OKFutures Final Program Performance Evaluation Plan

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The OKFutures strategic plan goals include (1) aligning Oklahoma’s systems of care; (2) increasing quality services for infants and toddlers; (3) boosting family choices for culturally-responsive services and supports; (4) prioritizing the health and mental health needs of families with young children; and (5) better informing and engaging families about their children’s healthy development and well-being. The purpose of this program performance evaluation (PPE) plan is to evaluate progress toward strategic plan goals and guide data-based decision making and continuous quality improvement (CQI) efforts.

Funding for the development of this plan was provided by the Preschool Development Grant Birth through Five (Grant Number 90TP0037), a grantmaking program of the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care.

The PPE plan was designed by third-party evaluators, Dr. Diane Horm and Dr. Erin Maher of the University of Oklahoma, and Mathematica, in collaboration with OKFutures committee and team members and staff from the Oklahoma Partnership for School Readiness (OPSR). OKFutures will engage stakeholders (including parents and early childhood care and education [ECCE] providers) to periodically update the PPE plan to align with the strategic plan and needs assessments as they evolve.

**PPE AIMS AND QUESTIONS**

Ultimately, the PPE aims to assess progress toward OKFutures’ vision that all of Oklahoma’s infants, toddlers, and preschoolers will be prepared for healthy, happy, and successful lives. It will examine formative and summative research questions to inform implementation and CQI; track outcomes; and provide accountability to the governor, cabinet secretaries, state legislature, and families.

In conducting evaluation activities, the state should consider drawing upon several established evaluation frameworks. The participatory, utilization-focused evaluation approach considers the information needs of the user, and thus is carried out with participation from those impacted by the program, strategy, or policy being evaluated. Utilization-focused evaluation is an approach recommended as a best practice for complex community evaluations (Hargreaves et al. 2017; Patton 2008). OKFutures will use the PPE process and findings to track progress, inform data-based decision making, and guide CQI. PPE should marry these approaches with Bamberger and Mabry’s (2019) “real-world” evaluation approach to maximize evaluation rigor, given time, budget, data, and political constraints.

**Overview**

PPE will focus on the following strategic plan initiatives for which the state has momentum, politically and financially:

- Creating an Early Childhood Integrated Data System (ECIDS) system to guide policy development, performance monitoring, and CQI
- Piloting prekindergarten for three-year-olds (3PK)
- Piloting contracted enrollment for infant toddler care in rural areas
- Enhancing collaboration efforts across state agencies and other stakeholders
- Planning and delivering professional development trainings and conferences
- Monitoring ongoing professional development pilots (for example, early language programs [LENA] or Program for Infant/Toddler Care [PITC])

The appended logic model guides PPE for the broader system improvement effort and explains measurement of inputs, activities, outcomes, and impact (Appendix A). This logic model aligns with the OKFutures Strategic Plan.

**Timeline**

The state will pursue learning and evaluation opportunities as needs arise and funding becomes available, and craft formal timelines accordingly. The use of data to inform policy and improvements—a process that will be greatly enhanced by the launch of ECIDS—will be ongoing throughout the implementation of the OKFutures initiative. In addition, the OKFutures team has highlighted a few priorities for the coming year that will shape the way in which more formal evaluation activities unfold. Below is a high-level timeline outlining key developments.

**ECIDS.** The ECIDS will gather state data into an integrated platform that can enhance understanding and inform ECCE policymaking and evaluation.

- **2020:** ECIDS developed.
- **2021:** Development of data reports for the first three Use Cases (that is, questions that ECIDS should answer) will inform state policies to reduce unmet need for ECCE programming, ensure supports are available to families of children with developmental delays or disabilities, and expand social safety net services to eligible families.
- **Beyond 2021:** Activities include the continued development of useful reports to stakeholders at local and state levels related to Use Cases 1–3; capacity-building to ensure stakeholders know how to use the reports to inform action; and the development of reports for Use Cases 4 and 5 (which relate to gauging access to health services and the long-term impact of ECCE programming on academic and behavioral outcomes).

**Pilot of prekindergarten for three-year-olds.** The development of a public prekindergarten for three-year-olds (3PK) pilot program for specific populations is a priority for which work is already underway. A more detailed timeline is in the 3PK section of this report.

- **2020:** Planning and design for Oklahoma 3PK model
- **2021:** Launch of 3PK programming
- **2021–2023:** Implementation and impact evaluation for Oklahoma 3PK

**Professional development pilots and training.** As supports to the ECCE workforce are a substantial component of the OKFutures initiative, the state has an interest in understanding the effectiveness of ongoing and future trainings and pilots. An evaluation of the LENA coaching
pilot is already underway; OPSR has also prioritized assessing its training offerings and conferences in 2020, and the full evaluation team is putting together resources on best frameworks for doing this. The evaluation team has also provided a brief summary from the research literature about what is known about coaching models—how they are evaluated and any outcomes reviewed. PITC is also being piloted and fidelity monitoring by the organization is underway. Due to the timing of these pilots and the fidelity monitoring, we are unable to conduct an associated pilot evaluation of PITC during this grant cycle.

- 2020: Evaluation of LENA coaching pilot using appreciative inquiry
- Ongoing: Assessment of OPSR professional development trainings and conferences

The OKFutures evaluation effort will likely rely heavily on collection and analysis of administrative data, which ECIDS will make more accessible. These data, which will allow the state to examine trends over time and across subgroups, can be used both to inform policy development and to track progress. There may also be opportunities to field new instruments or collect new data to align with the needs assessment and strategic plan as they evolve.

Tracking key indicators, supporting CQI efforts, evaluating priority pilots, and undertaking primary data collection will help OKFutures gauge progress toward strategic plan goals, as well as identify promising practices, lessons learned, and opportunities for improvement. To carry out these activities, OKFutures will develop an intentional communication plan for PPE findings that will identify priority audiences and tailor message content, frequency, and communication methods to each audience. To help ensure that stakeholders use PPE findings to inform practice, OKFutures should establish a feedback loop with PPE partners and stakeholders to periodically discuss PPE findings and their use.

**PPE RESOURCES**

**Key roles**

The OKFutures Evaluation Team will support efforts under the PPE plan, monitor progress toward goals, review results, generate recommendations, and oversee CQI efforts. The Evaluation Team currently consists of the contracted evaluation lead, OPSR executive director, and evaluators and researchers from state agencies, foundations, and universities. The Evaluation Team will expand and grow as necessary, including ongoing engagement of local partners. A third-party evaluator may work with OPSR to update the PPE plan periodically to align with strategic plan priorities. If feasible, the state may work with a third-party evaluator and subcontractors to support the development of a process to track state-level indicators and coordinate primary data collection. For data-specific roles and responsibilities, see the PPE Design section below.
PPE partners

In this planning year, several activities related to evaluative functions that will be useful to monitor performance and access outcomes. The PPE partners engaged under the Preschool Development Grant Birth through Five (PDG B-5) initial planning year grant included:

- University of Oklahoma (co-principal investigators)
- Mathematica (system-level evaluation design, which consists primarily of performance and outcome measurement tracking with and alongside the ECIDs, as well as some primary data collection described in this plan)
- Urban Institute (needs assessment and strategic plan)
- RAND Corporation (child care cost study)
- Oklahoma Policy Institute (policy and budget analysis)
- Third Sector Intelligence, or 3SI (ECIDS design and development)
- Advocacy & Community Solutions (family and community communication plan)
- SRI International (strategic plan stakeholder input and plan implementation)
- State agency data and evaluation staff (supporting data requests)

Moving forward, OPSR anticipates that many of these partners—as well as other community partners, including staff at local early childhood programs—will be engaged by the Evaluation Team to participate in data collection and evaluation activities and guided by the OPSR Board, which serves as Oklahoma’s State Advisory Council on Early Childhood Education and Care (SAC).

Budget

The PPE will include (1) local evaluation leadership and oversight, field support, and 3PK evaluation efforts; (2) personnel costs (for example, project management and coordination, collaboration with partners, data collection, finalizing design and instruments, analysis, and reporting); (3) other direct costs (for example, travel, software, and hardware); and (4) data collection costs (ECIDS performance and outcome measurement tracking, as well as some primary data collection described in this plan; see Table 1).
Table 1. PPE Budget, Year 1

<table>
<thead>
<tr>
<th>Category</th>
<th>Approximate Cost Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Local evaluation oversight, field support, and 3PK evaluation</td>
<td>$200,000 - $220,000</td>
</tr>
<tr>
<td>2. Personnel</td>
<td>$100,000 - $120,000</td>
</tr>
<tr>
<td>3. ODCs, including travel</td>
<td>$3,000 - $7,000</td>
</tr>
<tr>
<td>4. Data collection</td>
<td></td>
</tr>
<tr>
<td>Parent surveys</td>
<td>$140,000 - $160,000</td>
</tr>
<tr>
<td>Parent focus groups</td>
<td>$20,000 - $30,000</td>
</tr>
<tr>
<td>Provider surveys</td>
<td>$90,000 - $110,000</td>
</tr>
<tr>
<td>ECIDS data processing</td>
<td>$15,000 - $20,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$568,000 - $667,000</strong></td>
</tr>
</tbody>
</table>

Note: Approximate estimate; more precise estimates could be procured with a definitive scope of work.

**PPE DESIGN**

**Goals and objectives**

PPE will aim to foster CQI through performance measurement, monitoring, and evaluation, including implementation metrics. The systems-level evaluation will focus on strategic plan initiatives for which the state has momentum, including using ECIDS for performance monitoring and CQI, which will guide policy development and improvement; evaluation design and planning for a pilot of prekindergarten for three-year-olds (3PK); evaluation of a contracted enrollment pilot for infant-toddler care in rural areas; evaluation of a collaboration pilot; and evaluation of professional development trainings and conferences as well as ongoing professional development pilots. Appendix A presents a logic model that guides PPE and explains measurement of inputs, activities, outcomes, and impact. This logic model was created through a collaborative in-person meeting with OPSR staff and Steering Committee and Evaluation Team members, facilitated by the University of Oklahoma and Mathematica. Appendix B contains road map visuals specific to the five strategic plan goals that illustrate how the state will measure progress toward its priority aims.

The overall PPE research question is, *“To what extent are the activities implemented in the strategic plan leading to the intended outcomes at the child, family, community, and systems levels?”* Specific research questions are detailed in the discussion that follows. The PPE design section is organized into the following subsections:

- Using ECIDS to guide policy development
- Using ECIDS for performance monitoring and CQI
- Evaluating 3PK pilot
- Reflecting on OKFutures collaboration to guide future progress
- Evaluating professional development activities and programming supported by OPSR and the OKFutures initiative
Using ECIDS to guide policy development

With the development of ECIDS, Oklahoma will have a greatly enhanced ability to understand service gaps highlighted in the OKFutures Needs Assessment (Greenberg et al. 2019) and monitor statewide progress toward their strategic goals. Together with 3SI, the firm tasked with designing and building ECIDS, OPSR identified three Use Cases (that is, questions that ECIDS should answer) focused on understanding unmet need for early childhood care and education, early intervention services, and social safety net supports (see Figure 1). This Use Case information will help OPSR and key stakeholders better understand service gaps and select the most appropriate strategies for addressing them from those listed in the OKFutures strategic plan. This section outlines a road map for bridging ECIDS data and strategic plan strategies, which will equip Oklahoma’s early childhood care and education leaders to select the best strategy to address a given service gap (Friese et al. 2017). Below is a suggested approach for using ECIDS to inform policy development.

Figure 1. Use Cases 1–3: With the rollout of ECIDS, the state will be able to answer these questions:

- **Use Case #1:** What and where are there gaps in early childhood education services and quality, and what options exist to close those gaps?
- **Use Case #2:** What are the factors driving the significant gap between referrals for early intervention services for children with disabilities and developmental delays (SoonerStart) and children actually receiving these services? What options exist to close this gap?
- **Use Case #3:** If a child or family is eligible for a social safety net program—such as Temporary Assistance for Needy Families or subsidized early childhood education—what other social safety net programs are they eligible to receive? What options exist to better combine and deliver these services?

**Step 1: Identify the CQI team**

A key first step to improvement work is to identify a team responsible for overseeing CQI efforts. The OKFutures Evaluation Team has been tasked, in part, with overseeing CQI efforts and could naturally step into the role of CQI team. OPSR could consider including other stakeholders as well. For example, parents or caregivers from vulnerable groups could provide valuable insights into needs, preferences, and barriers related to ECCE programming and services.

