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The Quality Start Los Angeles Developmental Evaluation
Research Findings and Lessons Learned

Sponsored by First 5 Los Angeles
Quality Start Los Angeles (QSLA) is the voluntary quality rating and improvement system (QRIS) for early learning providers in Los Angeles (LA) County who serve children from birth to age five. Like other QRISs nationwide, QSLA aims to assess, improve, and communicate the quality of early care and education (ECE) settings. QSLA was founded in 2016 by a consortium of seven community-based agencies and provides services to a diverse set of ECE settings, including center-based providers and family child care (FCC) providers. As of June 2020, more than 800 early learning provider sites participated in QSLA, which represents approximately 10 percent of the licensed sites in LA County (California Child Care Resource & Referral Network, 2020).

QSLA is part of California’s statewide QRIS effort, called Quality Counts California (QCC). Therefore, QSLA uses the QCC Rating Matrix, which defines a set of elements, or quality standards, to assess and rate the quality of participating ECE programs. The matrix specifies a five-tiered rating system with higher tiers indicating higher quality; sites are assigned a rating from tier 1 to tier 5 through a quality-assessment process. By participating in QSLA, early learning providers receive a variety of supports to help improve their quality over time. Before and after receiving a quality assessment, providers are offered assessment technical assistance, which is a support service designed to answer providers’ questions about the matrix, prepare providers for the quality assessment, and explain to providers why they received a particular tier rating. The support is provided by technical assistants (TAs), QRIS staff who aim to demystify the quality assessment by walking providers through the process. Early learning providers who participate in QSLA also receive professional development supports that are designed to improve the quality of care children receive.

Program coaching is the primary professional development support, in which coaches—who are experts in early childhood education and instruction—work with providers to improve the quality of instruction and overall classroom practices. In addition to coaching, QSLA providers can attend specialized trainings or workshops and participate in professional learning activities. By participating in QSLA, providers also receive financial incentives based on their tier rating and may have access to additional funding opportunities.

In 2018, First 5 LA, one of QSLA’s consortium agencies, contracted with the RAND Corporation to conduct a developmental evaluation of QSLA. The developmental evaluation was designed to provide feedback on the QSLA model during the early stages of its implementation and develop recommendations for refinements and improvements to the system. The goal of the evaluation was to determine whether selected components of the QSLA model were feasible, appropriate, and being implemented as designed. At the start of the evaluation, QSLA leaders identified the following QSLA components as the foci for the study: assessment technical assistance, tier rating perceptions, and coaching. As the evaluation progressed, stakeholders identified additional research topics that are related to providers’ perceptions of the quality assessment process and factors that contributed to variation in the QSLA experience across different types of providers. Over the course of the evaluation, we addressed ten research questions organized under two broad headings: (1) the assessment process and tier ratings and (2) coaching (Table S.1).

To address these research questions, the RAND study team engaged in multiple data-collection and research activities from February 2019 through March 2020, including a survey of early learning providers; administrative data analysis; observations of coaching sessions; and focus groups and interviews with early learning providers, coaches, TAs, and other QSLA stakeholders. Data from each source addressed multiple evaluation topics and research questions. We conducted this set of activities to develop a rich picture of the QSLA model and the focal topics of the evaluation.
Key Findings and Implications

The evaluation resulted in a set of research findings and implications related to (1) the assessment process and tier ratings and (2) coaching.

The Assessment Process and Tier Ratings

Findings

- QSLA sites received an average of 4.5 hours of pre-assessment technical assistance and 0.5 hours of post-assessment technical assistance; FCC providers received more support, on average, than centers.
- Most providers felt that the amount of support they received met their needs, although both TAs and providers reported that scheduling time for assessment technical assistance was sometimes challenging.
- TAs supported providers on a variety of topics, including the details of QSLA participation, how to prepare for the assessment, and explanations of sites’ tier ratings following the assessment.
- The majority of surveyed providers found the assessment technical assistance support to be helpful. A portion of providers expressed some challenges with the assessment support, such as limited time to meet with their TA and having questions that their TA could not answer.
- Forty-one percent of surveyed QSLA providers did not know their tier rating; this lack of knowledge was concentrated among classroom staff, not site administrators.
- Providers’ perceptions of the accuracy of their tier rating varied by their reported tier rating. Some providers perceived the assessment process to be unfair or challenging (especially FCC providers), while other providers felt that the process was manageable.

Implications

- Continue to offer quality assessment supports that are tailored to providers’ needs. Both providers and TAs felt that the assessment technical assistance helped providers to better navigate and manage the assessment process. The service is similar to supports offered by other QRISs and was perceived by QSLA stakeholders to be a successful component of the QSLA model.
- Clearly explain the details of the assessment process, including what to expect from assessment technical assistance and the assessment site visit, and create clear
channels of communication for providers to learn about their tier ratings. Some QSLA providers expressed frustration with the quality assessment process, while others were unaware of their tier ratings. Providing resources that detail what providers can expect from the assessment process and creating clear channels of communication regarding sites’ tier ratings might ease these challenges.

• Consider the unique experiences of FCCs in the quality assessment process. Some QSLA FCC providers felt that the assessment process and resulting tier ratings may be particularly inaccurate for judging the quality of home-based child care settings. QSLA could consider ways to be more responsive to the FCC home-based settings by addressing their unique strengths and challenges.

Coaching Findings

• QSLA sites received 1.4 hours of coaching per classroom per month, on average, with variation by provider type and time of year.
• The majority of surveyed providers reported that the amount of coaching they received was “about right.”
• Providers’ time constraints and busy schedules presented logistical challenges to scheduling coaching sessions.
• Coaches reported that there is no typical session; each session is tailored to the individual provider’s needs and goals.
• The majority of coaching sessions were one-on-one sessions with a lead teacher (at center-based sites) or an FCC owner (at FCC sites). Other types of staff, such as assistant teachers or center directors, participated infrequently.
• Coaches and providers addressed a variety of topics during coaching sessions, and coaches used multiple methods to promote growth and improvement.
• Observation and feedback was the most commonly reported coaching method used in coaches’ sessions, although coaches often shared resources and modeled best practices as well.
• Surveyed providers were overwhelmingly positive about their coaching experience. They described the importance of a positive coaching relationship and reported that the coaching support had helped improve their practice.
• QSLA coaches reported the importance of the strengths-based coaching approach to the success of the coaching process.
• Some coaching challenges emerged, including limited time to meet, providers’ perceptions that coaching was not always helpful, and coach and ECE provider staff turnover.

Implications

• Ensure that the coaching dosage recommendations are feasible and aligned with providers’ needs, and establish practices to minimize scheduling burden. QSLA providers reported that they were generally satisfied with the amount of coaching they received. However, both coaches and providers noted that scheduling constraints sometimes made it difficult to hold coaching sessions. Consider ways to ease the scheduling burden by finding ways to cover providers’ time to meet with coaches.
• Continue to provide coaching services that are tailored to providers’ goals. Providers were overwhelmingly positive about their coaching experience and perceived that the coaching supports had helped improve their practice. Providers and coaches cited the provider-driven nature of the coaching process as a strength. Continue to offer coaching services that are individualized to providers’ needs.
• Consider ways to involve assistant teachers and other support staff in coaching. Assistant teachers were present for only a small portion of the documented QSLA coaching visits, and some providers noted that they could benefit from more coaching supports. Consider providing more formal guidance on when and how to involve assistant teachers in coaching sessions.
Quality rating and improvement systems (QRISs) are designed to assess, improve, and communicate the quality of early care and education (ECE) settings. QRISs were established in the late 1990s as policymakers, researchers, and practitioners were galvanized by two strands of research—one suggesting that high-quality ECE settings can have a positive effect on children’s development (U.S. Department of Health and Human Services, National Center on Early Childhood Quality Assurance, 2017) and the other indicating that the majority of nonparental care for young children was of moderate quality at best (Vandell and Wolfe, 2000; Zellman and Perlman, 2008). QRISs were introduced as a way to promote quality in ECE settings by establishing standards to measure program quality and offering support services, such as coaching, training opportunities, and financial incentives, to help improve program quality over time (Caron et al., 2017). Since their inception, QRISs have become a common feature in the ECE policy landscape. As of 2021, almost all states were implementing, had piloted, or were planning for a QRIS (Quality Compendium, undated).

Los Angeles (LA) County was among the earliest implementers of the QRIS framework in the United States, with two systems in place by the mid-2000s. Quality Start Los Angeles (QSLA), the countywide QRIS for early learning providers, was launched in 2016 by a consortium of seven community-based agencies and grew out of the county’s earlier QRIS initiatives. In 2018, First 5 LA, one of the consortium agencies, contracted with the RAND Corporation to conduct a developmental evaluation focused on the implementation of selected QSLA system components. The goal of the evaluation was to generate research-based evidence to guide refinements and improvements to the QSLA model and its implementation. This report provides key findings from the evaluation and recommendations for QSLA and other QRISs implementing similar support models.
QRIS Implementation Research

Although QRISs are diverse in their design and implementation, most systems include five key components: (1) standards used to assess quality; (2) a process for applying the standards to assess and monitor quality, typically with a tier rating system; (3) supports and services to promote quality improvement over time; (4) financial incentives for participating programs; and (5) modes of communication to disseminate information about program quality to parents and the public (Child Trends, 2010). QRISs can function at multiple levels, including in state- and county-level systems, and most research and documentation on QRISs focuses on state-level systems (Quality Compendium, undated). QRIS management differs by states, and the majority of systems are run through partnerships across two or more organizations (Whitaker, Jenkins, and Duer, 2019). Managing organizations can include state Departments of Education, Human Services, and Social Services; or local or state community organizations. In most cases, QRISs serve the entire ECE landscape, including center-based settings and family child care (FCC) providers (Cannon et al., 2017). However, some research suggests that FCCs tend to have lower participation rates in QRISs, and, in some cases, the quality standards are less applicable to their settings compared with centers (Hallam et al., 2017).

The five key QRIS components aim to improve child care quality and ultimately support child development (Child Trends, 2010). QRIS logic models are motivated by market-based theories. The QRIS quality ratings are designed to provide information to child care consumers—i.e., parents, guardians, and families—and incentivize child care providers. These models assume that parents have a choice when selecting child care and will use the tier rating information provided by the QRIS (component 5) to select higher-quality care. As families select higher-rated programs, lower-rated programs will work to improve their quality to attract more consumers (Cannon et al., 2017). In addition to these market-based pressures, the quality supports—such as coaching—and financial incentives (components 3 and 4) that QRISs offer provide additional resources to promote quality improvement over time (Cannon et al., 2017; Zellman and Perlman, 2008). Most QRISs are voluntary, although some systems require that certain providers, such as all state-licensed child care providers, participate. Programs might choose to participate for a variety of reasons, including access to professional development and financial incentives (Elicker and Ruprecht, 2019).

Much of the QRIS implementation research focuses on the validity of the quality standards and the assessment process (QRIS components 1 and 2). Specifically, QRIS validation studies examine the relationship between the system ratings and independent measures of quality, such as child developmental outcomes and measures of classroom quality not used in the QRIS framework (Holod et al., 2015). A synthesis of nine validation studies from QRISs funded by the Race to the Top–Early Learning Challenge (RTT-ELC) federal grant program suggested that across the systems, the ratings successfully distinguished program quality (Fox et al., 2019). However, the level of quality among the higher-rated programs would not be described as high when judged by the independent measures not used in the QRIS quality assessment process (Fox et al., 2019). These results suggest that more research is needed to understand how QRISs define quality and whether the systems help providers improve quality over time. In addition, less is known about how early learning providers themselves perceive the assessment process and their quality ratings. Providers’ insights might
offer suggestions as to how the assessment process or standards might be improved (Early et al., 2018).

