- Provide developmental support assessment and referral through linkage to Healthy Beginning system services such as child screening and assessment, developmental, and mental health services

**Assumptions:**

Parents are their children’s first teachers. A supported and engaged family is crucial to a child’s healthy growth and learning. Yet many children from low-income families, especially in the high-need communities, are not able to get the support they need from their parents due to a variety of risk factors such as poverty, stress, lack of parenting knowledge and skills, language barriers and low education level. Given this situation, we will provide support to families in need and engage them in their children’s healthy growth and learning. Through enhancing child care providers’ capacity, we will have more opportunities to engage parents and develop partnerships with other parenting programs such as Triple –P, Healthy Beginning programs, BRIDGES and Incredible Years. Accordingly, child assessment (documentation) results using GOLD will be shared with parents on a regular base to inform them of their child’s learning and development.

**Applying Implementation Science to Ensure Fidelity**

No matter how carefully the strategies are constructed and developed, without implementation fidelity, it is impossible to achieve the intended outcomes. To ensure the effective implementation of the Strong Minds network, we will apply Implementation Science (IS) (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005) to guide our planning, implementation and evaluation (Paulsell, Tout, & Maxwell, 2013). **Table 1** presents how we will apply the Implementation Science to align our strategies and activities with the core implementation components or “drivers”.

Table 1: *Drivers of Implementation Science and System Components*

	Core Implementation Components/Drivers of IS	System Components
1	Staff selection	<ul style="list-style-type: none"> <li>• Establish eligibility requirements for selecting child care providers to receive services and reimbursements</li> <li>• Make informed decisions about which agencies and staff should implement the intervention</li> </ul>
2	Pre-service and in-service training	<ul style="list-style-type: none"> <li>• Provide professional development and support to child care directors and practitioners on all the training needs to deliver the intervention with fidelity</li> <li>• Provide career advising to child care directors and practitioners</li> </ul>
3	(Technical Assistance)	<ul style="list-style-type: none"> <li>• Provide responsive TA on a wide range of contents to directors, practitioners and programs</li> </ul>

		<ul style="list-style-type: none"> <li>• Provide navigation and TA (application, access, etc.)</li> </ul>
4	Performance assessment	<ul style="list-style-type: none"> <li>• Provide regular assessment and feedback to staff about how well the intervention is being implemented. <ul style="list-style-type: none"> <li>○ ERS to assess program quality</li> <li>○ CLASS to assess the effectiveness of teacher-child interactions</li> <li>○ GOLD to assess child’s development and learning progress</li> </ul> </li> </ul>
5	Decision support data system	<ul style="list-style-type: none"> <li>• Establish WELS and Registry data systems for collecting and reporting data needed to monitor implementation and outcomes and make decisions related to the intervention</li> </ul>
6	Facilitative administration	<ul style="list-style-type: none"> <li>• Create centralized administration with vision, mission and guiding principles shared with all the partner agencies and providers</li> <li>• Create a Partner Leadership Committee for all the important decision making for the intervention</li> </ul>
7	Systems intervention	<ul style="list-style-type: none"> <li>• Apply systems thinking and collective impact framework to integrate the intervention with the internal and external systems to ensure that the needed resources are available to implement the intervention</li> <li>• Use a logic model to clarify the outcomes for the Strong Minds network and demonstrate how the activities and resources lead to the outcomes (Lugo-Gil, etc.,2011)</li> </ul>

## Guiding Principles

We will focus our resources on intentional providers and establish fewer quality indicators, using ongoing observation and documentation to inform teaching, learning and engaging parents. We believe our new approach will improve kindergarten readiness for children, maximize resources, increase child care program function and efficiency and, overall, develop a more cost-effective child care network.

Network members developed the Strong Minds network mission, vision and guiding principles. (See Table 2 for the Guiding Principles) Insight was provided by researching other state QRIS systems. Involvement of network members in the creation of the Strong Minds network mission, vision and guiding principles was imperative for three distinct reasons:

1. Shared, mission, vision and guiding principles are integrated into the tenets of the service delivery, resulting in added benefit to children and families;
2. Having a common stake in the development of the new system’s mission vision and guiding principles should result in greater accountability and shared responsibility for system functioning; and,
3. By creating the mission, vision and guiding principles, system members begin a cultural shift from a culture of compliance to a culture of commitment to continuous quality improvement.