**Step 2: Prioritize policy questions**

An initial task of the CQI team will be to prioritize policy issues on the basis of the newly available Use Case data. OPSR has already indicated that it will spend the coming year developing a three-year-old preschool model and exploring the potential for contract-based care, both strategies that will be better informed by data related to unmet need (Use Case #1). The CQI
team could consider developing a process for prioritizing policy questions or strategies that can be better informed by all three Use Cases. This includes consideration of the following:

- Which stakeholders should be involved in prioritizing questions to explore further with ECIDS?
- Who will help develop criteria for prioritizing questions, and what should those criteria be? Criteria development might consider these questions:
  - Would addressing this issue help the state further the mission outlined in the OKFutures strategic plan (Bogle et al. 2019)?
  - What is the cost of not addressing this issue?
  - Can the state fully explore this issue with ECIDS, or will it require additional data collection? (This question is particularly important, given the desire to make quick progress with limited resources.)

While stakeholders in the state have already spent a great deal of time refining priority goals for the strategic plan, the goals of this process would be to determine how to deploy the newly accessible data in ECIDS to begin operationalizing the plan. Among the steps for prioritizing are these:

- Determining the high-level policy issue to address (such as unmet need in rural areas).
- Determining the high-level question(s) the state needs to answer to guide policy development.
- Breaking down the high-level question(s) into subquestions to further pinpoint information needed to inform strategy selection.

**Step 3: Develop an analysis plan**

After prioritizing questions, the CQI team should then develop a plan that does the following:

- **Lists the high-level policy question and subquestions to guide data collection.** Subquestions can guide data collection by asking about specific subpopulations of interest; drivers at different levels (system, community, program); or changes over time.

- **Specifies available data to answer the questions.** ECIDS can provide most of the administrative data needed to inform and evaluate strategies, but other administrative sources could provide complementary program-level data or data about the ECCE workforce.

- **Identifies additional data that would be useful to collect.** Some useful data may not exist in ECIDS or an administrative system, such as (1) parent reports on ECCE preferences and needs, satisfaction with current ECCE arrangements, or perceived barriers to ECCE access; and (2) provider reports on barriers to operation, hours of operation, or comprehensive services offered. Methods for collecting such information could include surveys, focus groups, interviews, public forums, or listening sessions.

- **Outlines a plan for analyzing data to generate insights.** A plan for analysis specifies what you will do with the information gathered. Quantitative data analysis could include...
examining trends over time; making comparisons across localities or other states; or analyzing data across subgroups. Qualitative data are often coded for themes. In plans drawing on quantitative and qualitative information, the team should triangulate across data sources to confirm and explain key findings.

- **Acknowledges any complexities in answering questions and considers limitations.** The analysis plan should discuss the context that is important to consider when interpreting findings and indicate questions that the study’s analysis plan cannot answer (and so would require further research or data collection).

- **Describes a plan for engaging relevant stakeholders throughout the process, communicating findings, and determining next steps.** An analysis plan should consider the key stakeholders involved with a given policy—including state and local leaders, families, and providers—and outline plans for communicating with each group, considering appropriate communication formats (for example, brief, data dashboard, list of recommendations) and channels (meetings, email listservs).

One of the greatest limitations in this process is that available administrative data may not be sufficient to answer all the questions that will be raised. Thus, a need for information outside of ECIDS or other administrative sources, which can require additional resources, is likely. However, creative partnerships can help the team expand capacity for CQI and evaluation activities. For example, the CQI team could consider recruiting graduate students from the University of Oklahoma, an OKFutures initiative partner, to support the work.

The CQI team could also empower local partners by creating community-specific ECIDS reports, thus equipping localities to carry out their own investigations into local needs, identify local solutions, or relay information back to the state to inform more comprehensive policies. User-friendly reports or dashboards from ECIDS will help make data more accessible to local stakeholders with limited evaluation capacity.

The CQI team should also think broadly about other partners or collaborators that have a stake in informing local policies and determine who might contribute to the effort. For example, funders or researchers with specific interest areas may be open to partnerships that would expand state capacity to inform strategy development and to evaluate implementation of those strategies.

Finally, capacity to use ECIDS to inform cross-sector work affecting young children in Oklahoma should be built into the government agency housing the data to ensure a useful, responsive, and timely service to all state partners.

Box 1 outlines an example of the process above, including a sample analysis plan.
Box 1. Sample analysis plan to assess unmet need in the state’s western region

This example explores how the CQI team might use ECIDS data from Use Case #1 to inform its strategic plan objective of expanding access to ECCE programming for infants and toddlers in rural areas of the state (Strategic Plan Objective 2.2).

Prioritize policy questions
The OKFutures Needs Assessment (Greenberg et al. 2019) suggested the western region of Oklahoma has the largest proportion of children not served by the ECCE system. However, the data were limited to children served by the three main ECCE programs: Universal Preschool, Head Start/Early Head Start, and licensed child care. That is, the data do not account for children served by other programs such as home visiting and the Individuals with Disabilities Education Act. Also, the data could not be disaggregated to estimate which families are not being served. Thus, a key policy question that ECIDS could answer might be, “What is the extent and nature of unmet need in the state’s western region?”

The CQI Team could then break down the high-level policy question into subquestions to further guide the team’s analysis. These don’t need to be limited to questions the team can answer with ECIDS, as this is an opportunity to identify what the state needs to know, the extent to which ECIDS can provide this information, and the additional data that would be needed to provide a more complete picture. Subquestions could include these, for example:

1. Does unmet need vary across subgroups (race/ethnicity, income level, geography within the western region)?
2. Does supply vary across communities within the western region?
3. Do the numbers of providers/capacity remain stable over time within given counties in the region?
4. In counties where supply is low and/or unstable, what are the barriers providers face in staying open?
5. Are high-quality options available to families?
6. Does the available supply of providers meet the needs and preferences of families in the region?
7. For families not utilizing the ECCE system, what child care arrangements do they have? Are they satisfied with the options available to them?

Develop an analysis plan

List the question(s)
The team may not address all the questions listed above, but it should prioritize those that would be most useful for better understanding the policy issue or informing the use of a potential strategy.

Specify the available data
ECIDS can provide the CQI team with information about the number of eligible children not in licensed care by county in the region. It can also provide information about licensed child care providers in each county, including their quality rating, type, capacity and dates they entered and/or left the market. While administrative data may not fully answer questions, exploring data trends can help the team to start forming a picture of what is happening on the ground. For instance, the team could identify providers who appear stable based on their dates of operation and answer questions such as, “Where are they located? Do they participate in QRIS? How long have they been in operation? Have they had any licensing
violations (National Center on Early Childhood Quality Assurance 2017)? The answers may begin to reveal trends about providers. Table 2 below maps available and additional data to each subquestion.

### Table 2. Available data, by policy subquestion

<table>
<thead>
<tr>
<th>Policy subquestions</th>
<th>ECIDS data</th>
<th>Additional data needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Does unmet need vary across subgroups in the region?</td>
<td>Number of children currently unserved, by child and family demographics</td>
<td>None</td>
</tr>
<tr>
<td>6. Does supply vary across communities in the region?</td>
<td>Number of service providers and their characteristics (e.g., type of program, quality), by county</td>
<td>None</td>
</tr>
<tr>
<td>7. Do the number of providers remain stable over time?</td>
<td>Number of service providers, by county, across designated intervals (e.g., every six months)</td>
<td>None</td>
</tr>
<tr>
<td>8. In counties where supply is low or unstable, what barriers do providers face?</td>
<td>Child care provider dates of service from ECIDS could reveal trends about when providers enter and exit the market, by provider type</td>
<td>Provider survey or interview for detailed information</td>
</tr>
<tr>
<td>9. Are high-quality options available to families?</td>
<td>Quality rating information for licensed providers, by county.</td>
<td>Parent survey to understand perceptions of access to quality ECCE, including licensed and non-licensed care.</td>
</tr>
<tr>
<td>10. Does the available supply meet the needs and preferences of families in the region?</td>
<td>Provider quality and type (Website search analytics from the region’s Child Care Resource and Referral Association office may provide insights about parent needs, among those who looking for licensed care.)</td>
<td>Parent survey about family needs and preferences</td>
</tr>
<tr>
<td>11. For families not utilizing the system, what child care arrangements are they using (such as family, friend, and neighbor care)?</td>
<td>Not applicable</td>
<td>Parent survey</td>
</tr>
</tbody>
</table>

#### Identify additional data needed to answer the question

Though ECIDS can help the CQI team better understand ECCE supply and stability, those data are limited in explaining why there might be inadequate or unstable supply in the western region. To understand the causes behind the data, the team could examine additional data to determine answers to questions such as these:

- If providers left the market, what were the barriers to service provision?
- What are parents’ child care preferences and needs?
- A short, rapid response survey emailed to existing providers in the region is one option for gathering information about top barriers. Another option is to hold public meetings in different communities within the region to gather feedback from providers about barriers. A benefit of engaging providers or parents in the investigation of key questions is that the team can return to these stakeholders for input when developing new policies or initiatives. Vermont, for instance, used an inclusive process to revise its child care licensing requirements, forming workgroups of providers across the state (Smith et al. 2017). Providers in the workgroup not only offered their own perspective but also connected state-level stakeholders to local networks of providers.
To understand parent preferences, the regional Oklahoma Resource and Referral Association office can provide data about child care information that families request (such as web searches or phone queries about providers that serve children with disabilities). These data could fill in some of the information gaps about the needs of families seeking licensed care. To gain a more nuanced perspective, the CQI team could administer a statewide survey of families with young children to collect data on items such as parent satisfaction with current child care arrangements and the number of children served by family, friend, and neighbor care. See Appendix D for more detail on a representative survey.

**Analyze the data to inform strategy selection**

- To analyze supply, the team may be interested in examining both provider totals across counties in the region and over time. Data on supply can be further analyzed by provider characteristics, such as program type or quality rating. Understanding demand involves examining children being served by various programs in the mixed delivery system out of the total universe of children for the age group of interest (in this case, infants and toddlers). If the state collects primary data—for example, a provider survey on common barriers to operating—analysis could include a mix of quantitative analyses (such as frequencies across subgroups) and qualitative coding to identify core themes (such as common barriers).
- For this example, the team uses ECIDS data to determine that ECCE supply (in terms of slots) does not meet demand in one county. The shortage is especially acute when examining the supply of high-quality providers. The trend analysis reveals a decline in the number of high-quality providers operating over the prior two years. The team conducts the rapid response provider survey, which reveals that the greatest barrier to operating is uncertainty about getting paid, as providers in the region rely heavily on subsidies for revenue (a fact supported by ECIDS data). In this case, the state’s proposed strategy to implement contract-based care may be effective for encouraging new providers to enter the market and helping existing high-quality providers remain open.
- In another county, the team finds that the supply of high-quality options exceeds demand. This prompts questions about parental preferences for care. The team analyzes resource and referral search information and finds a high number of parents seeking information on providers offering evening and weekend care. The CQI team suspects that high-quality providers are not meeting the family need for care during nontraditional hours, causing parents to either use lower-quality options or find alternative, unlicensed care. Results from the statewide survey of families with young children could be disaggregated by region to confirm this theory, and the state could consider incentives, such as higher subsidy rates, to encourage more providers to offer care during nontraditional hours or enhance the quality of those already doing so.

**Acknowledge complexities and consider limitations**

- Acknowledging complexities can help the CQI team put their analysis in context. In the example above, one limitation is the use of an email survey to current providers. Response rates are often low, and those responding may not represent the views of all providers in the region. Also, the team would likely benefit most from understanding barriers to operating among providers who are no longer in operation.
Describe a plan for engaging stakeholders

- As the CQI team investigates access to ECCE options in the western part of the state, key stakeholders include local leaders, families of young children in the region, and providers. State legislators and the governor’s office are also critical stakeholders, because policy recommendations, such as higher subsidy reimbursement rates to incentivize care options, require legislative action. An appropriate channel for keeping local families and providers informed could include public forums that allow for two-way communication, giving the team an opportunity to provide information and updates and solicit feedback to inform next steps. Communication with state leaders would likely be briefer and could occur through partners such as OPSR board members or state councils or committees. The wider public may be a key audience as well and could be kept apprised via the OPSR website or a state dashboard showing progress across all strategies and initiatives being implemented.

Using ECIDS for performance monitoring and continuous quality improvement

ECIDS will serve as a valuable tool as the state assesses policy directions and decides which strategies to implement from its strategic plan. Upon implementation of a strategy, ECIDS can serve as a tool to help the state monitor performance, inform continuous quality improvement efforts, and evaluate promising interventions.

