1. Descriptive Information

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<th>Workshop D-4 (Meeting Room)</th>
<th>Facilitator</th>
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<td>Building and Studying Cultures of Quality Improvement and Innovation in ECE Programs</td>
<td>Teresa Derrick-Mills, Urban Institute</td>
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**Description**

Both CCDF reauthorization and the HS NPRM mandate data-driven continuous quality improvement, so this discussion will include recent findings on how data are currently used by home-based, center-based, and HS providers, how data can be used to improve programs and interventions (i.e., the most common QI approaches illustrated with real-world examples from related fields), and how providers are learning to use data to guide improvements.

**Presenters**

- Amy Susman-Stillman, University of Minnesota
- Anne Douglass, University of Massachusetts-Boston
- Kimberly Boller, MPR

**Scribe**

- Jennifer Abrams, Child Trends

2. Documents in Session Folder (Please list any electronic documents or web links used during the session.)

- Continuous Quality Improvement Conceptual Framework - Teresa Derrick-Mills, The Urban Institute

3. Brief Summary of Presentations

- **Summary of Presentation #1: Teresa Derrick-Mills**

  Continuous quality improvement conceptual framework, The Urban Institute
  
  - In this project, the team conducted a literature review and looked at more than 50 sources from fields other than ECE. Continuous quality improvement has been used in many other fields – health care management, nonprofit management, public administration, organizational learning, educational management, etc. There are both facilitators and barriers to continuous quality improvement.
  
  - In the literature, there is not a lot of testing. We do not know about the relationship between certain factors and using data for continuous quality improvement. This conceptual framework for continuous quality improvement places leadership at the bottom of the model. Leadership facilitates the process for using data for continuous quality improvement. The process necessitates creating sub-leaders across the organization and facilitating peer groups. The pillars of the conceptual framework are organization and structural supports around supporting continuous quality improvement. This takes time and money, a commitment of resources by the leader, time for staff, and technology. It is also important to consider the professional development provides to staff to support the use of data in the organization. Leadership needs to create safe spaces for staff to bring data forward and learn together. It is critical to develop a culture of collaborative inquiry. This is a continuous process of developing goals, gathering, analyzing, reviewing, prioritizing, implementing, monitoring, and evaluating.

- **Summary of Presentation #2: Amy Sussman-Stillman**

  MN – Early educators use and perceptions of authentic assessment
  
  - Amy and her team sought to explore early educators’ use and perceptions of authentic assessment and to understand the process for creating an infrastructure for authentic assessment.
• Authentic Assessment: “The systematic recording of developmental observations over time about the naturally occurring behaviors and functional competencies of young children in daily routines by familiar and knowledgeable caregivers in a child’s life.”
• Authentic Assessment Cycle: observe, document, collect, evaluate/analyze, plan, teach/implement
• Authentic assessment can improve quality. Programs can analyze children’s behavior for patterns and themes and use the data to make decisions about programs, teachers, children, staff, etc. This process, however, needs to be cooperative, collaborative, and ongoing. Reporting data to key stakeholders (parents, other program staff, etc.) is also a critical part of the process.

Early Childhood Assessment Project
• Amy and her team investigated how to promote and support the use of authentic assessment. They implemented a survey and conducted interviews. They created 11 modules and conducted an evaluation of the trainings.
• Method:
  o Sample (N = 599) – early educators working with children B-5 in community-based centers, school-based settings, Head Start, and home-based care.
  o Demographics: respondents were mostly female and white.
• Questions: what assessment practices are used? How confident do educators feel about their knowledge and use of assessments? How could staff be further supported?
• Results:
  o 43% said that they did not use an assessment tool. Majority said they were not required. For those who were using an assessment tool, TS Gold and Creative Curriculum were used. Regular implementation of authentic assessment practices was limited (0-2 times per week).
  o Beliefs about authentic assessment practices were positive. Beliefs, however, depended on type of providers. Home-based providers were more likely to believe they were competent and used authentic assessment in their everyday routine.
  o Survey results: providers wanted help embedding assessment into daily routine, using data to inform practice, and onsite support. Head Start staff were most likely to request support.
  o As education increased, perceptions of competency and reports for regular implementation decreased, while perceptions to barriers increased.
  o Use of authentic practices was more limited in some settings, for example home-based care. There are clear differences in how various educators perceive authentic assessment.
• How do you foster a CQI approach? It is important to understand what people already know and think, as well as understand the significant differences between groups of providers.
• Next steps: Which quality improvement practices lend themselves to a continuous quality improvement approach? How to incorporate typical strategies into the continuous quality improvement approach?

Summary of Presentation #3: Anne Douglass

Becoming Trauma-Informed: Building Organizational Capacity for Collaborative Inquiry and Improvement
• Promotes adoption of trauma-informed practice to prevent trauma exposure and to be responsive to help children and families heal from trauma. It is designed to teach people about trauma-informed practice.
• Study: looked at use of the Breakthrough Series Collaborative methodology. This is a quality improvement method for implementing, spreading and sustaining new practices. The study seeks to close the gap between what we know and what we do, and show the evidence supporting this approach in the health care sector. How does the system work together?
• This is a one to one and a half year process. Every team has different roles represented from the organization. These teams come together for trainings, action periods, and collaborative learning.
• Conceptual Framework: a culture of collaborative inquiry is formed through the Breakthrough Series Collaborative. How do you create this organizational culture? What happened to make these cultural shifts happen?
• The team uses management theory and relational coordination theory to build a culture of collaboration. In order for groups of people to come together to achieve an outcome, quality of relationships is essential. The relationships are
invisible in the research. Relationships are an essential piece of the coordination that needs to happen for an organization to achieve outcomes. Retention, quality, family satisfaction, organization learning and improvement are all part of building this culture. Organizational structures need to imbed these relationships.