Another arm of QRIS research focuses on the implementation of the quality improvement supports offered to participating providers (QRIS component 3). These supports take on many forms, including staff professional development opportunities, such as group trainings or scholarships for ECE staff to pursue educational degrees and credentials (Caron et al., 2017; Holod et al., 2015). One of the most common QRIS quality improvement supports is technical assistance (Holod et al., 2015). Technical assistance is a nonspecific term in the QRIS field that can include a variety of services. Broadly, technical assistance can be defined as targeted supports from subject-matter experts to early learning providers that are designed to improve QRIS ratings and overall program quality (Smith et al., 2012). As of 2020, 43 of the 44 state-level QRISs for which data were available included some form of technical assistance (Quality Compendium, undated).

Some technical assistance supports are geared toward helping providers prepare to be assessed on the QRIS standards. Caronongan and colleagues, 2011, found that among five state or county QRISs included in their review, all of the systems included a voluntary service in which providers could meet with a QRIS staff person to discuss the details of the assessment and receive guidance and support on how to prepare. Technical assistance also can include services that some QRISs refer to as coaching. Coaching in ECE settings often includes ongoing one-on-one or small-group on-site support for classroom staff from an ECE expert who is focused on improving classroom quality (Isner et al., 2011; Zaslow, Tout, and Halle, 2012). Coaching within a QRIS can be on specific quality elements, such as classroom observation measures or teacher-child interactions; other models focus on the broad domains of quality, with specific topics left to the determination of the coach and provider (Artman-Meeker et al., 2015; Isner et al., 2011; O’Keefe, 2017). Research suggests that coaching can have a positive effect on classroom quality and children’s outcomes (Downer at al., 2011; Early et al., 2017; Kraft, Blazar, and Hogan, 2018; Markussen-Brown et al., 2017), although much is unknown about the variation in implementation across coaching models (Isner et al., 2011).
Now, 20 years into QRIS implementation, stakeholders refer to the current systems as the second generation of QRISs, as they aim to improve on earlier models (Boller and Maxwell, 2015; Cannon et al., 2017). Given the scale and variation of QRIS implementation nationwide, detailed descriptions of how the components of QRISs are implemented, including their relative strengths and weaknesses, are necessary to move the field forward. This report will contribute to these efforts by presenting a comprehensive picture of the implementation of selected aspects of the QSLA model: the quality assessment process and perceptions of tier ratings, technical assistance that is focused on the quality assessment, and coaching.

Quality Start Los Angeles

QSLA was launched in 2016, but it is far from the first QRIS initiative in LA County. In 2012, local agencies started the effort toward creating the first countywide QRIS initiative with funds from the federal RTT-ELC grant. The effort required creating one QRIS by combining two existing QRIS structures within LA County that were established in the mid-2000s—one of which was run by the LA Universal Preschool initiative (now Child360) and the other run by the LA Steps to Excellence Program initiative, administered by the former LA County Office of Child Care, now the Office for the Advancement of Early Care and Education. As a result, multiple organizations within the county worked toward implementing the RTT-ELC QRIS model. During this time, ECE stakeholders in the county noted that although some aspects of the QRIS model were aligned across agencies, variation in implementation existed. In fiscal years 2014 and 2015, local agencies secured funding to continue the countywide QRIS after the end of the RTT-ELC grant. In 2016, First 5 LA convened a group of representatives from various LA County agencies that had helped fund, plan, and implement the county’s earlier QRIS initiatives. This group, called the QRIS Architects, was tasked with looking across the county’s past QRIS initiatives to develop one countywide model; QSLA was the product of this work.

Today, QSLA is LA County’s voluntary QRIS for early learning providers serving children from birth to age five. As of June 2020, more than 800 early learning provider sites participated in QSLA, which represents approximately 10 percent of the licensed sites in LA County (California Child Care Resource & Referral Network, 2020). QSLA early learning provider sites fall into two categories: (1) center-based providers, including sites run by school districts, community-based organizations, and Head Start centers, and (2) FCCs. Significant efforts in the county are underway to increase the number of providers who are participating in quality improvement initiatives, including QSLA. However, given the relatively low percentage of licensed providers who participated in QSLA at the time of this study, the QSLA population was likely not representative of all providers in the county. Indeed, the providers who elect into the voluntary system might differ from those who do not in key ways. For example, they might be more motivated to engage in quality improvement efforts.

QSLA is collectively run by a consortium of the following seven local agencies:

- First 5 LA
- Child Care Alliance of Los Angeles (CCALA)
- Los Angeles County Child Care Planning Committee (CCPC)
- Child360
- Los Angeles County Office of Education (LACOE)
- Los Angeles County Office for the Advancement of Early Care and Education
- Partnerships in Education, Articulation, and Coordination in Higher Education

Together, these organizations fund, manage, and implement QSLA, and each organization plays a contributing role within QSLA. For example, LACOE and First 5 LA leaders oversee the implementation and funding for the system. Representatives from these two organizations make up the QSLA Funders Circle, a group of leaders who serve as stewards of the public funds that support QSLA. All seven organizations have representatives on the QSLA Leadership Council, a group of stakeholders tasked with developing shared goals, implementing system-wide QSLA objectives, and making programmatic recommendations to the Funders Circle. Multiple consortium agencies, along with other outside partners, serve as program implementers, providing professional
development to early learning providers. For example, Child360 and CCALA—which are referred to as coaching partners—are the primary implementors of technical assistance and coaching.

The QSLA Model

Unlike many states, California does not have a single statewide QRIS. QSLA is one of the 48 county- or multicounty-level QRIS consortia representing all 58 counties as part of California’s statewide QRIS effort: Quality Counts California (QCC). QCC evolved from the state’s RTT-ELC efforts and provides a support system for the state’s local QRISs, including coordinating the implementation of common provider assessment and rating processes (QCC, 2020). The implementation of additional quality improvement efforts, such as coaching or technical assistance support, is allowed to vary across local QRISs.

The QSLA model includes the five key QRIS components described earlier; in this way, QSLA is similar in structure to many other systems across the United States. QSLA uses the California QCC Rating Matrix to define the standards used to assess program quality (QRIS component 1). The matrix specifies a five-tiered rating system with higher tiers indicating higher quality. As part of QSLA, providers receive quality assessments (QRIS component 2) and are assigned a rating from tier 1 (defined as committed to quality) to tier 5 (defined as mastering quality). The assessment is based on the seven elements or quality standards defined in the QCC Rating Matrix (see Box 1). Each element is rated on a 5-point scale, with higher points indicating more mastery of the element. As part of the quality assessment, the elements are rated using information collected during a site visit conducted by external assessors, along with information providers submit about

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**Box 1**

**QCC Rating Matrix Elements**

**Element 1. Child observations**
This element measures the extent to which programs use a child assessment tool that measures domains of child development and apply the assessment results to curriculum planning.

**Element 2. Developmental and health screenings**
This element captures the extent to which programs keep up-to-date records of child health and use a developmental screening tool to refer children to necessary services.

**Element 3. Minimum qualifications for lead teacher or FCC**
This element includes standards for the level of education, completed course work, and annual professional development hours for lead teachers (at centers) and FCC owners.

**Element 4. Effective teacher-child interactions (Classroom Assessment Scoring System [CLASS] assessment)**
This element measures program staff’s familiarity with CLASS, the receipt of a CLASS assessment, and CLASS scores.

**Element 5. Ratios and group size (applies only to centers)**
This element includes standards for appropriate teacher to child ratios and child group size.

**Element 6. Program Environment Rating Scale (ERS)**
This element measures program staff’s familiarity with ERS, the receipt of an ERS assessment, and ERS scores.

**Element 7. Director qualifications (applies only to centers)**
This element captures standards for the level of education, completed course work, and annual professional development hours for center directors.
staff qualifications. At the time of this evaluation, all QSLA sites were rated every two years, and the ratings were publicly available on the QSLA website for families and other child care stakeholders and consumers to access (QRIS component 5).

By participating in QSLA, early learning providers receive a variety of supports to help improve their quality (QRIS component 3). Before and after receiving a quality assessment, providers are offered assessment technical assistance, which is a support service designed to answer questions about the QCC Rating Matrix, prepare providers for their upcoming assessment and site visit, and brief them about the tier ratings they receive. This support is offered by technical assistants (TAs), who are staff members employed by the coaching partner organizations (CCALA and Child360). TAs primarily meet with center directors or FCC owners, and the amount of support they provide varies by the providers’ needs. (We discuss assessment technical assistance in more detail later in this report.)

Early learning providers who participate in QSLA also receive professional development supports designed to strengthen teaching and administrative practices and improve the quality of care children receive. Program coaching is the most resource-intensive professional development support offered to QSLA providers. At the time of this evaluation, QSLA sites were expected to participate in coaching for up to two hours per month, per classroom, to help improve the quality of instruction and overall classroom practice. The coaches, who are early childhood experts managed by the coaching partners, work primarily with classroom staff, with the support tailored to the specific instructional needs and goals of the teachers (we discuss coaching in more detail later in this report). In addition to coaching, QSLA providers can attend specialized trainings or workshops and participate in professional learning activities.

Providers also receive financial incentives (component 4) for participating in QSLA according to their tier ratings (with higher-rated sites receiving larger sums) and might have access to additional funding opportunities.

The Developmental Evaluation of QSLA

In 2018, First 5 LA contracted with the RAND Corporation to conduct a developmental evaluation of QSLA. The developmental evaluation was designed to provide feedback on the QSLA model during the early stages of implementation and develop recommendations for refinements and improvements to the system. Unlike more-traditional program evaluations where the researchers’ role involves external assessment, a developmental evaluation perspective entails a partnership between researchers and program stakeholders. Researchers act as thought partners with study funders, program developers, policymakers, and research participants. Two key characteristics of developmental evaluation are (1) ongoing communication between researchers and program partners and (2) the presentation of “rapid-time” results and research-based recommendations to program partners to inform decisionmaking (Lawrence et al., 2018; Patton, 2011).

In addition, developmental evaluation is meant to be dynamic and flexible, such that the research questions, methods, and approach can shift as needed to address the unique system under study. These features of developmental evaluation are particularly advantageous for dynamic, evolving systems, such as QSLA, which might change while the evaluation is in process. Developmental evaluations are also particularly well suited for interventions in the early stages of implementation because the results can provide information to guide improvements to the system design as it matures (Lawrence et al., 2018).

To ensure the success of the developmental evaluation, RAND and QSLA stakeholders established a variety of structures and practices to develop and maintain a strong partnership. For example, RAND and QSLA formed a shared leadership team that met frequently and developed an agreed-on set of procedures and norms to ensure effective communication. In addition, the leadership team established an evaluation advisory committee with representatives from the partner agencies to provide feedback on the evaluation design and implementation (see Whitaker, Cannon and Gomez, 2020, for a detailed discussion of the research-practice partnership).
Evaluation Goals and Research Questions

Beginning in November 2018, the developmental evaluation was designed by RAND and QSLA stakeholders to determine whether selected components of the QRIS model were feasible, appropriate, and being implemented as designed. QSLA stakeholders intended to use the findings from the evaluation to inform policy decisions about the QRIS model moving forward. At the start of the evaluation, QSLA leaders identified the following QSLA components as the foci for the study: assessment technical assistance, tier rating perceptions, and coaching. As the evaluation progressed, stakeholders identified additional research topics related to providers’ perceptions of the quality assessment process and factors that contributed to variation in the QSLA experience across different types of providers. QSLA stakeholders felt that these topics were the most pressing and ripe for model improvements. In total, the evaluation was guided by 22 detailed research questions on these topics (see the technical appendix that accompanies this report for the full list of evaluation research questions). Throughout the developmental evaluation, it became apparent that some research questions could not be answered given the available data or that some questions could be combined. Additionally, and as expected, the QSLA model changed throughout the course of the evaluation, and some of the research questions—specifically, those focused on QSLA components that were no longer offered to providers (e.g., specialized coaching services beyond program coaching)—were not relevant. Thus, we have consolidated the study research questions into a list of ten organized under two broad headings: (1) the assessment process and tier ratings and (2) coaching (Table 1).