Performance monitoring

When implementing a new strategy, the CQI team should develop clear plans for monitoring progress and informing improvements. Performance monitoring, which involves the collection of key indicators related to an initiative, is a useful process for tracking progress and flagging areas in need of improvement. OPSR plans to develop a state-level dashboard to demonstrate the progress of the OKFutures initiative to state leadership and the public (see Figure 2). For internal purposes, it would be useful to develop a performance monitoring plan for each key strategy.

Questions to address in the performance monitoring plan include the following:

- Which indicators will the state track to understand progress of the strategy?
- How will the state define success for the strategy?
- Which goals or targets does the state want to see for key indicators?
- Who will be responsible for monitoring indicators for this strategy?
- Who will be responsible for assessing progress and determining next steps?

Answering some of these questions might involve creating a logic model for a policy, program, or initiative. The OKFutures system initiative already has an overarching logic model (see Appendix A) but creating a brief logic model that is specific to the strategy will help the team to be clear about how a given strategy aims to resolve a specific problem. At a minimum, it would help to include information about the activities involved with the strategy, short-term outcomes expected to occur as a result of those activities, and long-term goals. Once key outcomes are
defined, the team will have a clearer idea about indicators to track and how to measure success. See Appendix B for streamlined road maps for understanding progress on key strategies under each goal. These visuals could serve as a starting point for strategy-specific logic models.

**Figure 2. Prioritizing indicators for a data dashboard**

A state dashboard is a useful tool for monitoring and communicating progress of the OKFutures initiative. It can be a tool for promoting success, providing accountability, and identifying areas for improvement. A key first step is identifying and prioritizing the indicators that will be included on the dashboard. When selecting indicators for a dashboard, OKFutures should proceed as follows (Smith et al. 2017):

- Use an inclusive process to ensure various audiences’ priorities are represented.
- Select a limited number of indicators (approximately five indicators may be sufficient at the start).
- Clearly delineate indicator targets or goals. Targets not only identify areas for improvement internally but also contextualize progress to external stakeholders. Well-defined goals should be SMART: specific, measurable, achievable, relevant, and time-bound (Latham and Locke 2006).
- Select the highest priority indicators, not just those immediately accessible. If data are not yet available, label the indicator as “in progress” or “data coming.” See the Illinois dashboard example below.

OKFutures could consider different approaches for prioritizing indicators:

- **Tying indicators to ongoing initiatives**: Illinois decided to limit its dashboard to no more than six measures of progress closely tied to ongoing and high-priority state initiatives (Regenstein 2017). State policymakers were interested in tracking the implementation of key initiatives, which in Illinois included Preschool for All and a new Quality Rating and Improvement System (QRIS). Thus, the state decided to track the number of infants and toddlers (the focus of Preschool for All) served and the number of children enrolled in high-quality programs. The state also has an Early Learning Council focused on community-level work, and for that reason wanted to develop a measure of the number of children in communities with high-performing collaborations. View Illinois’s dashboard [here](#). OPSR’s logic model (Appendix A) and goal-specific road map visuals (Appendix B) provide a starting point for identifying indicators linked to priority initiatives such as potential pilots of three-year-old preschool and contract-based enrollment (Appendix C).

- **Tying indicators to dimensions of a healthy system**: Another approach to prioritizing dashboard indicators is to ensure representation of various dimensions of a well-functioning early childhood system. The OKFutures strategic plan includes five goals, so the state could prioritize at least one indicator per goal: collaboration, access, parental choice, family engagement, and health and mental health. See Appendix B for a map of indicators to measure progress for each goal. Alternatively, the state could organize its indicators around an external framework defining a healthy early childhood system, such as the domains from the Early Childhood Learning and Innovation Network for Communities Early Childhood Performance Assessment Toolkit (2019): reach, coordination, commitment, and equity.
Continuous quality improvement

To refine and improve upon strategies or policies, the team should adopt a CQI approach. CQI involves investigating root causes of problems, developing solutions to address those problems, and making refinements to improve initiatives and programs. It is also a useful process for informing scalability and sustainability of initiatives (Build Initiative 2017).

Conducting CQI at the system level requires representation from all involved, including the state CQI team, the providers involved in the pilot or initiative, and any partners assisting with implementation (Build Initiative 2017). CQI will be most successful when all stakeholders have clear expectations for learning and improvement at the start of an initiative.

One of the most common CQI approaches is Plan, Do, Study, Act (PDSA). This approach provides a way to identify and test improvements. Typically, the first step in the process involves identifying an area in need of improvement by monitoring performance. Indicators that fall short of expectations act as a flag that a strategy or initiative may need refinement (Institute of Education Sciences 2017). To carry out a PDSA approach, the team should

- **Plan:** Clearly identify the improvement aim and a solution for achieving it.
- **Do:** Implement the solution.
- **Study:** Develop a plan to measure the success of the solution.
- **Act:** Decide whether to adopt, adapt, or abandon the solution.

The CQI process is useful for formative purposes, to help the state refine strategies or initiatives so that they perform more effectively. In partnering with those implementing an initiative, the state CQI team would likely have a strong role in planning CQI efforts and acting on insights, while those on the ground would oversee improvement efforts (Do) and track data to inform adjustments (Study). ECIDS can be a useful tool in supporting Oklahoma’s performance monitoring and CQI efforts, as it provides accessible and real-time data.

**Figure 3. CQI example**

The state decides to incentivize providers in rural areas to offer child care during nontraditional hours by offering a higher subsidy reimbursement rate to those who are open outside of normal working hours or on the weekends. The state’s specific aim is to increase the number of children served by the ECCE system in counties where care during nontraditional hours was identified as a critical need.

**Performance monitoring.** Because unmet need for care is highest in the western region, the CQI team decides to monitor the number of providers offering care during nontraditional hours (a process indicator) and the percentage of children in the region ages birth to three not served by an ECCE programs (an outcome indicator). The team observes an increase in the number of providers offering nontraditional care, but the percentage of children unserved remains unchanged.

**CQI.** The team investigates potential causes. Providers receiving the incentive could offer insights into how the initiative is working:
Are families using the extended hours?
How are providers communicating with families about the availability of extended hours? Do parents know which providers offer extended hours?

The team draws on administrative data to understand which providers are taking advantage of the higher subsidy rate:

Are they high-quality providers?
Are they all concentrated in one area within the region?

From the conversations with providers and analysis of available data, the team concludes that parents lack awareness of available options. The solution is to work with the regional Resource and Referral Association (R&R) office to develop a consumer education strategy to increase awareness. Academic literature and ECCE stakeholders in other states (who can share their solutions) serve as resources. For example, research shows that parents often learn about child care options from other parents. Given this, the team partners with the R&R office to develop an infographic about the change in providers offering extended hours in the region and share it on the R&R website and via social media platforms.

This effort could be measured in a few ways. First, as an interim measure to understand the effectiveness of the campaign, the team can examine website analytics to determine whether more parents are visiting the R&R website after the education campaign. It may also be helpful to gather information from providers about whether more families have taken advantage of their extended hours. The team should continue to monitor unmet need, as increasing the number of children in the region served by the ECCE system is a primary goal.

If the CQI team determines that the consumer education strategy was successful, it can share lessons learned with other regions to help make the subsidy incentive for nontraditional hours more effective across the state.

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**Evaluating 3PK pilot**

A key priority under the OKFutures initiative in 2020 and beyond will be the development of a three-year-old prekindergarten, or 3PK, program. Although the state has been recognized for its four-year-old universal preschool program, which serves more than 70 percent of four-year-olds in the state, access to high-quality early childhood education is less available for three-year-old children in the state whose primary options are Early Head Start/Head Start slots (for eligible children) and private child care providers with a wide range in accessibility and quality.

The state is in the very early stages of planning for a 3PK program. This section outlines a possible approach for evaluating 3PK.

**Initial steps:**

- Convene a 3PK Planning Team to develop criteria and a design for 3PK program implementation.
- Form an Evaluation Team.
Phase 1: Program planning (timeline: initial year and possibly ongoing)

- The 3PK Evaluation Team will liaise with the 3PK Planning Team to share information on the design, implementation, and monitoring and evaluation of critical program components outlined in the OKFutures Strategic Plan (Bogle et al. 2019). Below is a list of the critical components, as well as the steps the teams could take to develop them.

- Component 1: A funding structure that maximizes federal, state, and local resources; benefits community-based providers; and establishes a fee schedule for family participation that is aligned with child care subsidy eligibility.

  Key steps:
  - Develop criteria that encourage a mixed-delivery system, with partnerships involving public and private providers, to access all possible sources of funding. Resources to support this planning include programs developed by other states and the Oklahoma Early Childhood Program (Horm et al. 2009).
  - Establish a range for program fees that align with child care subsidy eligibility and local community comparisons.

- Component 2: Standards for a high-quality 3PK program, aligned with program standards for Head Start, child care, and universal pre-K.

  Key step:
  - Identify or conduct a crosswalk of existing Head Start, child care, and pre-K standards; use these findings to inform 3PK program standards, with a goal of adopting the highest-quality, most rigorous standards across the three program types.

- Component 3: Criteria and targets that ensure priority access to children experiencing homelessness or who are in foster care, dual language learners, and children with parents involved in the justice system.

  Key step:
  - Specify the percentage of slots dedicated to serving special populations relevant for each geographical area, based on information obtained from ECIDS and other sources.

- Component 4: A program structure that is accessible, regardless of parents’ work or school status.

  Key step:
  - Mandate that funded programs establish program hours that meet the needs of prospective enrollees in their geographic area.

- Component 5: Community-driven capacity building to develop more comprehensive transitional supports for three-year-olds through funded pilot projects and expanded technical assistance.
Key step:
- Consider requirements/incentives that will make the 3PK program a hub or spoke for a community’s efforts to build capacity through shared professional development, technical assistance, sharing of facilities, and so on.

Deliverables for Phase 1:
- Request for Applications to solicit applicants interested in implementing 3PK programs.
- Rubric for scoring submitted applications and data and evaluation components that will be required of 3PK sites. This rubric, to be developed by the Evaluation Team in partnership with relevant stakeholders, will apply to the first phase of the evaluation. Criteria could include an evaluation liaison at each site with some percentage of a full-time equivalent position committed to these functions (approximately 10 percent FTE).

Phase 2: Document 3PK program start-up implementation (timeline: year 1 of funding and ongoing)
During this phase, the Evaluation Team will describe the critical features of initial (first year) and on-going implementation of 3PK programs:
- How was each 3PK program funded? What proportion of total funds was contributed by various funders?
- Were options for services for this population increased?
- Who attended the program? Track major demographic (race, ethnicity, family socioeconomic status) and geographic (total, urban, suburban) categories of enrollees. Is there evidence that special populations were prioritized? Has the number of three-year-olds in high-quality ECCE programming increased for priority groups? This information will be tracked through ECIDS. (Appendix C provides more information about how to use ECIDS to evaluate the 3PK pilot as part of the systems-level evaluation.)
- What dose did children receive? Programs should be required to record hours per day and days per year for each child. What percentage of children attended a full year?
- After receiving 3PK, did children enroll in the state’s universal pre-K program?
- What program standards were implemented? The Evaluation Team will develop checklists or interview protocols to obtain this information.
- What were the qualifications and backgrounds of the staff?
- Where were the programs located (public school, Head Start, agency) and who were the partners?

Deliverables for Phase 2:
- Report that summarizes the basic characteristics and features of funded programs and their capacity to implement the 3PK program as designed, noting both strengths and challenges. This report will be a joint effort of the 3PK Planning Team and Evaluation Team. The information will inform directions for the 3PK Planning Team and OPSR/OKFutures
administrators. A major focus will also be determining whether the 3PK Program is making strides in meeting the strategic goal of improved access to high-quality early childhood education.

**Phase 3: Document and support 3PK program quality (timeline: year 2 of program funding and ongoing)**

The Evaluation and 3PK Planning Teams will jointly develop a framework of indicators related to program quality, drawing on existing models and systems such as Oklahoma’s QRIS, Head Start monitoring, and pre-K standards. Phase 3 evaluation will include information that will be obtained through interviews with 3PK program administrators and on-site observations of implemented program quality using standardized, accepted tools. The goal will be to answer questions like these:

- What was the quality of the implemented program that children and families received?
- What standards guided the program?
- What other quality assurance systems are in place? (Examples might be Head Start, universal pre-K, OK QRIS.)
- Is a specific curriculum used? If so, what?
- How is programming tailored to meet the values and culture of enrolled families?
- What is the observed quality (measured by using a tool that aligns with revamped QRIS and other monitoring tools)?