- Who is involved in the system: parents/families, infant/toddler teachers, support staff, directors, mental health clinicians, preschool teachers, etc. These stakeholders work together on a team to build shared goals, mutual respect, and shared knowledge.
- How does this work? Shared goals help people align, shared knowledge helps people understand how their work fits in with others’ work, and mutual respect helps participants value other team members.
- Organizational culture supports inquiry and improvement, helps staff and administrators connect around child and family, and foster psychological safety in the workplace.
- Organizational structures that support a culture of collaborative inquiry: having meetings, team composition guidelines/policies, personnel policies/protocols.

**Summary of Presentation #4: Kim Boller**

**Testing and Learning: The Early Learning Lab Project in 3 Communities in CA**
- This is a 10-year investment in 3 communities in California.
- Lab: the field of early childhood is at a tipping point – how do we efficiently get interventions to make sure that caregivers and parents do their jobs well? We don’t really know what works and how to scale it.
- Getting Real About Scale: there are limits to program replication. We need to scale practices not programs and design for scale. This requires us to determine the essential elements of solutions and to tailor/individualize within constraints.
- The lab is one year old and is designed to think about what it takes to do good caregiving and teaching. The mission is to design, test, and promote scalable solutions. What are practices that adults can be doing to build skills and support child outcomes?
- Lab Goals: trying new ideas, prototyping, testing and learning. It seeks to get people to pick up an idea, try it, tweak it, adapt it, and evaluate it so that folks are learning faster and learning together. This model seeks to feed back knowledge. In thinking about scale – what are the resources and platforms that are available?
- Theory of Change:
  - 5 year outcomes.
  - Starting Smart and Strong Initiative: 10 year investment in Oakland, Santa Clara, and Fresno (pre-k and B-5 outcomes); also focusing on informal care.
  - The lab teams co-design experiments, support implementation, and facilitate ongoing learning. Kim’s team asks “what is the problem you want to take on?” And they match a solution to the problem. This matching happens by connecting them with local or national experts to help them answer their questions of interest.
  - This model seeks to bring experts together to determine the important practices we want to build in teachers, parents, and caregivers.
  - They are applying the solution-making cycle to district-led experimentation: explore and ideate; design and plan; implement, test, and learn; evolve, embed, and scale.
  - In Fresno, they built a theory of change around language development for dual language learners. The lab has helped match Linda Espinosa with Fresno.
- Next Steps: When do you decide it is good enough to go to more schools? When do you bring in a more traditional evaluation approach?

### 4. Brief Summary of Discussion

**Questions:**
- Motivation – what is the stimulus for this organizational change? Motivation from within? Response to external pressure? What difference does internal vs. external motivation make?
  - Anne: motivation is a huge piece to consider. People are identifying their problem and are looking at how to adapt what is known in the world and apply it to what they are doing. There is pressure that comes from
external sources. The building of a culture and the need to do this for their own good, however, has to be internalized and not just come from external mandates.

- Kim: People do not say what is your theory of change? We need to stop talking like researchers and allow programs to make it their own. It also helps motivate programs when the motivation for this work is district or community-led. People need to own it and be excited about it.
- Amy: continuous quality improvement is foreign. There needs to be a movement toward community-engaged research.

- Kathryn asks about timeframe – NM mandated authentic assessment and, after two years, teachers realized the importance of this work. Can motivation come from the act of having to do it?
  - Amy: authentic assessment is a complex process and it depends on how you roll it out. You have to start with what they need, but they don’t know what they need. There needs to be a balance of what they need vs. how we can help them figure out what they need. This needs to be done in a supportive way.
  - Juliet Bromer: people can have internal motivation around particular outcomes.

- How do you keep that motivation going? Prevent change-fatigue? If it doesn’t change, how do you not lose motivation?
  - Folks need to think about it not as achieving a desired outcome, but testing a strategy. There needs to be an opportunity to reflect if it doesn’t work, and try again. There needs to be the infrastructure to support that.
  - Teresa: programs need to value what you can learn from the failure and have supportive involvement. Building these cultures of continuous quality improvement and collaborative inquiry will not work if you are punished for experimenting.

5. Summary of Key issues raised (facilitators are encouraged to spend the last 3-5 minutes of workshops summarizing the key issues raised during the session; bullets below are prompts for capturing the kinds of issues we’re looking for)

All of this work speaks about issues of individual knowledge and beliefs of people and helping them learn something collaboratively. These presentations all speak to creating organizational cultures of collaborative inquiry to help individuals integrate new information together in a sustainable way. Depending on the literature you are reviewing, the language used to describe this process may look different. One issue that programs encounter is that they are bombarded with lots of terms for what this work looks like. A next step to think about is how to create professional development systems that support this type of collaborative learning?