Research questions 1–6 under the assessment process and tier ratings heading focus on aspects of the assessment process, including the amount of technical assistance providers received, the providers’ and TAs’ perceptions of the technical assistance support, and providers’ perceptions of the assessment process as a whole and the resulting tier rating. Research
sensemaking meetings provided time for stakeholders to process the findings and discuss key aspects of the QSLA model and whether they were being implemented as intended. QSLA stakeholders used the results presented in the meetings and the key takeaways from their discussion to develop recommendations for refinements to the QSLA model and its implementation (see Whitaker, Cannon and Gomez, 2020, for an in-depth discussion of the sensemaking meetings). The summary of findings and the implications for the QSLA model that we present here are informed by the insights shared during the sensemaking meetings.

Road Map for This Report

In the remainder of this report, we describe how we addressed the study research questions and what findings resulted from the evaluation. In the next section, we turn to a description of the data and methods that we used (see the technical appendix for a more detailed account of the evaluation methods). Then, we focus on the evaluation findings and implications for the QSLA model. We present findings related to the assessment process and tier ratings (research questions 1–6), and then we turn to coaching (research questions 7–10). We close the report by discussing directions for future research.

TABLE 1
QSLA Developmental Evaluation Report Research Questions

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<tr>
<th>The Assessment Process and Tier Ratings</th>
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<td>1. How much assessment technical assistance do QSLA providers receive? How closely does the received dosage follow the QSLA program design?</td>
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<td>2. What typifies assessment technical assistance? What happens during a typical visit? What are typical interactions?</td>
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<td>3. What are the providers’ perceptions of the technical assistance support they receive? To what extent are TAs perceived to be available and knowledgeable by providers?</td>
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<td>4. What are the TAs’ perceptions of the support they offer to providers?</td>
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<td>5. What are providers’ perceptions of the assessment process?</td>
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<td>6. What are providers’ perceptions of their tier ratings?</td>
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<th>Coaching</th>
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<td>7. How much program coaching do QSLA providers receive? How closely does the received dosage follow the QSLA program design?</td>
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<td>8. What typifies program coaching? What happens during a typical visit? What are typical interactions?</td>
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<td>9. What are the providers’ perceptions of the program coaching support they receive? To what extent are program coaches perceived to be available and knowledgeable by providers?</td>
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<td>10. What are the program coaches’ perceptions of the support they offer to providers?</td>
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questions 7–10 under the coaching heading focus on the amount of coaching providers received and the providers’ and coaches’ perceptions of the coaching support. By addressing these research questions, the evaluation helped QSLA stakeholders determine whether two core support services—assessment technical assistance and coaching—were being implemented as intended. Exploring the providers’, TAs’, and coaches’ perceptions of support provided insight into the ways that the services could be improved to better meet QSLA’s goals. The providers’ perspectives, in particular, allowed for a deeper understanding of the provider experience while participating in the core QRIS components.

One goal of the developmental evaluation was to provide QSLA stakeholders with timely research findings to inform decisionmaking. To meet this goal, the RAND research team shared results from the evaluation as they became available with key QSLA community members. In this report, we present a summary of these findings. Throughout the evaluation, the RAND research team and the QSLA leaders managing the study facilitated sensemaking meetings or workshops with QSLA stakeholders in which the RAND team presented the results of the evaluation. The stakeholders included staff who helped develop and implement the QSLA models, such as representatives from the consortium agencies, staff who manage the quality assessment process, and staff who supervise the TAs and coaches. The
**Data, Sample, and Methods**

To address the study research questions, the RAND team used the following seven data sources:

- early learning provider survey
- QSLA administrative data
- interviews with key QSLA stakeholders
- focus groups with early learning providers
- focus groups with assessment TAs
- focus groups and interviews with coaches
- observations of coaching sessions.

Data collection and analysis for the evaluation took place over two waves; wave 1 was conducted from February to June 2019, and wave 2 was conducted from February to March 2020. We addressed all research questions in both waves. However, the information collected in wave 2 was intended to delve deeper into the evaluation topics and research questions that QSLA stakeholders felt were not fully addressed in wave 1. We engaged in some data-collection activities during wave 1 only and other activities in both waves. The two data-collection waves roughly line up with two different QSLA program years, which run from July 1 to June 30. Data collection during wave 1 largely focused on providers’ experiences during the 2018–2019 program year (July 2018 to June 2019), and the wave 2 data collection focused on the 2019–2020 program year (July 2019 to June 2020).

We used the seven data sources to develop a rich picture of the QSLA model and the focal topics of the evaluation. Data from both waves provided ample information about QSLA implementation over the study period. As shown in Table 2, each data source addressed multiple research questions and evaluation topics. In addition to generating findings from each source, we looked across the sources to triangulate findings. In particular, we sought to identify places where the data sources agreed with and contradicted each other. In addition, we used the data sources to explore variation in the provider experiences for each of the research questions. For example, we compared the experiences of FCCs with those of centers and compared providers who have different staff roles (e.g., lead teachers compared with center directors). This approach to analysis allowed us to develop a comprehensive understanding of the QSLA system. Because the evaluation was focused on QSLA implementation and refining and improving the model, our analyses were descriptive in nature.

The developmental evaluation was conducted in partnership between RAND researchers and the QSLA stakeholders. Specifically, QSLA leaders provided feedback on the research design and activities to ensure that the data-collection activities were feasible for the QSLA community. However, the RAND team conducted all data analysis independently. This separation of responsibilities allowed for researcher independence and helped ensure that the findings were not biased by QSLA leaders’ perceptions of the model.

In the remainder of this section, we provide a description of each data source, sample, and the analytic techniques we applied. More detail on the data sources, data-collection procedures, and analytic techniques can be found in the technical appendix.

### Early Learning Provider Survey

During two months of wave 1 data collection (April and May 2019), RAND researchers fielded an online survey with QSLA early learning providers. The goal of the survey was to learn about providers’ experiences with assessment technical assistance and
In total, 2,163 early learning providers took the survey (see the technical appendix for more details on the sample).\(^9\) QSLA leaders lacked a comprehensive list of all staff at QSLA early learning sites; therefore, it is not possible to know exactly how representative the survey sample is of the QSLA population. However, according to estimates of employed teachers, center directors or administrators, and FCC owners, the survey respondents are approximately 66 percent of possible providers.\(^10\) The survey respondents worked at 598 unique sites, or 73 percent of all sites enrolled in QSLA as of April 2019, including 78 percent of centers and 58 percent of FCCs. Lead and assistant teachers at center-based sites represented the majority of survey participants (77 percent), with center directors and FCC owners accounting for the remainder of the respondents (see the technical appendix for more detail on the survey sample).

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**TABLE 2**

**Study Research Questions and Data Sources**

<table>
<thead>
<tr>
<th></th>
<th>Early Learning Provider Survey</th>
<th>QSLA Administrative Data</th>
<th>QSLA Stakeholder Interviews</th>
<th>Provider Focus Groups</th>
<th>TA Focus Groups</th>
<th>Coach Focus Groups and Interviews</th>
<th>Coaching Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Assessment Process and Tier Ratings</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1. How much assessment technical assistance do QSLA providers receive?</td>
<td>✓</td>
<td></td>
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<tr>
<td>2. What typifies assessment technical assistance? What happens during a typical visit? What are typical interactions?</td>
<td>✓</td>
<td>✓</td>
<td></td>
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<tr>
<td>3. What are the providers’ perceptions of the technical assistance support they receive?</td>
<td>✓</td>
<td></td>
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<tr>
<td>4. What are the TAs’ perceptions of the support they offer to providers?</td>
<td></td>
<td>✓</td>
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<tr>
<td>5. What are providers’ perceptions of the assessment process?</td>
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<tr>
<td>6. What are providers’ perceptions of their tier ratings?</td>
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<tr>
<td><strong>Coaching</strong></td>
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<tr>
<td>7. How much assessment technical assistance do QSLA providers receive?</td>
<td>✓</td>
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<tr>
<td>8. What typifies assessment technical assistance? What happens during a typical visit? What are typical interactions?</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>9. What are the providers’ perceptions of the technical assistance support they receive?</td>
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<tr>
<td>10. What are the TAs’ perceptions of the support they offer to providers?</td>
<td>✓</td>
<td></td>
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<td>✓</td>
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</tbody>
</table>
We used quantitative descriptive analysis to address the survey questions. Specifically, we present overall proportions of eligible respondents indicating answers and disaggregate the data by early learning provider type (i.e., centers and FCCs).

**QSLA Administrative Data**

The QSLA partner organizations keep a centralized administrative database called iPinwheel that stores information about participating sites and the support services they receive. During wave 2, we conducted two sets of analyses, the first on assessment technical assistance and the second on coaching.\(^{11}\) We used these data to address research questions about the amount of technical assistance and coaching providers received and the nature of these supports.

The assessment technical assistance analyses focused on sites that were engaged in the assessment process from March 2019 through February 2020.\(^ {12}\) We chose this time frame for analysis because it corresponded with when the assessment technical assistance support service (which was new to QSLA in the 2018–2019 program year) was fully staffed and being implemented as intended. iPinwheel included data on assessment technical assistance for 437 sites that received a quality assessment during the data-collection period. As part of the administrative data-collection process, the TAs used iPinwheel to record information about each contact they had with sites, including the amount of time spent with providers, form of the contact (in person, phone, or email), and topics discussed.

The coaching analyses focused on the coaching that sites received during the 2019–2020 program year; data were available for coaching received from July 2019 to February 2020. iPinwheel included data on coaching for 812 sites that received coaching during the program year. As part of the administrative data-collection process, the coaches used iPinwheel to record information about each contact they had with sites, including the amount of time spent with providers, form of the contact (in person, phone, or email), topics discussed, and coaching methods or strategies the coaches used during the visit.

For both technical assistance and coaching, we conducted descriptive quantitative analyses of the administrative data to address the study research questions. We used descriptive statistics, including means and group percentages, to estimate how much support providers received and describe the nature of the technical assistance and coaching sessions.

**Interviews and Focus Groups**

In both wave 1 and wave 2, we conducted interviews and focus groups with individuals from a variety of different populations, including QSLA stakeholders, early learning providers, TAs, and coaches (see the technical appendix for more detail on the sample for each population).

**QSLA Stakeholders**

To learn about QSLA in general, and the structure and goals of the focal topics of the evaluation, we interviewed key QSLA stakeholders in wave 1. In total, we interviewed 16 QSLA stakeholders representing five of the seven agencies that govern QSLA (First 5 LA, LACOE, Child360, CCALA, and CCPC). The group of stakeholders was selected collaboratively between the RAND research team and the QSLA representatives who advised on the evaluation. The group was selected to represent individuals with a high-level perspective on the design of the QSLA model and included members of the QRIS Architects, supervisors who managed coaches and/or TAs, research managers, and agency directors. Over the course of 60-minute in-person and phone interviews, the interviewees were asked questions about the goals of QSLA in general and specific questions about assessment technical assistance, coaching, and tier ratings.

**Early Learning Providers**

During both wave 1 and wave 2, we conducted focus groups with early learning providers to gain more-detailed information about their QSLA experiences. During wave 1 (June 2018), we held two focus groups with a total of eight early learning providers (four individuals per group). Each group contained a mix of roles, including FCC owners, center directors or administrators, and center lead and assistant teachers. Providers were recruited from the early learning provider survey respondents who expressed interest in participating in a focus group. The focus groups took place in person and lasted approximately...
stay-at-home orders beginning in March 2020 associated with the coronavirus disease 2019 (COVID-19) pandemic forced us to hold some over the phone. In total, six groups took place in person and seven took place over the phone; all lasted approximately 90 minutes. We asked providers similar questions to those posed in wave 1.