**Deliverables for Phase 3:**

The Evaluation Team will produce an overall summative report and generate quality reports for each 3PK site to inform quality improvement efforts. The 3PK Planning Team will use this information to inform professional development and technical assistance efforts. A major purpose is to support OKFutures’ goal of enhancing quality.

**Phase 4: Document child outcomes and family experiences (timeline: year 3 of program funding and ongoing)**

Once each funded 3PK program is established and operating for at least three years, the focus will expand to include selected child outcomes and family experiences in addition to monitoring of program quality (Phase 3) and characteristics of enrolled children (Phase 2). The Evaluation and 3PK Planning Teams will work together, with the Evaluation Team taking the lead to

- Design a study to examine select child outcomes related to school readiness and success. The study design and the selection of tools/ measures will be guided by existing large datasets that can serve as a basis for comparison—for example, the Head Start Families and Child Experiences Survey (ICPSR n.d.)
- Design a family interview that will produce information on how the program could better meet the needs of families, respect family values and culture, and so on.
Deliverables for Phase 4:

A study design to examine child outcomes and family experiences to be launched in the third year of 3PK Programs’ funding. The Evaluation Team will produce and deliver annual reports summarizing this information for the 3PK Program overall, and by region, if appropriate.

Taken together, the phases proposed above will generate information about access, quality, and impact—goals articulated in the OKFutures Strategic Plan. All phases of the design and implementation will be collaboratively negotiated by OPSR leadership, the 3PK Planning Team, and the 3PK Evaluation Team.

Table 3. Proposed 3PK evaluation timeline

<table>
<thead>
<tr>
<th>Evaluation approach</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1: Program planning (and monitoring)</td>
<td>3PK program characteristics and requirements designed and articulated; Request for Applications developed and released</td>
<td>3PK programs are funded and monitoring begins, with adjustments/fine-tuning ongoing</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Phase 2: Start-up</td>
<td>Documentation of 3PK initial implementation and characteristics</td>
<td>Ongoing collection of information about program characteristics</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Phase 3: Document and support program quality</td>
<td>Begin documenting and supporting 3PK program quality</td>
<td></td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Phase 4: Document child outcomes and family experiences</td>
<td>Begin documenting child and family outcomes and experiences</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Monitoring the quality and nature of the OKFutures collaboration

Examining the effectiveness of the collaboration process can be an easily overlooked step in the evaluation process. However, stakeholder collaboration—including commitment to a common vision—is critical to the success of complex cross-sectional initiatives like OKFutures. Assessing the nature and quality of a collaborative can identify areas of strength and areas for improvement, both of which can inform future efforts. As part of the PDG B-5 planning grant, the OKFutures Evaluation Team co-leads from the University of Oklahoma reviewed the literature and tools for evaluating collaborative efforts and used a mixed-methods approach to evaluate the OKFutures collaboration. Details and results of the survey component are in Appendix E. Interviews with team members probe more deeply into the collaborative dimensions defined in the survey; the summary of these interviews is in process.

The state could consider furthering this work in two ways. First, given that the collaboration survey and interviews described above were administered during the early stages of OKFutures,
the state could follow up with additional surveys and interviews as implementation rolls out. Second, the collaboration evaluation described above focused on OKFutures committees and teams. If funding allows, the state could assess whether and how OKFutures is influencing collaboration more broadly, such as by examining the following:

- The extent to which agencies involved with the early childhood system share a common vision and policy agenda, collaborate, and are willing to dedicate resources to carrying out the vision.
- The extent of community-level collaboration to support OKFutures’ strategic plan goals of increasing alignment and facilitating smoother transitions for families.

Whether assessing collaboration at the state- or local-level, the ultimate goal is to understand the degree to which agencies and providers work together to better serve families. At the local level, assessment may include examining the extent to which providers and local agencies are aware of each other and making appropriate referrals, facilitating transitions between programs, sharing information to coordinate services for families in multiple programs, sharing services or pooling resources to expand capacity, and working together and advocating to improve access and quality. At the state level, assessment may mean understanding the ways in which agencies coalesce behind a common policy agenda that supports young children and the extent to which they facilitate information sharing and/or contribute data to the ECIDS.

The factors above can be assessed with surveys or interviews (See Appendix D for more information on a potential provider survey). For example, a survey that aims to understand how local providers work together could ask about formal and informal processes:

- If you assess the needs of a family and some are outside the scope of what your organization provides, do you know which other organizations in the community could provide the kind of services to meet the family’s needs? (EC-LINC 2019)
- Do you have any formalized agreements or partnerships with other providers in the community for the purposes of enhancing or improving services for families? For example, do you work together with other providers to hold trainings for staff, develop program materials, share costs, etc.?

Another option for assessing collaboration is social network analysis, which often involves using surveys or interview tools but with a targeted aim to understand the specific organizations (or people) in a region that collaborate. For example, a survey may ask respondents to rate the degree to which their organization collaborates with other specified organizations to improve access to and quality of ECCE services. One potential scale to use is the Level of Collaboration Survey, which includes: no interaction, networking, cooperation, coordination, coalition, and collaboration (Frey et al. 2006). Respondents select one response for each organization or agency listed. Surveys administered at multiple timepoints can be used to assess progress. Social network analysis indicates both who collaborates and the factors that drive collaboration, such as regional proximity or provider type (Honeycutt 2009; Leppen et al. 2018). Social network analysis is a useful tool when the network of interest is clearly defined; in other words, in
situations where you have a clear understanding about which providers should be included in the network and which will be considered out of scope.

Evaluating professional development activities and programs

Pillar A of the OKFutures strategic plan focuses on human capital, specifically, workforce education and training (Bogle et al. 2019). Accompanying strategies aim to increase the supply and quality of the state’s ECCE workforce, current and future (Bogle et al. 2019). In particular, the plan highlights a need for additional and improved professional development and training related to culturally responsive practices, developmentally appropriate discipline techniques, trauma-informed care, best practices related to children with disabilities and developmental delays, and high-quality infant and toddler care. In this section, we first review OKFutures’ general evaluation plan for assessing the progress of professional development toward these aims, and then we describe efforts to identify best practices through the LENA pilot. Appendix F contains a sample template that could be adapted for specific statewide trainings to assess effectiveness.

Plan for assessing progress

In the coming year, OPSR plans to evaluate the implementation and impact of its professional development offerings (including trainings and conferences) in supporting the state’s ECCE workforce and progress toward OKFutures’ goals.

For implementation, the key evaluation questions are “Is the state providing training opportunities to its ECCE workforce that address priority competencies outlined in the strategic plan,” and “Who is participating?” For evaluating impact, the key question is “Do the trainings foster improved teaching practices, higher quality programs, and better child outcomes?”

The questions about implementation seek to understand how the state’s professional development system is contributing to strategic plan goals and objectives. To monitor implementation, the state could categorize and track the number of trainings and professional development opportunities with objectives related to the following strategic plan priorities: culturally-responsive practice, developmentally appropriate discipline techniques, trauma-informed care, high-quality infant and toddler care, and approaches for working with children with disabilities and developmental delays. To understand which ECCE professionals are participating in these trainings, OKFutures could use training registration data to track the number of participants by characteristic, such as role (directors, lead teachers, assistants), program types (center-based, family day care, Head Start/Early Head Start, tribal care, and so on), geographical area (region, county), and quality rating. Also useful is understanding the degree to which trainings are being reviewed by the Center for Early Childhood Professional Development (CECPD) and participants are logging participation in the Oklahoma Professional Development Registry.

Other useful indicators to track to understand implementation could relate to the following:

- Awareness of training opportunities (via survey)
• Coordination with CECPD and the OK training registry (for example, number of approved trainings, participation in the registry)

• Participation take-up rates (that is, the number of participants out of those eligible)

• Training completion rates

• Credentials or training certificates earned

• Participant satisfaction with training sessions

Tracking these process measures will help the state understand where to bolster professional development efforts or encourage attendance to progress toward strategic plan goals and objectives.

The second question focuses on the impact of the training offerings. The most well-known model for assessing trainings is the Kirkpatrick Model, which outlines four levels of effectiveness: reaction, learning, behavior change, and results (Mind Tools n.d.). Most training evaluations assess only Level 1: Reaction, which focuses on participant satisfaction with the training. Satisfaction assessments are important because they afford training participants an opportunity to offer feedback and provide information that facilitators and training developers can use to make improvements.

Far fewer training evaluations address the remaining three levels of the model: learning, behavior change, and results. To deepen its understanding of the impact of professional development offerings, the state could consider adding the following components to training assessment efforts:

• **Level 2: Learning.** The immediate aim of professional development efforts is to foster change in participant skills, knowledge or attitudes. Similar to participant satisfaction, such learning can be assessed immediately after a training concludes. Training assessment questions could “quiz” participants on key training concepts. To understand growth in learning, learning assessments should be administered at the training’s start and at its conclusion.

• **Level 3: Behavior change.** An intermediate aim of professional development efforts is to change behaviors to align with learning. Behavior change assessments examine whether participants changed practices upon returning to their job. These assessments should gauge not just whether behavior change occurred; they need to gauge too whether participants had the opportunity to apply new learnings at their job, were incentivized to do so, and attributed the change to the training (Bradley and Connors 2013).

• **Level 4: Results.** The ultimate aim of professional development is to improve not only professional practice and program quality but also child and family outcomes. Assessment at this level requires examining whether changes in child and family outcomes can be attributed to changes in learning and behavior resulting from professional development activities.

Box 2 outlines an example of the process above, including a sample analysis plan.
Box 2. Sample analysis plan to assess training on developmentally appropriate discipline techniques

This example explores how the CQI team might assess training on developmentally appropriate discipline techniques using all four levels of the Kirkpatrick Model.

**Level 1: Reaction**

A participant survey administered immediately after the training could include questions focused on satisfaction with various aspects of the training:

- **Training content**: Was the training content applicable, useful, and comprehensive?
- **Facilitator skills**: Was the facilitator engaging, respectful, and responsive?
- **Teaching methods**: Were instructional methods (lecture, small group work) engaging and appropriate?
- **Adult learning styles**: Did the training adhere to key principles of effective adult learning (see examples below)?
  - Adults need to draw on their own past experiences; thus, trainings should value participant experiences and connect them to training content.
  - Adults are relevancy-oriented and need to see connections from training content to their work.

**Level 2: Learning**

Evaluation questions about learning are most effective if customized to training content because they aim to understand whether participants understood and processed the material presented. Learning questions could be included in a participant survey administered immediately after the training, but ideally, they would also be administered before training to allow trainers to gauge changes in knowledge, skills, or attitudes. Questions about learning could involve

- **Quizzing participants on their retention of content**. For example, “Which of the following is not a characteristic of ‘challenging behavior’”?
- **Asking participants to apply the content with scenario questions**. For example, “Danny repeatedly hits other children in the classroom and efforts to discipline him with time-outs have not been effective. Of the options below, what is the most appropriate next step?”

**Level 3: Behavior**

Evaluating behavior change is more difficult because it requires following up with training participants after they return to their jobs. However, if the state has invested heavily in a training model, it may be worth the additional effort to attempt to follow up with participants to examine their application of training concepts.

A light-touch technique could include follow-up surveys emailed to training participants at an appropriate interval (e.g., three months, six months) after the training. Training organizers should wait long enough to allow participants to apply training skills or practices, but not so long that it is difficult to attribute changes in behavior to the training. For a training on discipline techniques, for example, three months could be an appropriate interval, as it is plausible that participants will have had an opportunity in that time to apply new techniques.
As an alternative to surveys, training organizers may solicit richer information via follow-up interviews with a subset of participants or their supervisors. Although this allows for more detailed and nuanced feedback, data would come from a smaller pool of participants and require more time and resources. Interview questions could include these:

- Have you had the opportunity to apply one of the discipline techniques you learned? Which one? How did it work?
- Will you continue to use this technique?
- [For supervisors of participants] Have you noticed a change in the way [staff member] addresses child outbursts or tantrums in the classroom? If so, please describe.

Both post-training surveys and follow-up interviews provide valuable feedback about the training. However, a more rigorous approach to understanding behavior change as a result of the training would involve a counterfactual, such as:

- **Collecting information about practices and behaviors of training participants prior to the training.** A baseline measurement would enable the state to measure change in provider knowledge or skill from pre-training to post-training.
- **Using a comparison group of practitioners who have not yet participated in the training, but who share similar characteristics and work environments.** A comparison group can approximate what would have happened in the absence of training. For example, provider knowledge or skill could increase with experience, even in the absence of training.