Table 2: *Guiding Principles for Strong Minds*

<b>Guiding Principles</b>	
<b><u>We Are</u></b>	<b><u>We believe</u></b>
<ul style="list-style-type: none"> <li>• strength-based</li> </ul>	<ul style="list-style-type: none"> <li>• in access to quality child care for all children especially those at-risk</li> </ul>
<ul style="list-style-type: none"> <li>• accountable for child outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• in maximizing resources to get the best outcomes for children</li> </ul>
<ul style="list-style-type: none"> <li>• research &amp; data driven</li> </ul>	<ul style="list-style-type: none"> <li>• in community partnerships</li> </ul>
<ul style="list-style-type: none"> <li>• advocates for children and families</li> </ul>	<ul style="list-style-type: none"> <li>• in program leadership as the driving force of change</li> </ul>
<ul style="list-style-type: none"> <li>• solution focused</li> </ul>	<ul style="list-style-type: none"> <li>• in continuous quality improvement (through assessment, professional development, and evaluation)</li> </ul>
<ul style="list-style-type: none"> <li>• culturally competent and value diversity</li> </ul>	<ul style="list-style-type: none"> <li>• a well-trained &amp; educated work force will lead to child outcomes</li> </ul>
<ul style="list-style-type: none"> <li>• invested in technology and resources</li> </ul>	<ul style="list-style-type: none"> <li>• children thrive when engaged in positive relationships with peers, adults, and families</li> </ul>
<ul style="list-style-type: none"> <li>• motivated intentional child care providers</li> </ul>	<ul style="list-style-type: none"> <li>• quality child care will help close the achievement gap for at risk children</li> </ul>

### References

- Berkley, A. (2004). *Systems thinking in the foundation world: An example from the WK Kellogg Foundation*. Paper presented at American Evaluation Association, Atlanta, Georgia.
- Consortium, P. C. E. R. (2008). Effects of preschool curriculum programs on school readiness (NCER 2008-2009). *Washington, DC: Institute of Education Sciences*.
- Cooper, D., & Costa, K. (2012). *Increasing the effectiveness and efficiency of existing public investments in early childhood education*. Center for American Progress: doing what works. Retrieved from <http://www.americanprogress.org/issues/2012/06/pdf/earlychildhood.pdf>.
- Fiene, R. (2013, October). The Relationship of Licensing, Head Start, Pre-K, QRIS, Accreditation, and Professional Development and their Potential Impact on Child Outcomes | QRIS National Learning New system |. Retrieved January 3, 2014, from <http://qrisnew.system.org/resource/2013/relationship-licensing-head-start-pre-k-qris-accreditation-and-professional-developmen>
- Fixsen, D., Naoom, S., Blase, K., Friedman, R., & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research New system. (FMHI Publication #231). Retrieved from <http://nirn.fpg.unc.edu/resources/implementation-research-synthesis-literature>