The wave 1 focus groups offered rich information but were limited in sample size. In wave 2 (February to March 2020), we conducted 13 additional focus groups with early learning providers to broaden our understanding of the provider experience with a larger sample. We aimed to invite all QSLA providers who were enrolled in the 2019–2020 program year. To do so, we advertised the focus groups via a variety of QSLA communication channels (e.g., email messages and newsletters). Unlike the mixed staff role groups in wave 1, in wave 2, we scheduled separate focus groups for three different kinds of providers: FCC owners (three groups), center directors or administrators (five groups), and center lead and assistant teachers (five groups). A total of 39 providers attended the wave 2 focus groups (with two to seven participants per group). We intended for all focus groups to take place in person; however, the

Technical Assistants

In both wave 1 and wave 2, we held focus groups with all of the QSLA TAs. During wave 1 there were five TAs (three employed by Child360 and two by CCALA); by wave 2, Child360 had hired one additional TA, for a total of six. In each wave, we held one 60-minute focus group with the TAs at each coaching partner, for a total of four focus groups across the evaluation; three were held in-person and one over the phone. In both waves, we asked the TAs to describe the support they offered to early learning providers, focusing on the strengths, weaknesses, and utility of assessment technical assistance. Conducting focus groups across both waves allowed us to learn more about the assessment technical
Coaching Session Observations

To better understand the nature of the coaching supports in the QSLA model, we conducted observations of 12 coaching sessions during wave 1 data collection (April and May 2019). The RAND research team developed a structured observation protocol designed to capture the content of the coaching session. The tool included items to capture the presence and absence of coaching topics addressed, methods used, and the nature of the provider-coach relationship. In addition, observers took qualitative notes throughout the session. The 12 sessions included 12 unique coach-provider dyads selected in collaboration with the QSLA coaching partners to represent provider diversity. We observed two sessions at FCCs and ten sessions at centers. The small number of observations was not intended to represent the QSLA provider population; rather, the observations provided a more in-depth look at coaching on the ground than the other data sources could offer. To analyze the data, we aggregated information across the 12 observations to tabulate the different topics and methods observed. In addition, we read across the qualitative notes to provide illustrative examples of how coaches applied different methods or addressed topics in action.

Study Limitations

One limitation of this evaluation is the asynchrony of some of the data sources that address similar topics. For example, we measured providers’ perceptions of coaching on the provider survey in wave 1 but estimated how much coaching sites received based on administrative data collected for wave 2. Generally, the misaligned timing does not affect any of the inferences we drew from the data analysis. Although some changes occurred, the QSLA system was relatively constant over the study period such that data collected in both waves could be used collectively to understand model implementation.

In addition, there are limitations to some of the data sources. As noted in the description of the early learning provider survey, we lacked a comprehensive list of all providers employed at the QSLA sites when the survey was fielded. Although the estimated percentage of providers who completed a survey was...
high (66 percent), we have no good way to determine whether—and if so, how—the sample is representative of all providers. Therefore, the survey responses might be skewed in unknown ways. Similarly, the focus groups sample—47 providers over the two waves—is quite small, representing about 1 percent of all QSLA providers. Although the focus groups offered rich detail and information about the providers’ experiences, the insights gathered from these groups might not represent the diversity of perspectives in the QSLA population.

The QSLA administrative data also face limitations. First, multiple organizations use iPinwheel to enter data. In particular, both coaching partners use the system to record the details of the technical assistance and coaching support provided to QSLA sites. Although the coaching partners coordinated with each other to use similar data entry practices, it became apparent over the course of the evaluation that some variation across agencies existed. For example, the agencies might have been using slightly different definitions and decision rules to record the coaching methods used during coaching sessions.\(^{13}\) We do not use the data to make direct comparisons between the agencies, but we note that some variation in data entry practices might affect the overall averages we report.

All of the administrative data used in this study were reported by QSLA staff, specifically coaches and TAs. As is true of all staff-reported data, there is the possibility of human error in data entry; for example, coaches or TAs might misremember the amount of time spent with providers when entering data, or unintentionally enter an incorrect number. In addition, there is the potential of social desirability bias. That is, coaches or TAs could have felt compelled to enter information that would give the impression that the support they provided was successful and aligned with the QSLA model. However, we feel that these data limitations do not present major risks to data quality or the inferences drawn from the findings. QSLA staff received regular training on data management, and supervisors monitored the data entry process to ensure data quality. In addition, the data are not collected to evaluate coach or TA performance. Instead, the data are primarily used to monitor QSLA implementation and understand the feasibility of the model. Therefore, there is little risk that staff might have felt pressured for the data they entered to appear a certain way.
The Quality Assessment Process and Tier Ratings

One of the main components of QSLA is the early learning provider quality assessment, in which sites are assigned a tier rating based on the scores they receive on each of the seven elements of the QCC Rating Matrix. When this study was conducted, all QSLA programs received a mandatory assessment once every two years. The assessment process lasts approximately four to six months, including two to three months of time that sites spend preparing and two to three months of time for QSLA staff to review all necessary information and assign the rating. The majority of the assessment takes place during a site visit conducted by an external assessor (or multiple assessors) employed by one of the QSLA partner agencies. During the site visit, the assessors collect the information required to assign scores on some of the QCC Rating Matrix elements, such as the use of developmental screenings and assessments, child health screenings, and information on group size and teacher-child ratios. In addition, the assessor(s) conduct classroom observations using the CLASS and ERS on a randomly selected sample of classrooms based on the number of classrooms at a site. Along with the data collected at the site visit, information about staff qualifications is collected and scored via the web-based California Early Care and Education Workforce Registry (hereafter, the Registry). The information collected during the site visit and in the Registry is compiled and scored based on the QCC Rating Matrix. Sites can receive scores between 1 and 5 on each of the seven elements; the total points are used to assign a tier rating. Approximately two to four months after the assessment is complete, providers receive a tier rating report that explains their rating and element scores achieved during the assessment, including details of the CLASS and ERS observation results.

As part of their participation in QSLA, all providers have access to assessment technical assistance, or targeted supports designed to help providers through the assessment process. As we described in the introduction, assessment technical assistance is provided by QSLA coaching partner staff members (TAs); these individuals are trained to be experts in the QSLA assessment process. Each TA is assigned a caseload of sites to which they provide assessment support. During the evaluation, each TA’s target caseloads included approximately 33 sites at a time, with some variation by time of year and the partner agency.

Technical assistance occurs in the following two phases:

- **Pre-assessment technical assistance** occurs before the assessment site visit, with the goal of preparing sites to receive the highest rating possible and decreasing the likelihood that sites do not achieve points they could have earned because of administrative or documentation errors. Although TAs address all aspects of the assessment process with sites, the TAs are not experts in the content covered in the classroom quality assessment measures (i.e., CLASS and ERS). Instead, program coaches prepare providers for the CLASS and ERS observations by discussing what will be assessed. Per the QSLA model, the TAs typically work with center directors, FCC owners, or other administrators who have oversight over an entire early learning site. The TAs typically do not have much interaction with classroom-level staff, such as lead or assistant teachers. Technical assistance support can take place in person at the provider’s site, over the phone, and via email.

- **Post-assessment technical assistance** occurs after the assessment site visit is complete and all information has been scored. During this phase, TAs are expected to reach out to providers and offer to review the tier rating report, explain providers’ tier rating, element scores, and discuss their experience with the assessment overall. Post-assessment technical assistance is designed to be less intensive than the pre-assessment supports; the goal of this phase is to help answer providers’ specific questions and clarify concerns regarding the assessment process.

Assessment technical assistance was launched during the 2018–2019 program year just months before data collection began for this evaluation. During the 2018–2019 and 2019–2020 program years, QSLA stakeholders were piloting the support service.
One goal of the developmental evaluation was to provide feedback on the technical assistance model in the early days of implementation. For planning and budgetary purposes, QSLA stakeholders set maximum dosage for technical assistance support before they began implementing the model. The maximum pre-assessment technical assistance dosage was set at 12 hours, and the maximum post-assessment technical assistance dosage was set at three hours. 14

In the remainder of this section, we present findings related to early learning providers’ experiences with the assessment process as a whole, including pre- and post-assessment technical assistance, providers’ perceptions of the assessment preparation process and the assessment site visit, and their understanding of the resulting tier rating. This content addresses research questions 1–5 and research question 10, which focuses on variation in the QSLA experience across different types of providers.

How Much Assessment Technical Assistance Did QSLA Sites Receive?

In Figure 1, we present the hours of assessment technical assistance received by a sample of sites assessed in the 2019–2020 program year, as reported by TAs in iPinwheel. On average, sites received approximately 4.5 hours of pre-assessment technical assistance. However, there was substantial variation around this average. On the low end of the distribution, 10 percent of sites received less than an hour of support, and on the high end, 10 percent of sites received 9 hours of support or more, with the maximum at about 25 hours. Per the QSLA model design, the support occurred in person, over the phone, and via email. QSLA sites had approximately six distinct contact points with their TAs; about half of these contacts were in person (i.e., the TA visited the site) and half were via email or by phone (see Appendix Table 4.1). There was some variation in the receipt of technical assistance between different types of QSLA providers. On average, FCCs received about an hour more of technical assistance than centers (Figure 1). The TAs corroborated these findings; they reported during focus groups that FCCs often needed more support to prepare for the assessment process than center-based QSLA sites. The TAs suggested that because FCCs are typically small businesses without extensive administrative systems, they needed more assistance than centers in understanding what information is needed for the assessment, compiling necessary documents, and/or sorting through other tasks related to the assessment process.

As expected, given the model design, QSLA sites received less post-assessment technical assistance compared with pre-assessment support—approximately 30 minutes of post-assessment technical assistance, on average (Figure 1). 15 Similar to pre-assessment support, there was a wide range in the observed post-assessment technical assistance dosage, with some sites receiving as little as 15 minutes of support and others receiving more than an hour. Unlike the pre-assessment support, sites’ post-assessment technical assistance primarily took place via email; TAs reported having between two and three contacts with sites, more than half of which were by email (see Appendix Table 4.2). However, like pre-assessment technical assistance, FCCs received more support, on average—approximately double the time that centers received.

On the provider survey, the large majority of center director and FCC respondents who reported having any contact with a TA (83 percent; see Appendix Table 4.3) indicated that the amount of technical assistance support they received was enough to address their questions and meet their needs. The average amount of both pre- and post-assessment technical assistance that the sites received was far less than the maximum dosage allowed by the model (12 and three hours for pre- and post-assessment support).
Given this, it is possible that some sites—likely a minority—could benefit from more support if provider schedules and TA caseloads allowed.
What Does Assessment Technical Assistance Look Like in Action, and How Do Providers Perceive the Support?

Box 3
Key Findings

- TAs supported providers on a variety of topics, including the details of QSLA participation, how to prepare for the assessment, and explaining sites’ tier ratings following the assessment.
- The majority of surveyed providers found the assessment technical assistance support helpful. A portion of providers expressed some challenges with the assessment support, such as limited time to meet with their TA and having questions that their TA could not answer.

Assessment Technical Assistance Topics
Data from multiple sources indicate that the TAs offered support on a variety of topics related to the assessment process. In Table 3, we present an analysis of TA-reported administrative data on the percentage of pre- and post-assessment technical assistance contacts that addressed different topics. Nearly half of the contacts TAs had with providers were spent discussing general QSLA program details, including conversations about what to expect from the assessment and participation in QSLA in general. Similarly, providers who attended the evaluation focus groups reported that TAs offered helpful “big picture” support as they prepared for the assessment, such as an overview of the QSLA model, a review of the QCC Rating Matrix elements, and a step-by-step walkthrough of the assessment process. As one provider said, “[My TA] was very thorough in explaining everything . . . from the beginning, throughout the process, to the end and thereafter.”