**Level 4: Results**

Ultimately, training on developmentally appropriate discipline aims to improve the way in which practitioners react to children in the classroom, thus better serving children. To assess this aim, the state could consider tracking an indicator such as number of suspensions. For instance, if a training was offered in Lawton, what was the number of suspensions in ECCE settings six months before the training, and what was the number six months after the training? Data availability will likely be a major limitation to tracking useful indicators related to state-led trainings. ECIDS could provide indicators for some training goals; for example, some trainings may help providers meet expectations for a higher QRIS rating, and the state could track the number of providers with higher QRIS ratings. In other cases, important indicators may need to come from self-reporting. If training organizers want to understand the impact of a training on disciplinary techniques and suspension data are not available, they could ask participants to report the number of suspensions prior to and six months after the training. This speaks to the importance of developing an evaluation plan for a training before offering sessions to participants. As with Level 3 evaluation, a more rigorous approach to understanding the impact on professional practice, program quality, and child outcomes would require a counterfactual.

**Evaluation to identify best practices**

If the state has a strong interest in piloting and scaling a specific training series or model, OPSR could consider steps to evaluate behavior change and enhanced child outcomes resulting from the training. In the strategic plan, the state notes its plans for piloting different best practice models aimed to improve quality of care. Professional development pilot projects should be evaluated relative to their stage of implementation for program improvement purposes and
customer satisfaction. Already, the state has invested in evaluation of two priority pilots, LENA Grow and PITC.

LENA Grow is a data-driven system to support and coach teachers to improve the quality of their interactions with children through a focus on language. The LENA evaluation aims to understand implementation of the model, as well as outcomes for teachers, children, and families. The team is using an appreciate inquiry approach, drawing on mixed evaluation methods, including surveys, interviews, and observations. The evaluation will include the following:

- Fidelity monitoring to understand implementation.
- Interviews with classroom teachers and LENA coaches, in part to identify the necessary supports and perceived barriers to overall effectiveness.
- Observations of coaching sessions, to deepen understanding for the ways in which LENA impacts classroom experiences for teachers, children, and families and enhances equity.
- Pre- and post-intervention surveys that aim to measure change in attitudes and behavior as a result of program. These surveys are under development by the LENA national office and will be fielded shortly, with insight from the OKFutures pilot evaluation of LENA. Fostering a collaboration to share lessons learned between the national program office and the implementation sites will be critical.
DATA PRIVACY AND SECURITY

The ECIDS will account for privacy considerations in how individual data are linked and aggregated to produce systems-level data. Other data sources include public use data, where available. For new data collection, such as representative surveys and focus groups, the state will contract with an evaluator. These efforts will need to receive Institutional Review Board approval, which requires procedures and processes to protect and inform risk to participants, ensure confidentiality, and engage in ethical evaluation standards. Data use agreements will be established as needed.

Using and reporting PPE data

PPE results will be used to track progress toward strategic plan goals, inform policy development, and guide CQI and strategy refinement. The evaluation team should share de-identified and aggregate findings with the OPSR Board and key stakeholders (including parents) in person at community meetings and also with user-friendly reports, briefs, and ongoing discussions and calls, as appropriate.

Constraints, risks, and assumptions

**Constraints.** The ambitious nature of the strategic plan, involving numerous strategies for each of the five goals, necessitates focusing evaluation resources on highest priority strategies and research questions at the outset. Given resource constrains, much of the evaluation will have to be conducted with in-house resources or through creative partnerships. To that end, some of the appendices in this PPE plan can serve as stand-alone documents that OKFutures could present to potential funders or partners.

**Risks.** ECCE programs in Oklahoma are organized across different jurisdictions and therefore data are not reported. This presents a challenge to producing a key change measure: an unduplicated count of children served. In addition, quality rating systems are not consistent across ECCE programs, making it difficult to define program quality. The ECIDS will help to resolve some, but not all, data-related risks and constraints.

**Assumptions.** The OKFutures plan, which contains an evaluation plan, assumes continued political support for the initiative. The risk of fluctuating political priorities is substantially mitigated by the existence of OPSR, a quasi-governmental organization that has ongoing communications with state leadership and will champion the systems initiative.
REFERENCES


Appendix A: OKFutures logic model
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**Figure A.1 OKFutures Logic Model**

**Overarching Goal:** Develop the capacity of caregivers, communities, and public and private agencies to provide children, ages birth to five, with equitable and seamless access to the physical, emotional, and educational supports they need to thrive. This logic model guides PPE and aligns with the OKFutures Strategic Plan.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mixed delivery system programs</td>
<td>Strategies</td>
<td>Short Term</td>
<td>System-level</td>
</tr>
<tr>
<td>Families &amp; children</td>
<td>- Incentivize quality and accessibility</td>
<td>Reach: ECE Program Quality</td>
<td>Population-level</td>
</tr>
<tr>
<td>ECCE workforce</td>
<td>- Explore incentives for ECCE providers to implement quality enhancements, extended hours</td>
<td>Educators across the system meet a base set of core competencies</td>
<td></td>
</tr>
<tr>
<td>QRIS/Reaching for the Stars</td>
<td>- Pilot enrollment-based subsidy</td>
<td>Educators are knowledgeable of practices related to trauma-informed care, culturally competent teaching and whole-child approaches</td>
<td></td>
</tr>
<tr>
<td>Program standards</td>
<td>- Incentivize on-site child care at educational/business sites</td>
<td>Family/neighborhood providing care have enhanced knowledge about child development</td>
<td></td>
</tr>
<tr>
<td>Stable funding for universal Pre-K</td>
<td>Create/replicate quality options &amp; explore innovation</td>
<td>Facilities and classrooms are safe and clean</td>
<td></td>
</tr>
<tr>
<td>OPRS</td>
<td>- Finance fee-scaled, 3-year-old pre-k program (3PK)</td>
<td>ECCE options for infants and toddlers are accessible, affordable, and utilized</td>
<td></td>
</tr>
<tr>
<td>OKFutures committees</td>
<td>- Expand OECF and EHS-CCP</td>
<td>All ECCE providers offer high-quality learning experiences</td>
<td></td>
</tr>
<tr>
<td>State legislature and executive support for ECCE</td>
<td>- Pilot new models; identify and scale best practices</td>
<td>Children and families experience smooth transitions across programs within early childhood systems and into Kindergarten</td>
<td></td>
</tr>
<tr>
<td>Family voice</td>
<td>Understand the issue</td>
<td>Commitment: System Investments</td>
<td>Services across the system are cost effective</td>
</tr>
<tr>
<td>OKDHS Child Care Services</td>
<td>- Examine access concerns for vulnerable families</td>
<td>- All children meet optimum health and developmental milestones upon entry to Kindergarten</td>
<td></td>
</tr>
<tr>
<td>OSDE</td>
<td>- Conduct needs assessments within local communities</td>
<td>- All families are able to provide safe, positive, and nurturing environments for children</td>
<td></td>
</tr>
<tr>
<td>OSSE (SoonerStart, public Pre-K)</td>
<td>- Conduct ECCE workforce study on retention, pay parity</td>
<td>- All children and their families live in healthy and supportive communities</td>
<td></td>
</tr>
<tr>
<td>OKHSS/CCO</td>
<td>Engage underserved families</td>
<td>Coordination: System Alignment</td>
<td>Oklahoma benefits from the efficient use of tax dollars and other resources, and a healthy, productive workforce</td>
</tr>
<tr>
<td>OETA Ready to Learn</td>
<td>- Enhance knowledge of services via trusted messengers</td>
<td>- The most vulnerable families are connected to the system</td>
<td></td>
</tr>
<tr>
<td>PDG B-9 grant funding</td>
<td>- Equalize access to information about child development</td>
<td>The early childhood system ensures healthy childhood development, addressing critical health and mental health needs of young children and their families</td>
<td></td>
</tr>
<tr>
<td>PDG B-8 strategic plan</td>
<td>Build workforce capacity</td>
<td>Enhance access to health &amp; family supports</td>
<td>Families are equipped to support child development at home</td>
</tr>
<tr>
<td>ECIDS</td>
<td>- Expand teacher professional development in key areas</td>
<td>- Enhance access points for comprehensive health services</td>
<td></td>
</tr>
<tr>
<td>Collaborative partners (e.g., OCCORA)</td>
<td>- Develop/support core competencies for ECCE providers</td>
<td>- Enhance access to developmental screening &amp; EI</td>
<td></td>
</tr>
<tr>
<td>Key systems resources (OECF)</td>
<td>- Develop training networks/promote career paths</td>
<td>- Expand home visiting and supports for vulnerable families</td>
<td></td>
</tr>
<tr>
<td>Community programs</td>
<td>- Build capacity among family/friend caregivers</td>
<td>- Ensure homeless/foster care children are prioritized</td>
<td></td>
</tr>
<tr>
<td>Best practice programs</td>
<td>Promote alignment</td>
<td>Reach: Health and Mental Health &amp; Family Supports</td>
<td>Parents access comprehensive health supports for their children</td>
</tr>
<tr>
<td>Education and Advocacy</td>
<td>Develop ECCE strategic financing plan</td>
<td>Children in need of early intervention supports are identified and connected to services</td>
<td></td>
</tr>
<tr>
<td>Educate providers about the range of services for families</td>
<td>- Create uniform program standards across the system</td>
<td>More certified early childhood mental health consultants are on staff to serve families</td>
<td></td>
</tr>
<tr>
<td>Advocate to ensure policymakers consider impacts to children when passing laws related to social services</td>
<td>- Empower communities to coordinate and share services</td>
<td>Programs across the system adopt a trauma-informed approach</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Build ECIDS; develop learning agenda for system</td>
<td>Vulnerable families are provided with supports via home visiting and other services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enhance access to health &amp; family supports</td>
<td></td>
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<tr>
<td></td>
<td>Health and Mental Health &amp; Family Supports</td>
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<td></td>
<td>- Ensure homeless/foster care children are prioritized</td>
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Appendix B: Road maps for assessing progress towards OKFutures strategic plan goals
The road map visuals below display the five goals in the strategic plan, outlining the plan’s ultimate aim, strategies the state will use to achieve the aim, measures to understand progress, and indicators of success. In the immediate future, these road maps could help inform the development of a state dashboard displaying performance measures and indicators that demonstrate progress of the initiative. These road maps can also be a tool to inform performance tracking, depending on the strategy being implemented. The performance measures and indicators largely emerged from the strategic plan development process. Note that these measures are not exhaustive; ultimately, any performance or success indicators will need to be identified by a collaborative process led by OPSR to balance feasibility and relevancy.

Figure B.1 Roadmap for Strategic Plan Goal 1

What we would like to see ...
Systems of care are aligned to produce seamless, high-quality, and cost-effective services for families with young children (Goal 1)

Priority strategies:
- Create a shared vision and common goals among state and local leaders
- Align program quality standards, eligibility requirements, and funding streams
- Support communities to adopt coordinated enrollment and promote shared services
- Adopt a data-driven approach to implementing strategies from the OKFutures strategic plan
- Ease transitions across ECCE programs and into kindergarten and promote stronger connections with other service providers in the state

Indicators of progress:
- # of families with young children, agencies, providers, tribal government representatives, Oklahoma lawmakers, and cabinet-level officials supporting implementation of the strategic plan
- # of public policy-related measures voted on and endorsed by the OPSR Board
- % of OPSR Board appointees having made formal commitments to serve as early childhood ambassadors
- % increase in the number of two or more programs/services using common screening and assessment tools
- # of regions and counties engaging with cross-sector ECCE transition teams
- # of agency and program data linked to the Oklahoma ECIDS

Success measures:
- Number of revised state and local policies that support quality ECCE and other types of support to young children and their families
- Number and % of licensed ECCE programs reporting sustainable financing throughout previous 12 months of operation
- High benefit-to-cost ratio for ECCE services

Figure B.2 Roadmap for Strategic Plan Goal 2

What we would like to see ...
Affordable and high-quality early care and education is accessible for all children, ages birth to 3 (Goal 2)

Priority strategies:
- Stem the decline in child care facilities by investigating causes and developing targeted solutions
- Increase the supply of high-quality infant-toddler care and education with new funding mechanisms, capacity building and replication of existing strong programs
- Refine Reaching for the Stars to align with Head Start and UPK and incentivize greater participation and growth in ratings
- Use child care subsidy rates as a tool for incentivizing unmet family needs, including care during nontraditional hours, and improving access for vulnerable populations