- Harms, T., Cryer, D., & Clifford, R. M. (1990). *Infant/Toddler Environmental Rating Scale*, New York: Teachers College Press.
- Harms, T., Cryer, D., & Clifford, R. M. (2007). *Family Child Care Home Environmental Rating Scale-Revised*. New York: Teachers College Press.
- Justice, L. M., Mashburn, A. J., Hamre, B. K., & Pianta, R. C. (2008). Quality of language and literacy instruction in preschool classrooms serving at-risk pupils. *Early Childhood Research Quarterly*, 23(1), 51–68. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0885200607000695>
- La Paro, K. M., Pianta, R. C., & Stuhlman, M. (2004). The classroom assessment scoring system: Findings from the prekindergarten year. *The Elementary School Journal*, 409–426. Retrieved from <http://www.jstor.org/stable/10.2307/3202821>
- LoCasale-Crouch, J., Konold, T., Pianta, R., Howes, C., Burchinal, M., Bryant, D., Barbarin, O. (2007). Observed classroom quality profiles in state-funded pre-kindergarten programs and associations with teacher, program, and classroom characteristics. *Early Childhood Research Quarterly*, 22(1), 3–17. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0885200606000366>
- Lu, X. (2012). 2011 Kindergarten readiness for the Quality Counts VPK providers. Data analysis report, DM#131077
- Lugo-Gil, J., Sattar, S., Ross, C., Boller, K., Tout, K., Tout, K. & Kirby, G. (2011). The Quality Rating and Improvement System 9QRIS) Evaluation Toolkit: OPRE Report#2011-31. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation.
- Ma, X., Shen, J., Lu, X., Brandi, K., Goodman, J., & Watson, G. (2013). Can Quality Improvement System Improve Child care Site Performance in School Readiness? *The Journal of Educational Research*, 106(2), 146–156.
- Ma, X., Shen, J., Kavanaugh, A., Lu, X., Brandi, K., Goodman, J., Till, L., Watson, G. (2011). Effects of Quality Improvement System for Child Care Centers. *Journal of Research in Childhood Education*, 25(4), 399–414.
- Owens, R. G., & Valesky, T. C. (2010). *Organizational Behavior in Education: Leadership and School Reform* (10th ed.). Pearson College Division.
- Paulsell, D., Tout, K., & Maxwell, K. (2013). Evaluating implementation of quality rating and improvement systems. In T. Halle, A. Metz, & I. Martinez-Beck (Eds.), *Applying Implementation Science in early Childhood Programs and Systems* (pp. 269–293). Baltimore, MD: Paul H. Brookes Publishing Company.
- Pianta, R. C., Belsky, J., Houts, R., & Morrison, F. (2007). Opportunities to Learn in America's Elementary Classrooms. *Science*, 315(5820), 1795–1796.
- Pianta, R. C., Karen, M., Paro, L., & Hamre, B. K. (2008). *Classroom assessment scoring system*. Paul H. Brookes Publishing Company. Retrieved from <http://www.elcmdm.org/QualityCounts/SPMMay23.pdf>
- Sabol, T. J., Hong, S. L. S., Pianta, R. C., & Burchinal, M. R. (2013). Can Rating Pre-K Programs Predict Children's Learning? *Science*, 341(6148), 845–846. doi:10.1126/science.1233517
- Senge, P. M. (2006). *The Fifth Discipline: The Art & Practice of The Learning Organization (revised and updated)*. New York: Boubleday/Curency.
- Shen, J., & Ma, X. (Eds.). (2013). *Quality Rating Improvement System for early care and education: Development, implementation, evaluation and learning*. New York: Peter Lang.

- Shen, J., Ma, X., Lu X., Brandi, K., Gallagher, E., & Becraft B. (2013). A Multiyear Experimental Study of the Effects of Coaching and Curriculum on Child Learning Outcomes in Early Childhood Education, a study report submitted to Children's Services Council of Palm Beach, DM#144602
- Shen, J., Ma, X., Tackett, W., Lu, X. (Kim), Brandi, K., Goodman, J., Till, L., Watson, G. (2011). Effects of Quality Improvement System on Early Childhood Education Practitioners. *Advances in Early Education And Day Care*, 15, 129–154.
- Shen, J., & Ma, X. (2010). Third-year evaluation of individual and center-level school readiness. External Evaluation report submitted to Children's Services Council of Palm Beach, DM#117691
- Stoney L., & Mitchell, A. (2012). Continuous Quality Improvement within Palm Beach Quality Counts: Strengthening results for children, a needs assessment report submitted to Children's Services Council of Palm Beach.
- Zaslow, M., Anderson, R., Redd, Z., Wessel, J., Tarullo, L., & Burchinal, M. (2010). *Quality Dosage, Thresholds, and Features in Early Childhood Settings: A Review of the Literature, OPRE 2011 - 5*. Washington, DC, Office of Planning, Research and Evaluation, Administration for Children and Families, U. S. Department of Health and Human Services. Retrieved from <http://www.acf.hhs.gov/programs/opre/resource/quality-dosage-thresholds-and-features-in-early-childhood-settings-a-0>
- Zellman, G. L., & Karoly, L. A. (2012). *Moving to outcomes: Approaches to incorporating child assessments into state early childhood quality rating and improvement systems*. Santa Monica, CA: RAND Corporation, OP-364-PF.