Preparing for the quality assessment requires that sites understand, identify, and compile a variety of data across multiple documents, including information about staff qualifications to submit to the Registry and documentation files on enrolled children with information about immunizations and developmental screenings and assessments. Both providers and TAs reported that the TAs offered

<table>
<thead>
<tr>
<th>Topic</th>
<th>Pre-Assessment (%)</th>
<th>Post-Assessment (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>QSLA program details</td>
<td>46.1</td>
<td>43</td>
</tr>
<tr>
<td>Teacher qualifications (element 3)</td>
<td>27</td>
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<tr>
<td>Developmental and health screenings (element 2)</td>
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<td>QSLA assessment orientation</td>
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<td>Child observations (element 1)</td>
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<td>Director qualifications (element 7)</td>
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<td>ERS (element 6)</td>
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<td>Tier clarification</td>
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<td>Technical review</td>
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</tr>
<tr>
<td>No topic reported</td>
<td>2.3</td>
<td>5</td>
</tr>
</tbody>
</table>

SOURCE: QSLA iPinwheel administrative data.

NOTE: The sample for pre-assessment technical assistance comprises 437 QSLA sites. The sample for post-assessment technical assistance comprises 133 QSLA sites.
focus group reported that their TA reviewed every document in all of their child files to ensure that all the necessary information was present; the provider explained that this level of support put her at ease and made her feel confident about the assessment.

During post-assessment technical assistance, QSLA program details remained the most common topic. Technical reviews and tier clarification were also topics of interest. These two topics constitute the formal processes by which providers can request additional information about the results of their assessment and—if eligible—contest their rating. If a provider believes that their assessment scores have been calculated incorrectly, they can submit a formal request to initiate a technical review of their scores. A technical review request is accepted if addressing the identified error will result in an increase to their tier rating. Specifically, FCC providers and center directors in about one-third (four) of our focus groups noted that they faced challenges using the Registry during the assessment process. For example, some were unclear about which documents to upload and how, while other providers reported difficulty navigating changes to the Registry interface or design since the last time they had used it. These providers relied on their TA for support to use the system correctly and collect the necessary information. Although the Registry is not a technical assistance topic in the QSLA iPinwheel database (and thus is not listed in Table 3), the second most commonly reported pre-assessment technical assistance topic was teacher qualifications. These instances of support likely involved assisting providers in how to record teacher qualifications, such as educational degree type or credentials, in the Registry. Indeed, more than 90 percent of FCC providers and center directors who took the survey reported that the support they received from their TA regarding the Registry was helpful or somewhat helpful (Appendix Table 4.5). Among the technical assistance topics related to the QCC Rating Matrix elements, the teacher qualifications topic also was common among post-assessment contacts (8 percent). This finding suggests that even after the quality assessments were complete, providers continued to have questions or concerns about how the information entered in the Registry had been scored. The TAs corroborated these results, indicating that the Registry was a common topic during both the pre- and post-assessment support.

In addition to the documents providers had to compile for the Registry, the assessment involved providing documentation for the children enrolled at their site. Providers who attended focus groups reported appreciating the hands-on support they received from their TAs in compiling this information. For example, one provider who attended a focus group reported that their TA reviewed every document in all of their child files to ensure that all the necessary information was present; the provider explained that this level of support put her at ease and made her feel confident about the assessment.

A tier clarification is when a provider has a question or concern about their assigned tier rating or element scores, but their concern does not rise to the level of a technical review. According to reports from the TAs and other QSLA stakeholders, some tier clarification questions required requesting additional information from the partner organization that conducted the assessment to determine exactly why a provider received the score they did. Tier clarifications were common; the administrative data indicated that this topic was discussed in about one-quarter of post-assessment contacts.
Providers’ Perceptions of Assessment Technical Assistance

Based on data collected through the provider survey, QSLA sites were overwhelmingly satisfied with the support received from the TAs. As shown in Figure 2, 83 percent of center directors and FCC providers who reported receiving technical assistance indicated that their TA was knowledgeable and that the support helped prepare them for the assessment. Similarly, at least one provider in each of the focus groups held with center directors felt that their technical assistance experience had been valuable. The providers who spoke positively about their assessment TA experience felt that their TAs were communicative, responsive, and effective. As one provider said during a focus group, “[My TA] really helped me, because I had a lot of questions. It was [my site’s] first time [being assessed], so . . . I didn’t know what was going to happen, and she was really helpful.”

However, a very small share of providers also reported challenges working with their TAs. Five percent of FCC providers and center directors who took the survey did not feel that the technical assistance helped prepare them for their assessment, and 2 percent felt that their TA could not answer their questions. Similarly, providers in three of the five center director focus groups felt that their assessment TAs were lacking the knowledge they needed to be effective. One center director explained that their TA was not able to answer questions satisfactorily, while another felt that their TA was misinformed about elements of the documentation process. For example, this provider reported receiving incorrect information about when and how information about the qualifications of staff needed to be submitted to the Registry. These opinions might represent the 2 percent of survey respondents who felt that their TA could not answer their questions (Figure 2).

Relatedly, FCC providers in one focus group said that they felt that the information their TA provided on how to prepare for their assessment was not always aligned with how their site was ultimately assessed.

The reported challenges with the technical assistance comport with the opinions expressed by the QSLA stakeholders interviewed during the

FIGURE 2
Providers’ Perceptions of Technical Assistance Knowledge and Support

![Chart showing providers’ perceptions of technical assistance knowledge and support](chart.png)

SOURCE: Early learning provider survey.

NOTE: The sample comprises 244 providers (185 center directors and 59 FCC providers). Percentages might not sum to 100 percent because of rounding.
evaluation. When asked whether they had any concerns about the design of the technical assistance support, the stakeholders expressed that QSLA model decisions, particularly how the TA position is staffed, might limit the utility of the technical assistance offered to providers. Although the TAs are trained to understand the details of the assessment process, they are not required to have experience with the classroom observation tools with which sites are assessed (i.e., the CLASS and ERS). Mastery of the classroom observation tools requires a specific skill set and substantial training that the QSLA program coaches possess. Indeed, much of the program coaching support that QSLA sites receive focuses on these tools. In an attempt to clearly define the TA role, distinguish technical assistance from coaching, and limit the specialized skills required for the TAs, they are not tasked with providing information about the classroom observation tools. Despite the logic of this choice, the classroom observations are a critical aspect of the assessment process. The observation tools are complex and cover a variety of domains. It is possible that in the instances in which providers reported dissatisfaction with the technical assistance, they might have required support related to the classroom observations that the TAs were not trained to provide.

All respondents to the early learning provider survey were asked to report their site's tier rating. Using these data, we found that many QSLA providers were not aware of their rating. As shown in Figure 3, 41 percent of survey respondents could not report their rating level when asked. Importantly, there was substantial variation in this knowledge across the different kinds of staff who took the survey. The lack of knowledge about tier ratings was concentrated among classroom staff, not site administrators.

Box 4
Key Findings

- Forty-one percent of surveyed QSLA providers did not know their tier rating; this lack of knowledge was concentrated among classroom staff, not site administrators.
- Providers’ perceptions of the accuracy of their tier ratings varied by their reported tier ratings.
- Some providers perceived the assessment process to be unfair or challenging (especially FCC providers), while other providers felt that the process was manageable.

All respondents to the early learning provider survey were asked to report their site’s tier rating. Using these data, we found that many QSLA providers were not aware of their rating. As shown in Figure 3, 41 percent of survey respondents could not report their rating level when asked. Importantly, there was substantial variation in this knowledge across the different kinds of staff who took the survey. The lack of knowledge about tier ratings was concentrated among classroom staff, not site administrators.
Nearly half of providers who reported having a tier rating of 2 or 3 indicated that their rating did not reflect their program’s true quality; by contrast, less than 15 percent of providers who reported having a tier 4 or 5 rating felt this way. Importantly, not all providers who reported having a lower tier rating disputed its accuracy; more than half of providers who reported having a tier 1 rating said that their rating reflected their program quality (Appendix Table 4.6).

On both the provider survey and during focus groups, QSLA providers articulated several reasons why their tier rating might not be accurate. First, providers questioned the accuracy of the “one point in time” measurement inherent to the assessment process. Particularly where the classroom observation scores were concerned, some providers felt that an assessment based on the events of a single day could not capture the true quality at their site. One provider who was dissatisfied with her rating said
Despite these concerns, other providers spoke positively about the assessment process and their tier ratings. For example, some participants in all five of the center teacher focus groups agreed that the overall purpose of the assessments was to encourage high-quality programs and teaching. They see the assessment and the tier rating as a means to track the quality of care they provide to children and communicate that level of quality to the public. As one provider said, “We’re working [with QSLA] for the benefits of [the] children and also for [those] benefits to have a high score, so people know that we’re really doing the right things.” Although preparing for the assessment can be burdensome, providers noted that the process became increasingly manageable with time. Providers who were going through their second or third assessment said that they had a sense of familiarity with the process and knew what to expect. In addition, some reported positive experiences during the site visit and had a sense of confidence in their assessors. In contrast to the negative experiences described earlier, other providers used such words as professional and kind to describe their assessors. Although these providers noted that the assessment and tier rating process is inherently stressful, the assessors, TAs, and other QSLA staff made the process manageable.

Participants in all five of the center teacher focus groups agreed that the overall purpose of the assessments was to encourage high-quality programs and teaching.
Implications

In this section, we discuss the implications of the evaluation’s findings on the assessment process, technical assistance, and tier ratings, and we offer recommendations to QSLA stakeholders and the QRIS field in general. These implications are informed by related research literature and QSLA stakeholders’ reactions to and discussions about the evaluation results during the sensemaking meetings.

- **Continue to offer quality assessment supports tailored to providers’ needs.**

At the time of the developmental evaluation, assessment technical assistance was new to the QSLA model and still in a pilot phase. The findings suggest that both providers and TAs felt that the new support helped providers better navigate and manage the assessment process. In addition, the majority of QSLA providers felt positively about the assessment technical assistance and appreciated the guidance as they prepared for the quality assessment. This positive feedback is strong evidence that there is enthusiasm for assessment technical assistance to continue. According to the evaluation findings, QSLA’s assessment technical assistance is similar to support services in other QRIS models (Smith et al., 2017). The five QRIS models described in Caronongan and colleagues’ 2011 review all provided support to providers from assessment specialists. Much like QSLA’s TAs, these staff members walked providers through the assessment process, explained the QRIS quality standards, and helped facilitate document collection (Caronongan et al., 2011).

There is little evidence in the literature to suggest how much support providers need to navigate the assessment process. Caronongan and colleagues’ 2011 review indicated that QRISs offer these supports on an as-needed basis, with some models setting a maximum dosage as QSLA does. The majority of QSLA providers felt that the amount of technical assistance they received met their needs and the average QSLA provider received far less than the maximum dosage. This information can be used for future planning to gauge the level of assistance sites are likely to request.

- **Clearly explain details of the assessment process, including what to expect from assessment technical assistance and the assessment site visit, and create clear channels of communication for providers to learn about the tier ratings.** Some QSLA providers expressed frustration with the quality assessment process. Notably, provider challenges with the quality assessment process are not unique to QSLA. Previous evaluations of state-level QRISs indicate that providers often find the assessment process burdensome and time-consuming (Elicker et al., 2018; Javorsky et al., 2015). Developing ECE quality improvement systems that effectively and accurately assess quality on a variety of measures—yet are streamlined and easy for providers to engage with—is a key challenge in the QRIS field (Schilder et al., 2015).

Providing clear communication and detailed accounts of what providers can expect from the assessment process might help ease these concerns. Indeed, QSLA’s technical assistance services are designed to meet this goal. QSLA might explore additional materials to offer providers to help prepare them for the assessment, such as more information on what to expect from their interaction with the assessors. In addition, some providers expressed the opinion that their TA was not able to answer all of their questions about the assessment process. The TA role is not designed to have expertise in all aspects of the assessment, and specifically about the observation tools. It is important to clearly define and communicate the role of support staff, such as the TAs, so that providers have appropriate expectations for the support they will receive. QSLA can also consider developing additional resources that exclusively focus on the content of the classroom observation tools.