Indicators of progress:
- % of eligible children enrolled in Early Head Start, disaggregated by race and geography
- % of children 0-3 enrolled in high-quality care (2-3 stars), disaggregated by race, income, and geography
- % of children 0-3 receiving child care subsidy, disaggregated by race, income, and geography
- % of ECCE programs that meet standards of high program quality
- % of infant and toddler care settings offering nontraditional hours of care
- %/# of infant and toddler care settings using coaching and/or mental health consultation services

Success measures:
- Number of revised state and local policies that support quality ECCE and other types of support to young children and their families
- % of children demonstrating readiness for kindergarten, as determined by assessments
- Number and % of licensed ECCE programs reporting sustainable financing throughout previous 12 months of operation
- High benefit-to-cost ratio for ECCE services
Figure B.3 Roadmap for Strategic Plan Goal 3

What we would like to see ...
Families have choices for culturally-responsive care and services that support families’ ability to work and their overall well-being (Goal 3)

Priority strategies:
- Use incentives or other funding opportunities to expand options for care when parents work or are in school, or for families who otherwise need nontraditional care
- Create a voluntary fee-scaled 3PK program, prioritizing access for vulnerable populations
- Provide targeted supports, like transition plans and priority enrollment, to help children in foster care access ECCE
- Provide supports for children with a developmental delay or disability with expanded eligibility criteria and services
- Establish culturally-responsive practices throughout the state’s mixed delivery system
- Include families in the development of policies and practices at the state and community levels

Indicators of progress:
- % of providers offering care during non-traditional hours
- % of employers offering child care-relevant benefits to employees (e.g., on-site child care)
- % of 3-year-olds enrolled in high-quality ECCE
- % of homeless children ages 0-5 enrolled in high-quality care
- % of children ages 0-5 in the foster care system enrolled
- % of children ages 0-5 who are identified with a developmental delay and receiving services
- % of families whose children were deemed ineligible for FirstSteps who report using referrals to external support services
- % of home and center-based ECCE providers using early childhood mental health consultation
- # of mixed delivery providers receiving equity training
- # of children ages 0-5 suspended and expelled, by race, ethnicity, income, geography
- # of families with young children participating on GFSR Board or OKFutures subcommittees from priority populations

Success measures:
- % of parents who are satisfied with ECCE settings
- % of people living in ECCE child care deserts
- % of parents needing childcare for school or work who report obtaining it
- % of children needing special education services in kindergarten who were connected to service prior to kindergarten
- % of ECCE workforce who are culturally and linguistically reflective of the community

Figure B.4 Roadmap for Strategic Plan Goal 4

What we would like to see ...
Health and mental health needs of young children and their families are met (Goal 4)

Priority strategies:
- Increase access points to preventive health and nutrition supports
- Enhance access to developmental screening by increasing access points across the mixed delivery system
- Use innovative strategies for expanding preventative health services into underserved communities
- Expand home visiting services to additional families
- Expand programs that build healthy attachments between parents and children impacted by trauma
- Increase supports to families impacted by substance abuse or those involved with the justice or child welfare systems
- Enhance resources and remove barriers to meeting the mental health needs of pregnant women and young children

Indicators of progress:
- Number of pregnant and/or postpartum women screened for depression
- % of screened pregnant or postpartum women connected to mental health services or substance use treatment out of those referred
- % of children, birth to 5, receiving regular well child visits under SoonerCare
- % of eligible children, birth to 5, enrolled in WIC, SNAP, or participating in programs receiving CACFP
- Number of communities or program partnerships offering innovative health care access models
- % of surveyed pediatricians who report incorporating behavioral health training and practices into care provision
- % of ECCE workforce receiving training in trauma-informed care, per year
- # of children in out-of-home placements, birth to 5, enrolled in high-quality ECCE
- # of primary care providers that conduct developmental screening

Success measures:
- % of mothers who carry babies to full term
- Decreased # of babies born substance exposed
- % of children who eat the recommended dietary guidelines of fruits and vegetables
- % of children who receive coordinated care with a medical home
- % of children, ages 9 months-35 months, who receive a developmental screening using a parent-completed tool in past year
- % of children living in food insecure households
- Decreased # of substantiated cases of child maltreatment for children under the age of 6
Figure B.5 Roadmap for Strategic Plan Goal 5

What we would like to see...
All families have access to information about supporting child development and available ECCE services in Oklahoma (Goal 5)

Priority strategies:
- Develop consistent core messages across the mixed delivery system to communicate with families about child development and services available
- Promote and enhance accessibility of existing resources related to ECCE services, so that families are able to make informed choices
- Use trusted messengers to get messages out to underserved communities about ECCE services

Indicators of progress:
- Number of families who report accessing Child Care Resource and Referral services
- Number of agencies and OKFutures stakeholders who use unified core messaging
- Number of trusted messengers engaged
- Number of families with young children reached with messaging toolkits
- Percentage of families with young children who are familiar with ECCE standards of quality

Success measures:
- Number and % of parents who report reading to their child
- % of children, ages 9 months-35 months, who receive a developmental screening using a parent-completed screening tool in the past year
- Number and % of parents who are satisfied with ECCE settings
- % of children with health insurance
- % of mothers with access to prenatal care
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Appendix C: Evaluating key pilots with ECIDS
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Priority Pilot 1: Enrollment-based child care subsidy program for infants and toddlers in rural areas and child care deserts

Need for change

According to the needs assessment\textsuperscript{1} and strategic plan\textsuperscript{2} for OKFutures, Oklahoma has an identified need to expand child care slots for infants and toddlers. Studies in Oklahoma consistently find that families with young children struggle with the high cost and inadequate capacity of high-quality child care. Although the state does not maintain a waiting list for child care subsidies, providers, parents, and other stakeholders report that subsidies are inadequate to support the demand for infant and toddler care. As a result, parents must increasingly rely on non-licensed providers, such as family, friend, and neighbor care, many of whom lack the training and resources that licensed providers have.

These availability and capacity problems are acute in rural areas and other child care deserts, where Oklahomans face unique challenges to accessing child care, such as a lack of public transportation and geographic isolation. According to the Center for American Progress, 55 percent of Oklahomans live in “child care deserts” (census tracts that either do not have child care programs or have more than three children for every licensed slot).\textsuperscript{3} Availability and capacity problems are particularly pressing for such families who also need care during nontraditional hours, are low- and lower-middle income, and have limited access to transportation.

These concerns are exacerbated by declining supply. Over the past 15 years, reductions in child care spending has led to a steady decline in child care facilities in general, and family child care homes in particular.\textsuperscript{4} In addition, child care subsidy rates and policies pose barriers to provider participation. Specifically, providers receive payment based on child attendance rather than enrollment. This creates disparity between families receiving subsidies and those paying privately, who are more likely to retain child care enrollment.

Opportunity for impact

To consider how to expand child care capacity, Oklahoma can look to current model programs that have pioneered innovative ways to increase the supply of high-quality infant and toddler care. For example, the Oklahoma Early Childhood Program uses private matching dollars to expand the supply of high-quality ECCE for low income families. Likewise, Early Head Start–Child Care Partnership grants braid or blend Early Head Start dollars and child care subsidies to


serve low-income families. These model programs, which positively impact the supply and quality of services for vulnerable families, benefit from exceptions to subsidy policies, including a full-time rate with absent day payments. For both of these programs, however, few communities/grantees are able to secure the matching funds needed for participation.

To further expand child care capacity for infants and toddlers living in rural areas and child care deserts, Oklahoma could build on the success of these model programs by piloting an enrollment-based child care subsidy program. By granting licensed child care providers the same exceptions to subsidy policies as the model programs discussed above, Oklahoma could further incentivize and enhance high-quality infant-toddler programs. If the enrollment-based child care subsidy pilot is successful, Oklahoma may be able to expand the program and, by extension, support expanded availability of slots for infants and toddlers living in rural areas and child care deserts.

**Pilot evaluation design**

Once implemented, OPSR can use ECIDS to gauge the progress of the contracted enrollment pilot in rural areas for families with infants and toddlers. Specifically, OPSR can track key outcome indicators and performance measures identified in the strategic plan to address this question: “Does the pilot increase the supply of high-quality infant-toddler care and education that meets families’ needs (Strategic Plan Objective 2.2) and work toward the ultimate goal of securing affordable, quality early care and education for children birth to age 3 (Strategic Plan Goal 2)?”

**Measurement.** The strategic plan performance measures will guide OKFutures in assessing implementation efforts, which is critical for a pilot or early implementation phase. Later, the evaluation should switch to include a focus on indicators, but performance measures will prove most useful for learning in the pilot stage.

ECIDS staff from Third Sector Intelligence can provide insight into which performance measures and outcome indicators will be available through ECIDS or accessible via OPSR’s memorandum of understanding with various state agencies. As a starting point for those discussions, OPSR might want to consider prioritizing the following:

- **Strategic plan performance measures**
  - Percentage of children 0–3 enrolled in high-quality care (two to three stars) disaggregated by race, income, and geography
  - Percentage of children 0–3 receiving child care subsidy, disaggregated by race, income-levels, and geography
  - Percentage of infant and toddler care settings offering nontraditional hours of care
  - Percentage of ECCE programs that meet standards of high program quality (source: OK Department of Human Services [OKDHS])
Strategic plan outcome indicators

- Number and percentage of people living in ECCE child care deserts (source: Center for American Progress and OKDHS)
- Percentage of ECCE workforce who are culturally and linguistically reflective of the community (source: OK State Department of Education and ACS Communications)

Analysis. An evaluator could use ECIDS data to understand progress on the contracted enrollment pilot by examining trends over time in the mean and distribution of performance measures. Outcome measures will start to be identified for baseline levels. Throughout the pilot, the evaluator could also conduct subgroup equity analyses to examine widening or narrowing of disparities across race and ethnicity, as well as families of low- and lower-middle income and families needing care during nontraditional hours.5

To increase confidence that observed outcomes can be attributed to the pilot, the evaluator could conduct a difference-in-differences analysis comparing changes in performance measurements and outcome indicators for rural pilot communities compared with those for other rural Oklahoman communities where providers receive child care subsidy payments based on child attendance, not enrollment. The evaluator will identify comparison communities with similar characteristics at baseline, such as percentage of families with infants and toddlers, and, of those, similar percentages of families with the following characteristics: Hispanic, Native American, Black, living in poverty, low-income, parent education less than high school, parent education high school diploma or some college, one-parent households, immigrant parent, parents working nontraditional hours, or Spanish spoken at home.6

Critical findings could be displayed in accessible tables and graphical presentations to engage communities and stakeholders.

Priority Pilot 2: Voluntary fee-scaled three-year-old prekindergarten program

Need for change

According to the OKFutures needs assessment7 and strategic plan,8 more than 70 percent of Oklahoma’s four-year-olds are enrolled in the universal pre-K program. Free of charge and available to all four-year-olds, the universal pre-K program is recognized as a success on a national scale: It outperforms private licensed child care on quality indicators, and only three other states provide four-year-olds universal access to public preschool.

5 A potential source for these data is the 2013–2017 American Community Survey Public Use Microdata Samples downloaded from IPUMS-USA. The evaluator will work with OPSR to assess whether those data are applicable to the pilot.
6 Ibid.
7 Greenberg et al., “OKFutures Needs Assessment.”
8 Bogle et al., “OKFutures Strategic Plan.”
However, ECCE program availability is often limited for children too young to enroll in universal pre-K. For example, Head Start’s waiting lists are growing across the state as the program balances the need for more Early Head Start versus Head Start slots. Indeed, Oklahoma is one of 20 states that does not offer public preschool to three-year-olds. According to the “State of Preschool Yearbook” prepared by the National Institute on Early Education Research, although Oklahoma ranks fourth in preschool access for four-year-olds, the state ranks 34th in access for three-year-olds.9

Among Oklahoman families with three-year-olds, limited access to quality ECCE is more acute for certain subgroups. Specifically, availability of culturally-responsive care and services is lacking for underserved populations, including homeless children, children involved in the child welfare system, and children with disabilities or developmental delays. This is concerning, as research overwhelmingly supports positive linkages between quality early learning and later-life educational attainment and earnings.10 Thus, limiting quality early learning options to those with the means to access them exacerbates social inequities.

Opportunity for impact

A growing evidence base shows that early childhood programs can provide important benefits for both children and parents. High-quality preschool programs improve short-term performance in language, literacy, and math, and they bolster longer-term outcomes such as educational attainment, earnings, and avoidance of teen pregnancy and crime. Public preschool is especially valuable as an intervention to counteract inequitable access to quality early learning opportunities. Research shows that poor and disadvantaged children demonstrate the most gains as a result of participating in pre-K.11 Thus, participation in a quality ECCE program has the potential to narrow gaps in kindergarten readiness across various subgroups, putting all children on solid footing as they begin their formal educational careers in K-12.