Many lead and assistant teachers reported that they were unaware of their tier rating, indicating that information about the results of the assessment might not always reach
their unique home-based environments. QSLA’s model already includes some considerations for FCCs; for example, one of the classroom observation tools used during the quality assessment is specifically designed for FCCs. In addition, the evaluation findings suggested that TAs provided more-intensive support to FCCs to help them be successful in the assessment process. In the future, QSLA and other QRISs might consider additional ways to account for FCC characteristics in the assessment process. For example, there could be new ways to account for the strong relationships that FCCs often develop with the families they serve (Hooper, Hallam, and Skrobot, 2019). In addition, clearly and explicitly acknowledging that FCCs bring a different set of strengths and challenges than center-based settings might help build buy-in among home-based providers who feel unrecognized by QRIS models.

- **Consider the unique experiences of FCCs in the quality assessment process.** Some QSLA FCC providers felt that the assessment process and resulting tier ratings might be particularly inaccurate for judging the quality of home-based child care settings. The notion that FCCs might be disadvantaged in QRISs is a common theme in the field (Hooper, Hallam, and Skrobot, 2019). Although the research literature is mixed, some studies find that FCCs tend to receive lower quality ratings than their center-based counterparts (Hallam et al., 2017). However, FCCs have several distinct features that might not be captured in QRIS standards. For example, FCCs often serve children in mixed-age groups (e.g., children birth to age five in the same classroom). QRIS standards, by contrast, tend to target center-based settings that serve children in a more narrowly defined preschool age group (e.g., 3–5 year-olds) (Hooper, Hallam, and Skrobot, 2019). In addition, the features of FCCs that parents and families often value most—such as flexible care schedules, long-term relationships, and strong family engagement—are not typically measured by QRISs (Porter et al., 2010; Hooper, Hallam, and Skrobot, 2019).

Research suggests that QRISs might better serve FCC providers—and thus the children in their care—by being more responsive to
Coaching is part of the ongoing quality supports intended to help sites improve their tier rating and overall level of quality over time.
environment and materials, child observation tools, and curriculum implementation. Similarly, the coaching model lists a variety of methods coaches can employ during the sessions to support the providers, including making observations, providing feedback about the providers’ instructional practices, or modeling best practices.

In the remainder of this section, we turn to the evidence collected to address the coaching research questions and provide a comprehensive picture of the implementation of the QSLA coaching model. We address research questions 6–9 and research question 10, which focuses on variation in the QSLA experience across different types of providers.

How Much Coaching Did QSLA Sites Receive, and What Factors Influence Dosage?

The QSLA model recommends that sites receive up to two hours of coaching per classroom per month. As illustrated in Figure 4, data from a sample of QSLA sites that received coaching in the 2019–2020 program year showed that, on average, sites received 1.4 hours (82 minutes) of program coaching per classroom per month during the eight-month period for which data were available (July 2019–February 2020). In addition, the data show that, on average, FCCs received about 20 minutes (0.3 hours) more of coaching than classrooms at center-based sites (1.6 hours for FCCs and 1.3 hours for centers). Coaching took place almost entirely in person, with classrooms receiving an average of less than one email or phone call from their coach per month (see Appendix Table 4.7).

Box 5

Key Findings

- QSLA sites received approximately one and a half hours of coaching per classroom per month, on average, with variation by provider type and time of year. FCCs received more coaching, on average, than centers.
- The majority of surveyed providers reported that the amount of coaching they received was “about right.”
- Providers’ time constraints and busy schedules presented logistical challenges to scheduling coaching sessions and meeting the prescribed coaching dosage.

FIGURE 4

Average Coaching Dosage per Classroom per Month During the 2019–2020 Program Year

<table>
<thead>
<tr>
<th>Hours of Coaching</th>
<th>All QSLA sites</th>
<th>Centers</th>
<th>FCCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SOURCE: QSLA iPinwheel administrative data.
NOTE: The sample comprises 812 QSLA sites (638 centers and 174 FCCs).
There was seasonal variation in coaching dosage. As depicted in Figure 5, coaching dosage for all QSLA sites in the sample was the lowest in July, at the start of the program year. Dosage then increased during the fall months (peaking in September), followed by a general downward trend until the end of the study period, with the lowest dosage of the winter observed in December. This pattern is aligned with the rhythm of the school year: low activity over the summer, a ramp up in the fall, and low activity around the winter holidays. The dosage pattern for center-based sites, many of which follow a school-year calendar, mirrored that of the whole sample (see Appendix Table 4.8). Reports from coaches during interviews and focus groups echoed this pattern; respondents noted that coaching often slows over the summer when center-based sites that follow a school-year schedule are not in session. Indeed, the school-based sites received an average of only 33 minutes of coaching per classroom per site in July (see Appendix Table 4.8). Coaches reported that coaching begins to pick up at the start of the school year as coaches and providers meet to set goals and start the coaching process.

According to survey and focus group data, the majority of early learning providers were satisfied with the amount of coaching they experienced. On the provider survey, we asked respondents to report whether the amount of coaching they had received was too much, too little, or about right. Among the center teachers and FCC respondents who reported receiving any coaching, 80 percent replied that the amount of coaching they had received was about right. Only 14 percent said that the amount of coaching they received was too little, and 6 percent said they received too much (Appendix Table 4.9). Coaches reported during focus groups and interviews that multiple factors can influence how much coaching a particular site or classroom receives. Overwhelmingly, coaches reported that remaining flexible regarding when they scheduled coaching visits was the most important strategy to providing adequate coaching dosage. Providers’ schedules vary widely, and they are often pressed for time. As a result, coaches reported that they worked at odd hours (e.g., nights and weekends) to find a convenient time to meet with providers, and they returned to sites multiple times in a month to meet the coaching dosage. Indeed, logistics and scheduling constraints often made it difficult to schedule coaching visits. Coaches in all focus groups in which dosage was discussed noted that providers often requested to schedule coaching visits during their free time (e.g., a planning period, lunch time, or naptime). Because

FIGURE 5
Average Coaching Dosage for All QSLA Sites per Classroom by Month in the 2019–2020 Program Year

SOURCE: QSLA iPinwheel administrative data.
NOTE: The sample comprises 812 QSLA sites.
teachers were present for 84 percent of coaching sessions, receiving the majority of the coaching support. By contrast, assistant teachers were present for only 17 percent of sessions (Appendix Table 4.11). We heard mixed reports in the provider focus groups about assistant teachers’ participation in coaching. Some providers in three different teacher and center director focus groups reported that coaches make a dedicated effort to provide support to all members of a classroom teaching team, including assistant teachers, aides, and other kinds of support staff. As one lead teacher said, “[The coach] never forgets about the assistant, too, because we’re both there. We both need to know what ways work best for us.” However, other providers across five focus groups indicated that assistant teachers need more support than they currently receive from coaches. These providers noted that the assistant teachers often have less education, training, and/or experience with the tools the QSLA model uses to improve program quality, such as the CLASS. Providers indicated that some assistant teachers require more hands-on support and would benefit from more information from coaches about best practices. Furthermore, providers noted that the assistant teachers are important contributing members of the classroom team but are often overlooked. Providing them with coaching supports

What Does a Typical Coaching Session Look Like?

When they were asked about a typical coaching session, the coaches we spoke with during interviews and focus groups consistently reported that a typical session does not exist. As indicated by the QSLA model, coaches aim to tailor their coaching approach, including the topics addressed and methods used, to the specific needs of the provider with whom they are working. In this way, the coaches reported that all sessions are unique and different. In this section, we provide details about key aspects of coaching sessions, including who participates in coaching sessions, how coaching goals and QIPs are developed, and what coaching topics and coaching methods entail.

Coaching Session Participants

The QSLA coaching model indicates that coaches are to spend the majority of their time with classroom staff (lead teachers) at centers and owners at FCCs; however, other staff, such as center directors or assistant teachers, can also participate. Coach-reported data from the iPinwheel administrative database indicate that most coaching sessions across all sites during the 2019–2020 program year were one-on-one interactions between a coach and one staff member at the site (67 percent total; see Appendix Table 4.10). One-on-one meetings were even more common at FCCs, with 85 percent of visits including only one staff member (Appendix Table 4.10).

The staff who participated in coaching sessions are aligned with the model suggestions. At FCCs, administrative data show that FCC owners were present for the large majority of visits in the 2019–2020 program year (89 percent). At center-based providers, lead

Box 6

Key Findings

- Coaches reported that there is no typical session; each session is tailored to the individual provider’s needs and goals.
- The majority of coaching sessions were one-on-one sessions with a lead teacher (at center-based sites) or an FCC owner (at FCC sites). Other types of staff, such as assistant teachers or center directors, participated infrequently.
- Coaches and providers addressed a variety of topics during coaching sessions, including the CLASS, ERS, and child assessment tools.
- Observation and feedback was the most commonly reported coaching method used in coaches’ sessions, although coaches often shared resources and modeled best practices as well.
is one way to acknowledge their contributions while also building their skills. According to one provider,

I believe only the [lead] teachers are being acknowledged in some sort of way, and not the [assistant] teachers. Like to me, for example, I don’t consider them [assistants] or aides. To me, they’re all teachers. . . . I can’t do my job without them. They can’t do their job without me.

Center directors and administrators also play a role in coaching; they were present for 9 percent of coaching visits at center-based providers (Appendix Table 4.11). According to reports from center directors during our focus groups on how they participate in coaching, they primarily provide logistical support, such as helping schedule coaching visits, and manage center schedules to ensure that teachers have coverage to meet with their coaches. Some directors see the coaches as a source of valuable and unique information about their classrooms. The coaches are able to provide another perspective on the teachers’ needs and unbiased reports of what is happening in the classrooms. Some directors in each of the five center director focus groups reported that they were grateful for this input from the coaches. As one center director said of her coach, “she’s like my second set of eyes.”

Coaching Goals and QIPs

Consistent with the QSLA coaching model, both coaches and providers reported during focus groups and interviews that the coaching process begins by setting goals and documenting them in QIPs. According to coaches, the goal-setting process typically includes lead teachers at centers and FCC owners. Coaches described a goal-setting process that involves discussion and reflection with the providers about their own challenges and areas of improvement. For example, providers who have recently had a quality assessment use their site tier rating and the assessment results to help set goals. Overall, the FCC providers and teachers we spoke with in focus groups spoke positively about the QIP and goal-setting experience. They agreed that the task of selecting topics was a shared effort and was led by the teachers’ needs. As one provider said, “[My coach] allowed me to pick [my goals]. [She asked me,] ‘What would you like to start with?’” Relatedly, coaches communicated that provider buy-in is the most important aspect of the QIP process. Coaches see the providers’ input in the QIPs as foundational to the work because it gives the providers ownership over their goals and incentivizes them to make progress toward improvement.

Both coaches and providers reported that they returned to the QIP goals throughout the year’s coaching sessions. Consistent with these reports, we witnessed providers and coaches discussing previously set goals in all of the coaching sessions we observed during the evaluation. For example, we observed one session in which a coach and teacher discussed a teacher’s goals to foster more discussion and child talk during classroom activities, and another session with a discussion of a teacher’s goals to better manage children’s use of the classroom’s activity centers. The evaluation activities did not include an analysis of the content or topics of providers’ QIP goals. However, the coaching topics (which we discuss next) give further insight into the areas providers hoped to improve.

Coaching Topics

As part of their record of each coaching session, coaches use iPinwheel to record the topics addressed with the providers. Coaches select from a set of broad pre-listed topics (see Appendix Table 4.12 for all
data suggest that even after completing the assessment technical assistance process, providers continue to need support from their coaches to navigate the QSLA system. Both QSLA program details and the use of child observation and assessment tools were more-common topics among sessions with FCCs than with center-based providers. FCC providers might require more coaching support than center-based providers on these administrative topics.

The topics coaches can select in iPinwheel are somewhat limited in detail. Our observations of coaching sessions during the 2018–2019 program year indicated that in addition to the topics available in the iPinwheel system, coaches and providers discussed a variety of different ideas, such as principles of child development and children’s skills (including language and literacy development, numeracy skills, and social and emotional development); how to manage children’s behavior; support for dual language learners; and health and safety matters (e.g., hand-washing, mealtimes).

We also asked respondents to the provider survey about how helpful they found the coaching topics from their 2018–2019 coaching sessions. The majority (more than 60 percent) of center teachers and FCC respondents who reported receiving any coaching indicated that several topics suggested in the QSLA model had been discussed with their coaches, and the discussions were very or somewhat helpful. For example, more than 70 percent of respondents found it helpful to have discussed data or topics from the CLASS and ERS, general instructional techniques or curriculum implementation, and/or the inclusion of children with special needs (Appendix Table 4.13).

### Table 4
The Most Common Coaching Topics in the 2019–2020 Program Year

<table>
<thead>
<tr>
<th>Coaching Topics (percentage of coaching sessions)</th>
<th>CLASS</th>
<th>ERS</th>
<th>QSLA Program Details</th>
<th>Child Observation and Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>All QSLA sites</td>
<td>74</td>
<td>44</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Centers</td>
<td>77</td>
<td>44</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>FCCs</td>
<td>47</td>
<td>42</td>
<td>21</td>
<td>12</td>
</tr>
</tbody>
</table>

**SOURCE:** QSLA iPinwheel administrative data.

**NOTE:** The sample comprises 812 QSLA sites (638 centers and 174 FCCs). Percentages are rounded to the nearest whole number.
Coaching Methods

Consistent with the QSLA model, the coach-reported QSLA administrative data show that coaches used a variety of methods while supporting providers during coaching sessions in the 2019–2020 program year. As shown in Figure 6, observation and feedback—the process by which coaches observe a provider in the classroom and then provide feedback on what they saw—was by far the most common coaching method among sessions in the 2019–2020 program year. Similarly, center teachers and FCC providers reported on the provider survey and during focus groups that observation and feedback were common activities. For example, 87 percent of survey respondents said that coaches always or often provided feedback (Appendix Table 4.14).

Resource-sharing, including sharing articles, materials for the classroom, or videos with examples of classroom instruction, was the second most common coaching method used in 37 percent of sessions. During focus groups with providers, resource-sharing was often cited as one of the most useful aspects of coaching. For example, one provider noted that her coach had sent her a list of open-ended questions to use while interacting with children in the classroom.

Using the administrative data, coaches reported that they modeled best practices for providers in the classroom in only 15 percent of coaching sessions (Figure 6). However, other data suggest that this figure might be an underestimate or an artifact of providers and coaches having different definitions for methods used. On the provider survey, more than 60 percent of center teachers and FCC providers reported that their coaches sometimes or always modeled best practices during coaching sessions (Appendix Table 4.14), and we observed modeling in four of the five observed coaching sessions that included a classroom component. During focus groups, center teachers and FCCs reported that modeling was a helpful coaching method that allowed them to see in real time how they might improve their practice. As one center teacher said,

I think modeling is very important, not only for me, [but] for my assistant to see that. You know, sometimes you talk, talk, talk [about what we should do] but when you see it in action, in that moment how [the] coach [is] addressing that issue . . . Just seeing it in action . . . work[s] . . . for all of us . . . all of my assistant teachers, my co-teacher, all of us.

FIGURE 6

Coaching Methods Used During Coaching Sessions in the 2019–2020 Program Year

<table>
<thead>
<tr>
<th>Percentage of coaching sessions</th>
<th>Observation and feedback</th>
<th>Resource-sharing</th>
<th>Modeling</th>
<th>Training</th>
<th>Technical assistance</th>
<th>Learning community</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of coaching sessions</td>
<td>76</td>
<td>37</td>
<td>15</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>60</td>
</tr>
</tbody>
</table>

SOURCE: QSLA iPinwheel administrative data.

NOTE: The sample comprises 812 QSLA sites. Percentages are rounded to the nearest whole number.
According to information elicited from QSLA stakeholders, coaches often fail to report modeling when they are entering data about their coaching sessions because they are always modeling best practices informally whenever they are in the classroom. Coaches might think to record modeling as a method only after a more-official modeling activity, such as when they formally lead a classroom activity or co-facilitate a lesson with a teacher. The other less-frequently observed coaching methods included leading a training, offering technical assistance, and leading learning communities. As shown in Figure 6, coaches selected “other” as a method in almost two-thirds of coaching sessions. Using feedback from QSLA stakeholders, we learned that coaches often selected “other” when they used more than one method, or in some cases when they provided feedback to providers without doing an observation. The high percentage here might suggest underreporting in some of the other categories. In addition, coaches might be using methods that they feel did not fall neatly into one of the listed categories.

How Did Providers and Coaches Perceive the Coaching Sessions?

Coaching Strengths

Across multiple data sources, QSLA early learning providers were overwhelmingly positive about the support they received from their coaches. More than 90 percent of center teachers and FCC providers who reported receiving coaching on the early learning provider survey either agreed or strongly agreed with a series of statements about the knowledge and helpfulness of their coach (Figure 7). In particular, 93 percent of these providers either agreed or strongly agreed with a series of statements about the knowledge and helpfulness of their coach (Figure 7). In particular, 93 percent of these providers either agreed or strongly agreed that participating in coaching had helped improve the quality of their program. One center teacher we spoke to in a focus group felt that her CLASS scores and her overall ability to support children’s learning in the classroom had improved because of her coaching sessions. According to this teacher,

The most helpful [part of coaching was] that I was able to knock my CLASS scores out of the ballpark. [Coaching] helped me with my relationship with the children. [My coach] helped me understand how to really communicate with them through the whole open-ended questions and being mindful.

Providers in all 15 focus groups spoke positively about their coaching experiences. Center teachers and FCC providers described having a positive relationship with their coaches. They characterized the relationships as collaborative, warm, nonjudgmental, and based on trust. As one provider said, “[Our relationship with our coach is] awesome. It’s very friendly, very caring. She is part of our school, you know?” According to providers, it can take time for the coaching relationship to develop; some reported that trust in particular grows slowly. But once established, a trusting relationship is a key component of the coaching process. As one provider said,

At first, I wasn’t very trusting of [the coach] because I’m very shy, but then I started trusting [her] and she’d say, “I won’t pressure you, you’ll tell me what you’d want us to do and I’ll help you out. I’m here to help you. . . .” [Eventually] I said, “I’m willing to let you help me become better,” so I let her guide me with decisions. . . . [Now] the way I’ve been working with her has been great.

Across interviews and focus groups, the coaches we spoke with agreed that a positive, collaborative coaching relationship is an essential aspect of the
When our coach came in, she did leave it up to the teachers to choose what it is that she was going to provide mentorship for. I think that was, like I said, it was very good for that to take place because I think the teachers have a sense of, you know, taking ownership for what goes on in their classroom. I mean, yes, they do need the guidance, we all need guidance, of course. There's always room for learning, gaining new skills, but it still gave them that sense of ownership.

Coaching Challenges

Some challenges emerged when coaches and providers described their experiences with coaching supports. On the provider survey, a minority of teachers and FCC providers reported having at least one coaching challenge (28 percent of those who reported receiving any coaching; Figure 8). The most commonly reported challenge was having limited time to meet with coaches; this challenge was also echoed in all provider and coach focus groups and interviews. As described earlier in the section on coaching dosage, scheduling coaching visits at a convenient
Finally, both coaches and providers reported during focus groups that turnover among ECE provider staff and the coaches can hinder the coaching process. As described earlier, it can take time to build a positive coaching relationship. When staff leave and are replaced, this process has to begin again. We lack evaluation data on the rates of staff turnover for either the QSLA sites or the coaching staff. However, national data on the ECE field indicate that turnover rates among all levels of staff are high. For example, center-based ECE sites have estimated annual turnover rates of 33 to 50 percent (Jeon and Wells, 2018). If this figure applies to QSLA sites, then each year many coaching relationships have to start from “square one,” as one provider put it.

Implications

In this section, we discuss the implications of the evaluation’s findings on coaching and offer recommendations to QSLA stakeholders and the QRIS field in general. As in the previous section, these implications are informed by related research literature and QSLA stakeholders’ reactions to and discussions about the evaluation results during the sensemaking meetings.

FIGURE 8
QSLA Providers’ Reported Coaching Challenges

<table>
<thead>
<tr>
<th>All responses</th>
<th>At least one challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited time to meet with the program coach (in-person and/or by phone)</td>
<td>53</td>
</tr>
<tr>
<td>Program coach provided limited feedback, information, materials and/or resources to meet my needs</td>
<td>31</td>
</tr>
<tr>
<td>Not enough contact with the program coach (e.g., coach unavailable or unresponsive)</td>
<td>12</td>
</tr>
<tr>
<td>The QSLA program coach could not answer my questions most of the time</td>
<td>15</td>
</tr>
<tr>
<td>My program coach and I were not compatible (e.g., our workstyles and/or personalities were not a match)</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: Early learning provider survey.

Note: The sample comprises 1,393 providers. Percentages are rounded to the nearest whole number.
• **Ensure that the coaching dosage recommendations are feasible and aligned with providers’ needs, and establish practices to minimize scheduling burden.** On average, sites received 1.4 hours of coaching per classroom per month, with variation by season and between FCCs and centers. QSLA providers reported that they were generally satisfied with the amount of coaching they received. Research suggests that coaching dosage in ECE programs can vary widely (Isner et al., 2011). Artman-Meeker and colleagues’ 2015 review of 49 research studies on coaching showed extraordinary variation in how much coaching ECE sites received. Among the 26 studies that provided dosage information, educators received anywhere between three and 32 sessions over the course of an intervention, with sessions lasting from two minutes to five hours. Past research does not offer clear guidelines on how much coaching is needed to help ECE staff improve instructional quality (Artman-Meeker et al., 2015; O’Keefe, 2017). Given the lack of evidence base, it is logical to consider providers’ needs and how much coaching they desire when determining QRIS coaching dosage.

Both QSLA coaches and providers noted that scheduling constraints sometimes made it difficult to hold coaching sessions. QSLA could consider new ways to ease the scheduling burden. With sufficient resources, offering substitute teachers to cover classrooms while teachers meet with coaches might make scheduling easier. In addition, ECE site-level administrators, such as center directors and principals, often take the lead on scheduling coaching sessions and thus are key to ensuring that the sessions happen as planned (O’Keefe, 2017). Some QSLA center directors noted that they served in this scheduling role. Ensuring that the site administrators are engaged in the coaching process and creating staffing schedules that allow for teachers to meet with coaches might help ease scheduling burden.

There also might be ways to address scheduling concerns by focusing on the coaches. When setting dosage expectations,
it is important to account for the size of coach caseloads and the full amount of time coaches spend serving each provider. The dosage data presented in this report capture only the time coaches spent interacting with providers; they do not account for preparation, travel time, or follow-up tasks. Research on instructional coaching in K–12 education settings indicates that coaches often spend substantial time on administrative tasks outside their time with practitioners (Kane and Rosenquist, 2019); using information gathered from QSLA stakeholders, the same might be true for QRIS coaches in ECE programs. Understanding all the time resources necessary to conduct a coaching visit could help set reasonable dosage expectations and coach caseloads.