For these reasons, Oklahoma intends to pilot a voluntary three-year-old prekindergarten (3PK) program that prioritizes access for vulnerable populations. Slots will be prioritized for children experiencing homelessness, in foster care, dual language learners, and children with parents involved in the justice system. The program will be fee-scaled, aligning with child care subsidy eligibility guidelines.

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Pilot evaluation design

Oklahoma has an evaluation roadmap for understanding the implementation and impact of its 3PK program, which is outlined in this report in the “Evaluating 3PK” section. Here, we provide a specific account of how Oklahoma could use ECIDS to support formative evaluation, offering insights into program functioning and early outcomes. The pilot phase is an opportunity for the state to refine core components of its 3PK program before implementing it more broadly. By tracking 3PK pilot progress with key outcome indicators and performance measures identified in the strategic plan, OPSR can also gauge progress toward the ultimate strategic plan goal of boosting the choices families have for culturally responsive care and services that support families’ ability to work and their overall well-being (Goal 3).

Measurement. A key goal of the program is to determine whether the pilot is helping to expand access to high-quality early learning opportunities for priority populations. The state could draw on the ECIDS data system to track indicators such as these.

- Utilization: Percentage of three-year-olds within the pilot area (e.g., the school district) enrolled in 3PK pilot out of total slots available.
- Access: Percentage of three-year-olds within the pilot area enrolled in any high-quality ECCE program (whether pilot or otherwise).
- Retention: Percentage of enrolled three-year-olds who remain enrolled for the full year.
- Continuity: Percentage of three-year-olds enrolled for the full year who then enroll in universal 4K.

It might also be of interest to use ECIDS data to monitor private child care providers in the pilot area to determine whether the availability of public 3PK caused private providers to leave the market or to offer different options, such as alternative hours.

Analysis. An evaluator could use ECIDS data to evaluate progress on the 3PK pilot—specifically, the impact on preschool access—by examining trends over time in the mean and distributions of indicators for families with three-year-olds in the pilot area. The evaluator will also conduct subgroup analyses to examine widening or narrowing of disparities across priority populations (see Figure C.1) and disaggregate all indicators by race and income. As enrollment in quality programs is of particular interest, the evaluator could also examine the percentage of three-year-olds, overall and within priority subgroups, enrolled in a high-quality ECCE program12 in the year prior to the 3PK pilot and in the pilot year.

12 The external evaluator will work with OPSR to operationalize the definition of “high-quality ECCE program” using provider rating data outlined in the ECIDS Data Inventory, Data Integration Plan, and Data Governance Plan.
To increase confidence that observed outcomes can be attributed to the pilot, the evaluator could conduct a difference-in-difference analysis comparing indicators of access for vulnerable populations in the 3PK pilot area—presumably, school district(s)—and a similar area/district(s) without the pilot program. The evaluator could identify comparison school districts with similar characteristics at baseline, such as percentage of families with three-year-olds, and, of those, similar percentages of families with the following characteristics: Hispanic, Native American, Black, living in poverty, low-income, parent education less than high school, parent education high school diploma or some college, one-parent households, immigrant parent, parents working nontraditional hours, or Spanish spoken at home.13

Because the state is interested in the impact of public 3PK on private ECCE providers, the evaluator could also conduct a difference-in-differences analysis to examine changes to the number of licensed private providers operating in the year before and in the year following the pilot, both in the pilot school districts and comparison school districts. Although it would be of interest to examine enrollment among private providers, these data will not be accessible through ECIDS.

The evaluator could present critical data elements in accessible tables and graphical presentations to engage communities and stakeholders.

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13 A potential source for these data is the 2013–2017 American Community Survey Public Use Microdata Samples downloaded from IPUMS-USA. The evaluator will work with OPSR to assess whether those data are applicable to the pilot.
Appendix D: Considerations for primary data collection
Need for change

The OKFutures strategic plan features five goals related to access, alignment, choice, and communication, and it outlines an extensive list of strategies for achieving these high-level goals. OPSR has emphasized that prioritizing the right strategies for implementation will require soliciting family voice about unmet needs and preferences related to the ECCE system. The state’s forthcoming Early Childhood Integrated Data System promises to improve the state’s ability to use data to inform policy development. However, a comprehensive approach to policy development will likely draw on both administrative data and primary data collection, as answering some questions may require gathering data directly from those who would be affected by or responsible for implementing a certain policy.

Opportunity for impact

By collecting primary data, the state can form a clearer picture of family and provider experiences, needs, and preferences, as well as available services that lie outside current administrative systems. This information can, in turn, inform policy development. Primary data collection to inform implementation and evaluation of OKFutures’ strategic plan could include a statewide representative survey of parents with young children, focus groups with parents, and a survey of early childhood and education providers.

Primary data collection opportunities

Parent/caregiver survey

Perhaps the most valuable primary data collection opportunity is a statewide representative survey of parents with young children, which could be conducted in partnership with an academic institution or research organization. This survey could collect information on current ECCE arrangements, parent preferences and decision-making factors, perceptions of ECCE availability, and perceived barriers to access.1

- **ECCE preferences.** ECIDS data can indicate parents’ use of formal ECCE services, but they do not reveal whether parents are satisfied with their arrangement or selected it for lack of a preferable or more accessible option. High-level questions to explore, via a survey, could include these:

  - What are parents’ preferences for caregiving arrangements (center-based care; family day care; family, friend, and neighbor care; parental care)?
  - What drives those preferences (for example, affordability, acceptance of child care subsidies, proximity, recommendations from families or friends, perceived or rated

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quality, cultural and linguistic responsiveness, availability of nontraditional hours, supplemental services)?

- How do parents define quality?
  o The OKFutures Needs Assessment began collecting this information through focus groups; a statewide survey could explore whether definitions of quality vary across key subgroups (geography, race/ethnicity, income).²
  o During the focus groups, the most commonly mentioned elements of quality were as follows:
    • Safety and cleanliness of facilities and classrooms
    • High-quality learning and preparation for kindergarten
    • Teacher quality, including meaningful interaction with children, individualized attention, and teacher qualification and experience
    • For Spanish-speaking parents, staff members who are bilingual and programs that support young dual-language learners
    • Open communication between staff and parents
    • Low teacher-child ratios
  o How do parents rate each type of caregiving arrangements on these different elements of quality?
- How do parents weigh child care preferences when making decisions? A nuanced understanding about how decision-making considerations vary for specific groups could help the state form policies that better serve vulnerable and other underserved populations.
  o A survey could help the state understand differences in considerations across subgroups, as prior research has shown that factors like parent education, income, and employment status affect the way in which families make decisions.³

- Perceptions of ECCE availability. ECIDS can provide some information on ECCE availability, such as the number of ECCE slots for infants and toddlers by county. But a more nuanced measure of ECCE access would account for parents’ perceptions of ECCE availability and how that relates to their preferences. Key questions relate to the following:
  - Perceived availability of ECCE options. Understanding whether parents feel that available slots do not meet their needs, and why not, could provide valuable information to guide policy and communication efforts.
  - Awareness of ECCE options. Options may exist in a region, but if parents aren’t aware of them, then unmet need persists. If the state understands options about which families are

unaware—and how families learn about options (see more below)—policymakers can tailor outreach and communication strategies accordingly.

- **Characteristics of most-recent ECCE search.** To understand how parents learn about ECCE options, the state could solicit information about parents’ main sources of information (for example, family, friends, Internet searches, advertisements, pediatricians, social services, etc.). The state should also examine whether parents are aware of ECCE search supports, such as the regional Resource & Referral Association offices.

- **Knowledge of government-funded ECCE programs.** Parent perceptions of ECCE availability are also shaped by their awareness of existing financial supports and how to access them, which can help overcome barriers to affordable care.

- **Cost and choice.** According to the U.S. Department of Health and Human Services, “affordable child care” costs no more than 7 percent of a family’s income. However, a third of families nationwide spend at least 20 percent, and single parents pay an average of 35 percent of income. The Brookings Institution analyzed Early Childhood Program Participation Survey data to examine families’ willingness to pay for center-based child care—that is, the proportion of their income that families are willing to spend—and found that “the financial pain of purchasing daycare and preschool services is less for more affluent compared to less affluent families, whereas the absolute price of the service is higher for more affluent families, with likely impacts on quality.” Consequently, parents’ ECCE arrangements may not always reflect parental choice but rather the nexus of barriers and opportunities, particularly financial barriers and the availability of affordable ECCE options. The state could work with economists to capture the relationship between ECCE availability, cost, and parental choice. In other words, would parents choose a different child care arrangement were cost not a consideration?

- **Perceived barriers to ECCE access.** To inform policy decisions, the state needs to better understand what families identify as major barriers to accessing ECCE options that are “high-quality” (as defined by the parent). While affordability is a likely barrier across the state and subgroups of interest, other barriers may vary by geographic area (region, county) or subgroup (in regard to, for example, transportation, proximity, need for nontraditional hours, and need for bilingual staff). A survey could help the state identify geographic- and subgroup-specific needs and partner with communities to develop effective local solutions. If the state hopes to analyze survey data by county, geographic region, or other subgroups of interest, it will be important to partner with a sampling statistician to understand what is

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possible with available resources. It may also highlight the need for policy changes at the state level, such as incentives to enhance access to options that meet family needs.

- Current ECCE arrangements. The OKFutures Needs Assessment\(^7\) estimates that roughly 124,000 children in Oklahoma are not served by one of the three primary ECCE programs in Oklahoma: licensed child care, universal preschool, or Head Start/Early Head Start. ECIDS can further refine this estimate to include all programs in the state’s ECCE system. That said, ECIDS can provide information on current ECCE arrangements for families already participating in the formal ECCE system, but not for those outside of the system (such as those in unlicensed care or family, friend, and neighbor care). Survey questions could help the state better understand the number of children in such arrangements, parent satisfaction with those arrangements, and the characteristics of families who choose this option and their reasons for doing so. In addition, because family, friend, and neighbor care is likely the most used type of child care, a survey could help the state focus on the support needs for caregivers to promote child development. Washington State conducted a family, friend, and neighbor care survey that could inform a similar instrument in Oklahoma.\(^8\)

Parent focus groups

Focus groups are guided discussions geared toward soliciting thoughts and opinions about a clearly defined topic. They aim to foster conversation between participants. Focus groups can complement survey data with deeper information on specific topics to inform OKFutures policy and strategy development and evaluation.

Compared with a survey, a focus group can provide more nuanced, in-depth answers to complex questions. To understand parent satisfaction with current child care arrangements, for example, a survey could ask parents to rate their level of satisfaction. This information would be useful, but a focus group allows families to explain their level of satisfaction, which provides insights into their values and needs regarding child care. Focus groups can be especially useful in conjunction with surveys, as they offer an opportunity to further explore or clarify survey results.

A limitation of focus groups is that, unlike representative surveys, they cannot be used to generalize statistical conclusions about the larger population of interest. For this reason, participants recruited for focus groups should represent the target populations for given strategies or programs.\(^9\) For instance, focus groups to inform contract-based enrollment could be held in a sample of rural communities. To inform a strategy that aims to serve families in vulnerable populations, the state could convene different focus groups consisting of each population (for example, families experiencing homelessness or families with children with disabilities).

\(^7\) Greenberg et al., *OKFutures Needs Assessment*.


Sample survey topics that could be further explored through parent focus groups include the following:

- **ECCE preferences**
  - Satisfaction with ECCE options and current arrangements
  - Perceptions of quality related to ECCE services
  - Drivers of parent ECCE preferences and decision-making

- **Perceptions of ECCE availability**
  - Perception that available slots do not meet needs, and why
  - Methods/processes used to search for ECCE information

- **Perceived barriers to ECCE access**
  - Geographic- and subgroup-specific needs

- **Current ECCE arrangements**
  - Parental satisfaction with those arrangements; characteristics of families who choose this option and their reasons for doing so.

Specific strategies or initiatives that could be informed through parent focus groups include the following:

- **Informing the development of the state’s 3PK program.** The 3PK program will seek to engage vulnerable populations, including children experiencing homelessness, in foster care, dual language learners, and children with parents involved in the justice system. Focus groups could inform the 3PK model by including such families with children birth to age three in focus groups to learn about their ECCE needs, preferences, and perceived barriers.

- **Improving communication with families about ECCE options.** OPSR partnered with ACS Communications to develop a plan for improving engagement and communication with families of young children in Oklahoma. The final report identified a need for more information about how to engage the most difficult-to-reach families—namely, those not already connected to services. Targeted focus groups with such families could help the state understand how they access information about ECCE services; what information parents feel they need to make informed decisions; parents’ knowledge of existing options; their reasons for not enrolling; and their general views on programming in their area.

**Provider surveys**

A survey of licensed child care providers could provide valuable information about the supply of child care options for families in Oklahoma, as well as information about how best to support providers to provide high-quality care for infants and toddlers. The state should first consider the level at which provider information would be helpful. To better understand a statewide issue

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(such as statewide staffing or training needs), a statewide survey could be valuable. To better understand a need specific to a certain geographic area, the state could opt to focus survey efforts in relevant or representative counties or localities. For example, a provider survey focused on rural areas could explore barriers to operating, which could inform specific strategies such as contract-based enrollment for infants and toddlers. Existing national surveys, like the National Survey of Early Care and Education, could provide a useful starting place to begin designing a state or regional survey, as it contains questions for assessing the use and availability of early care and education programs.

Depending on information needs, the state could consider administering the following types of provider surveys:

- **Statewide topical survey to inform a specific policy direction or strategy.** A statewide survey could focus on a specific policy initiative or strategy. For example, Minnesota, hoping to promote early identification and intervention for young children with developmental concerns, commissioned a survey in 2015 of the state’s licensed center-based and family child care providers to understand developmental screening and referral practices among providers.11 Likewise, as a way to inform professional development and training priorities, several states have conducted surveys of professionals in various types of early care and education programs to understand the demographic and education characteristics of the early childhood workforce.12

- **Geographically targeted survey to enhance information about the provider landscape.** A survey targeting a specific geographic area (such as a county or region) could gather information from providers that is not already captured in an administrative data system. By providing a deeper understanding about provider offerings in an area, the survey could enable the state to examine how the provider landscape aligns with family needs and state priorities. Topics could include the following:
  - Characteristics and services
    - Characteristics of children served
    - Characteristics of staff

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- Government program participation
- Revenue sources/funding streams
- Professional development opportunities for staff
- Comprehensive services offered
- Schedules (including hours of operation)
- Cost of operating
- Coordination with other area programs

- Insights or perspectives on need
  - Barriers to operating in a given region
  - Parent needs and providers’ ability to meet them
  - Facility or physical environment concerns
  - Workforce or staffing concerns
Appendix E: OKFutures collaboration survey results
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For the PDG planning year, the OKFutures evaluation team designed a process evaluation focusing on two components: evaluating the quality and nature of the OKFutures collaboration, and a program improvement focus for the professional development pilots. To evaluate the collaboration, we conducted an online survey using an established collaboration assessment tool distributed to all steering committee and team members (with the exception of the evaluation team); results are shown in Table E.1 and Figure E.1.1 After conducting a review of existing collaboration surveys from a variety of fields, we chose the Collaborative Vitality Survey, designed by the Georgia Family Connection Partnership (2012). This survey provides the best framework for capturing the key aspects of OKFutures collaborative effectiveness. We are now conducting qualitative interviews with a random sample of high participation steering committee and team members to explore the results of the survey and other aspects of collaboration, focusing on inclusiveness, conflict resolution, areas of success, and suggestions for improvement. We have completed eight of eleven interviews. The interview guide was constructed using Woodland and Hutton’s Collaboration Evaluation and Improvement Framework,2 adapted to the OKFutures context, with input from the full Evaluation Team.

The professional development pilots are in the design phase but will be underway soon. We will evaluate the pilot implementation using interviews with participating administrators, trainers, coaches, and teachers. For the LENA and PITC pilots, we will draw from the input and findings of collaborative partners who have used LENA and PITC. The interviews will inform program improvement for the planned larger-scale rollout of these programs.

The collaboration survey was one of the primary evaluation activities supporting the work of the OKFutures’ planning year, providing, in particular, useful information about collaboration, which is key to successful implementation of strategies to support young children birth to age five in Oklahoma. Table E.1 presents the results of the OKFutures Perspectives on Collaboration Survey using the Georgia Family Connection Partnership’s Community Vitality Survey (2012). Scores range from a low of 1 (complete disagreement) to a high of 7 (complete agreement), except in cases where the item was reverse coded because of negative question wording. In these cases, a higher score represents higher disagreement with the statement. Thirty-two of 60 respondents participated—a response rate of 53.3 percent.

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1 Collaboration results produced by Kelly Tabbutt and Erin Maher, University of Oklahoma, Department of Sociology. For more information contact erin.maher@ou.edu.

Table E.1 Descriptive statistics: OKFutures perspectives on collaboration survey

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of meetings attended</td>
<td>13.53</td>
<td>1</td>
<td>85</td>
</tr>
<tr>
<td>In the collaborative:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Resources are shared</td>
<td>5.58</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>2. There is a lack of communication*</td>
<td>3.16</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>3. Meeting topics are known</td>
<td>5.16</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>4. Conflict is expressed</td>
<td>5.13</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>5. Members have a sense of pride</td>
<td>5.81</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>6. Families are involved</td>
<td>4.06</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>7. Meetings are productive</td>
<td>5.45</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>8. Members rely on each other</td>
<td>5.45</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>9. Goals are clear</td>
<td>5.65</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>10. Some opinions don’t matter*</td>
<td>3.13</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>11. All the right members are involved</td>
<td>5.23</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>12. Evidence-based practices are known</td>
<td>5.16</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>13. Members are committed</td>
<td>5.81</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>14. Members know their roles</td>
<td>5.06</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>15. It is all talk, no action*</td>
<td>2.84</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>16. There are influential relationships</td>
<td>5.29</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>17. Strategies are based on findings</td>
<td>5.48</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>18. Members are energetic</td>
<td>5.68</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>19. The budget is understood</td>
<td>4.55</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>20. Productivity exceeds solo work</td>
<td>5.48</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>21. New ideas unique to the collaborative are created</td>
<td>4.94</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>22. Partner activities are integrated</td>
<td>5.32</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>23. New resources are produced</td>
<td>5.16</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>24. New initiatives are made to meet needs</td>
<td>5.19</td>
<td>2</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: 2019 OKFutures Perspectives on Collaboration Survey
N = 32
*Reverse coded

A general guide for interpretation of the scores is provided by the scale developers:

- 6.5 to 7: respondents think collaborative is doing very well.
- 5.5 to 6.5: respondents think your collaborative is doing well.
- 4.5 to 5.5: respondents think your collaborative is doing OK.
- 4 to 4.5: respondents think your collaborative is just getting by.
- Below 4: respondents think your collaborative needs to improve.
Figure E.1 illustrates the means for dimensions of the collaboration constructed by combining individual items into the associated dimensions outlined by the Georgia Family Connection Partnership.³

**Figure E.1 Mean scores on the collaborative vitality survey dimensions**

![Mean scores by aspect of collaborative functioning](image)

In summary, the preliminary results demonstrate high functioning of the collaboration, between “OK” and “doing well,” which for the first year of a new collaboration is phenomenal, given that collaborations take significant time and attention to form, build, and coalesce. The other evidence of a strong collaboration is the average number of meetings attended, indicating very strong participation, in general. We do see some evidence of response bias in that the lowest scores of the collaboration items are all for the negatively worded ones, but we suspect this stems from the tendency of respondents to want to give all items high scores throughout. Nonetheless, OKFutures will use these results and further analyses to look for areas of improvement, believing that these results show an excellent foundation for the work ahead in implementing the strategic plan.

Appendix F: A template for evaluating state professional development trainings and conferences
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The OKFutures strategic plan emphasizes workforce education and training. Accompanying strategies aim to increase the supply and quality of the state’s ECCE workforce, current and future. In the coming year, OPSR plans to evaluate the implementation and impact of its professional development offerings (including trainings and conferences) in supporting the state’s ECCE workforce and progress toward OKFutures’ goals. This appendix contains a suggested template that could be adapted for specific statewide trainings to assess effectiveness.

Specifically, this template addresses constructs from levels 1 and 2 of the Kirkpatrick Model (reaction and learning). These constructs are the most feasible to collect because they can be measured immediately after a training concludes. The template is formatted for a post-training evaluation focused on training satisfaction. A more comprehensive survey could include training-specific questions that gauge participant knowledge, skills, and attitudes gained as a result of the training. If feasible, the state could tailor the questions to fit a pre-training evaluation, which would allow for greater understanding of changes in knowledge, skills, and attitudes resulting from the training.

Sample participant survey template for post-training evaluation

Participant information

When deciding on which demographic questions to include, anticipate subgroups of interest. For instance, for a training on culturally responsive practices, it might be of interest to know the race/ethnicity of the participant. But race/ethnicity may be less relevant for a training on assessment practices.

1. WHAT TYPE OF PROGRAM DO YOU WORK IN?
   - LICENSED CHILD CARE CENTER
   - LICENSED FAMILY DAY CARE
   - UNIVERSAL PRESCHOOL
   - HEAD START/EARLY HEAD START
   - SOONER START PROGRAM
   - LICENSED HOME VISITING
   - OTHER (SPECIFY) _____________________________________________________________

2. WHAT IS YOUR ROLE?
   - CLASSROOM TEACHER
   - CLASSROOM AIDE
   - FAMILY DAY CARE OWNER
   - HOME VISITOR
   - OTHER (SPECIFY) _____________________________________________________________

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3. **HOW MANY YEARS HAVE YOU BEEN WORKING IN THIS ROLE?**
   - LESS THAN ONE YEAR
   - 1–2 YEARS
   - 3–5 YEARS
   - 6–10 YEARS
   - 10+ YEARS

4. **WHAT IS YOUR LEVEL OF EDUCATION?**
   - HIGH SCHOOL DIPLOMA OR EQUIVALENT
   - SOME COLLEGE (INCLUDES CDA AND CERTIFICATE OF MASTERY)
   - ASSOCIATE’S DEGREE
   - BACHELOR’S DEGREE
   - GRADUATE DEGREE

5. **IN WHICH COUNTY ARE YOU EMPLOYED?** ___________________________________________
Participant satisfaction

1. **HOW SATISFIED WERE YOU WITH TODAY’S TRAINING ON [SESSION TOPIC]?**
   - VERY DISSATISFIED
   - DISSATISFIED
   - SATISFIED
   - VERY SATISFIED

2. **BEFORE TODAY’S TRAINING, HOW FAMILIAR WERE YOU WITH [SESSION TOPIC]?**
   - NOT FAMILIAR
   - SLIGHTLY FAMILIAR
   - MODERATELY FAMILIAR
   - VERY FAMILIAR

3. **AFTER TODAY’S TRAINING, HOW FAMILIAR ARE YOU WITH [SESSION TOPIC]?**
   - NOT FAMILIAR
   - SLIGHTLY FAMILIAR
   - MODERATELY FAMILIAR
   - VERY FAMILIAR

4. **TO WHAT DEGREE DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS, ON A SCALE FROM STRONGLY DISAGREE (1) TO STRONGLY AGREE (5)?**

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY DISAGREE (1)</th>
<th>DISAGREE (2)</th>
<th>NEITHER AGREE NOR DISAGREE (3)</th>
<th>AGREE (4)</th>
<th>STRONGLY AGREE (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The training objectives were clear.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>d □</td>
</tr>
<tr>
<td>b. The facilitator was knowledgeable about the content.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>d □</td>
</tr>
<tr>
<td>c. The facilitator was engaging.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>d □</td>
</tr>
<tr>
<td>d. I was given opportunities to participate.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>d □</td>
</tr>
<tr>
<td>e. The topics felt relevant to my job.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>d □</td>
</tr>
<tr>
<td>f. I can apply what I learned today to my job.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>d □</td>
</tr>
<tr>
<td>g. The length of the training was appropriate for covering the necessary content.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>d □</td>
</tr>
<tr>
<td>h. The training facility/room was comfortable.</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>d □</td>
</tr>
</tbody>
</table>
5. WHAT DID YOU LIKE MOST ABOUT THIS TRAINING?
___________________________________________________________________________
___________________________________________________________________________

6. WHAT ASPECTS WOULD YOU IMPROVE?
___________________________________________________________________________
___________________________________________________________________________

7. HOW DO YOU HOPE TO CHANGE YOUR PRACTICE AS A RESULT OF THIS TRAINING?
___________________________________________________________________________

Participant knowledge

If appropriate, add questions to quiz participants on knowledge, skills, or attitudes.
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