- **Continue to provide coaching services that are tailored to providers' needs.** Providers were overwhelmingly positive about their coaching experience, with the majority of providers reporting that they felt supported by their coach and found their coaching sessions helpful. Both providers and coaches cited the provider-driven nature of the coaching process as a strength. Similarly, there is consensus in the field that coaching is likely to be most effective when the topics are individualized to target each provider’s unique goals and needs (O’Keefe, 2017; Snyder, Hemmeter, and Fox, 2015). However, individualization can come with challenges as well. There is limited research on exactly what coaching strategies or tools help improve an educator’s practice. Although the QSLA coaches employed the slate of agreed best practices in coaching—for example, observation, feedback, and modeling (Artman-Meecker et al., 2015)—there is little guidance on exactly when and how these tools should be applied (Hemmeter et al., 2011). Future research might support QSLA and other QRISs in refining their coaching models to provide more direction on exactly how to design coaching sessions to promote quality improvement. Despite the lack of clarity in the field, the large majority of QSLA providers felt that they had improved the quality of their instructional practice because of their participation in QSLA coaching. This finding is consistent with other QRIS and ECE coaching interventions; providers often perceive a benefit to coaching and feel positively about the support (Javorsky et al., 2015; Knoche, Kuhn, and Eum, 2013). Although this study did not test whether coaching caused improvements in instructional practices, providers’ positive perceptions of the coaching benefits are important nonetheless. Theory suggests that provider investment in the coaching process is key to the successful implementation of a coaching model (Snyder, Hemmeter, and Fox, 2015).

- **Consider ways to involve assistant teachers and other support staff in coaching.** Assistant teachers were present for only a fraction of the coaching visits. Some providers noted that assistant teachers would benefit from more coaching supports. The QSLA model does not include specific guidance about the inclusion of assistant teachers; although there is a focus on lead teachers, coaching is generally available to all staff in the classrooms. Research suggests that assistant teachers and other ECE classroom staff in nonlead teacher roles often do not receive adequate support or professional development (Cramer and Cappella, 2019). However, there is good reason to invest in assistant teachers’ skills and development through such services as coaching. Assistant teachers make important contributions to ECE classrooms and help create positive learning environments for children (Curby et al., 2012). Ensuring that assistants receive coaching is one way to promote the quality of care offered to children (Curby et al., 2012). With this in mind, QSLA might consider providing more formal guidance to coaches on when and how to involve assistant teachers in coaching sessions. Doing so also might involve communicating new expectations to lead teachers and center directors so coaching and staffing schedules are designed to provide assistant teachers with time to participate in coaching sessions.
As described at the start of this report, the RAND research team shared the results from the evaluation with QSLA stakeholders as they became available so the information could inform decisionmaking. The presentation of results in real time and the use of this evidence in program decisionmaking are hallmarks of a developmental evaluation (Patton, 2011). In addition to the principles of developmental evaluation, this study drew on principles of implementation research (Halle, 2020). Specifically, we investigated whether the model was being implemented as intended, examined the contextual factors that might affect implementation, and documented the relative strengths and weaknesses of the focal QSLA components (Moir, 2018). Implementation research is often thought of as the first step in program evaluation, which ultimately plans to measure impact on key outcomes. It is important to first document that a program is being implemented as intended before testing that it is achieving the desired outcomes (Epstein and Klerman, 2012). Implementation theory posits that it can take educational systems and such interventions as QSLA two to four years before they have matured, are fully implemented, and are functioning as intended (Fixsen et al., 2005). QSLA leaders selected an ideal time in the life course of QSLA—two years post launch—to conduct a developmental evaluation on model implementation.

Since data collection and analysis ended and the results were shared, the QSLA model, and the context in which it operates, has continued to evolve. However, the implications of this evaluation continue to be relevant. The findings from the developmental evaluation can continue to help QSLA refine and improve the services and supports offered to providers as they implement a dynamic model. Most recently, QSLA responded to the COVID-19 global pandemic beginning in early 2020. Many providers were forced to close (temporarily or permanently), while others worked to adapt quickly to serve children and families safely. QSLA adapted too, and sought to meet providers’ new needs. Although the circumstances from the start of the developmental evaluation have changed, lessons from the evaluation remain timely. For example, individualizing coaching to providers’ needs was paramount during the pandemic as providers addressed new challenges every day. Once they were able, some coaches began providing virtual or distance coaching services (via

Despite the unique challenges of the time, QSLA stakeholders continue to look toward the future of QRIS implementation and research.
phone calls or video-aided visits) to support providers even when they could not be there in person. At the same time, other lessons from the developmental evaluation had to be viewed through a new lens. For example, the quality assessments were largely paused during the pandemic. When the assessments begin again, QSLA providers might face new obstacles preparing for their assessments following this unprecedented time. The quality assessment process and assessment technical assistance supports might need to adapt accordingly.

Despite the unique challenges of the time, QSLA stakeholders—and QRIS policymakers and practitioners in general—continue to look toward the future of QRIS implementation and research. As QRISs enter their third decade, and as the second generation of QRIS models matures, it is important to test what does and does not work in QRIS models. For QSLA, research focused on whether QSLA is achieving its desired goals and outcomes might be a next step for the countywide QRIS. An impact evaluation would investigate whether participation in QSLA leads to higher-quality ECE services for participating programs and improved outcomes for children served. The existing QRIS evaluation literature offers several considerations for a possible impact study. First, study design is key. Most QRIS research studies do not employ a research design that produces evidence about the causal effects of QRIS participation on the outcomes of interest (Boller and Maxwell, 2015). Although some studies show that ECE programs show an upward trend in quality while enrolled in QRISs (Yazejian and Iruka, 2015), we cannot know whether these improvements can be attributed to the QRIS because of the lack of experimental design. When planning for future research, QSLA might consider a rigorous evaluation design to understand the causal effects of the QRIS model on program quality.

QSLA, like most QRISs, includes a variety of different components and services. A future impact study might focus on the QSLA model as a whole or on the impact of particular components. Several research questions about specific QRIS components are natural extensions of the results of this developmental evaluation. For example, we now understand approximately how much assessment technical assistance QSLA sites receive when preparing for their quality assessment and that providers appreciate the support. Next, it will be critical to understand whether the supports lead to higher tier ratings for sites compared with if the support had not been present. Similarly, the results of this evaluation provided an in-depth picture of the QSLA coaching model, including how coaching goals are set, what methods coaches use, and who attends coaching sessions. A future impact evaluation can test whether coaching causes improvements in program quality as measured by observational assessments, child outcomes, or other possible indicators of ECE quality. And, if coaching does help improve ECE quality, future research might explore how much coaching is necessary to reach providers’ quality improvement goals.

In addition to understanding the impact of QRISs, researchers and policymakers also might focus on estimating the cost of these systems, and eventually conduct cost-benefit analyses. QRISs require many resources from a variety of organizations and stakeholders, and yet the cost of these systems is not well documented (Boller and Maxwell, 2015). Understanding the costs of QRISs and ultimately weighing them against the benefits to providers, children, families, and the ECE field in general is an important next step in QRIS research.
program where multiple providers work. We use the term staff who care for and educate children at ECE programs, including center directors and administrators, FCC providers, and lead and assistant teachers. We use the term site to refer to a single program where multiple providers work.

Notes

1 We use the terms early learning provider or provider to refer to staff who care for and educate children at ECE programs, including center directors and administrators, FCC providers, and lead and assistant teachers. We use the term site to refer to a single program where multiple providers work.

2 For more information about QCC, see QCC, undated.

3 For more information about the QCC Rating Matrix, see California Department of Education, 2020.

4 As of the start of the 2020–2021 program year, QSLA model changes resulted in a new assessment schedule. Beginning in July 2020, only sites that receive funding from the California State Preschool Program receive a full quality assessment on all seven QCC Rating Matrix elements once every three or five years; the timing depends on the site’s tier rating. Sites that do not receive California State Preschool Program funding either do not receive an official quality assessment or receive a limited assessment that includes only the Classroom Assessment Scoring System (CLASS) observation.

5 The supports described here are reflective of the QSLA model implemented from July 2018 to June 2020, when the developmental evaluation was conducted. Since June 2020, QSLA has undergone model revisions resulting in some changes to the support services; those changes are not reflected here.

6 The technical appendix is available on the webpage for this report.

7 For the quantitative data, we chose not to conduct hypothesis testing; instead, we relied on descriptive statistics to focus on the details of implementation.

8 Some FCCs have additional staff beyond the owner or director, such as an assistant or aide. However, the QSLA components that the developmental evaluation focused on included services that were primarily targeted toward the FCC owner; thus, other staff might not have had enough contact with the QSLA model to answer the survey questions. For this reason, we sampled only FCC owners. In this report, we refer to FCC provider and FCC owner interchangeably.

9 Because respondents were routed to certain survey questions based on their roles and the services they receive, the samples for individual survey items will vary. Only a portion of the full survey sample was eligible to answer most questions.

10 QSLA leaders estimated that 3,297 providers (across roles) were employed at QSLA sites in April 2019. This total was used to calculate the overall survey response rate of 66 percent (see the technical appendix for more detail).

11 As part of the full evaluation, we also conducted administrative data analyses during wave 1 on data collected from July 2018 through January 2019. We do not present these results here because the sample and results are similar to those found based on the wave 2 data. Furthermore, the wave 2 results are the most accurate, up-to-date reflection of the QSLA model during the evaluation.

12 Although we conducted the analysis during wave 2 (in March 2020), the data time frame includes data collected during part of the 2018–2019 program year (March 2019–June 2019) and the 2019–2020 program year (July 2019–February 2020).

13 See Cannon, Gomez, and Whitaker, 2020, for a discussion of the QSLA data systems and shared data practices across agencies.

14 The 12-hour and three-hour pre- and post-assessment technical assistance dosage maximums are for sites that are not new to QSLA and are preparing to receive their second or later assessment. Sites that are new to QSLA and are preparing for their first assessment can receive up to 21 hours of pre-assessment technical assistance and 13 hours of post-assessment assistance.

15 Because of the timing of data collection, not all of the sites that received pre-assessment technical assistance had completed their assessment, had received their new tier rating, or were eligible for post-assessment technical assistance when these analyses were completed. As a result, the post-assessment technical assistance sample is smaller than the pre-assessment sample (see the technical appendix for more detail).

16 The assessment technical assistance dosage findings are for QSLA sites that were receiving at least their second rating. At the time of the wave 2 administrative data analyses, there were less than five QSLA sites that were receiving their first rating; therefore, the sample size was not large enough for any subgroup analyses. Sites receiving their first assessment have a larger maximum dosage than sites receiving at least their second rating. Our findings do not address whether the new sites received more assessment technical assistance.

17 Specifically, a provider cannot request a technical review if they believe they have been incorrectly scored and the correction would result in a change to the total points they received on the assessment, but not a change to their tier rating.

18 For element 6 on the QCC Rating Matrix, assessors use the Family Child Care Environment Rating Scale, one of the ERS tools, at FCCs.

19 FCC providers typically have one classroom in their home environment.

20 Because coaching is primarily geared toward ECE staff who work directly with children in the classroom, only center teachers and FCC providers received survey questions about program coaching; center directors and administrators did not receive these questions.

21 The survey data and administrative data on dosage reference two different program years. On the provider survey, providers were reporting on their experiences in the 2018–2019 program year, and the administrative data refers to the 2019–2020 program year. However, our analyses show that observed program coaching dosage was similar across wave 1 and wave 2.

22 All staff role categories were mutually exclusive; see the technical appendix for more details.

23 The version of the CLASS designed for prekindergarten classrooms has three domains for which classrooms receive a score: emotional support, classroom organization, and instructional support.
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About This Report

Quality Start Los Angeles (QSLA) is a county-level quality rating and improvement system that supports center-based and family child care providers serving children from birth to age five. The RAND Corporation conducted a developmental evaluation focused on selected QSLA components. This report details the findings from the evaluation organized under two broad topics: (1) the assessment process and tier ratings and (2) coaching. The audience for this report includes QSLA stakeholders and providers, QRIS stakeholders, and practitioners and policymakers who are interested in systems that support early childhood educators.

This study was undertaken by RAND Education and Labor, a division of the RAND Corporation that conducts research on early childhood through postsecondary education programs, workforce development, and programs and policies affecting workers, entrepreneurship, and financial literacy and decision-making. This study was sponsored by First 5 Los Angeles.

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