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White Paper #2: Structure of *Care About Childcare*

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In this white paper we describe interviewees' perceptions of the implementation process for Utah's Care About Childcare (CAC). White paper #1 outlined the research methods used and the components of implementation science that were under investigation. This white paper summarizes interviewees' observations on the implementation components of source, destination, communication link, feedback loop, and sphere of influence.

Source. The source in this white paper series is Utah's Care About Childcare program (CAC), developed as Utah's QRIS.

Current problems with the source program. A number of problems associated with the source program were articulated including the following:

- Participation in CAC can require a significant amount of time and effort on the part of the provider as they gather the requested information, provide documentation, and post it online. This is especially difficult for providers who offer extended day services as spending additional hours gathering the requisite information can be very unappealing.

- Many providers are reluctant to be monitored. One CCR&R explained it as being a problem of perfectionism: they want to be perfect but are afraid that they are below the mark and will be told that they are low quality. Another reason is significant anti-government sentiment among the providers and parents, especially in some rural areas. Affiliation with "the government" is immediate cause for suspicion.

How the destination seeks to ameliorate some of the problems with the source.

- CCR&R offices attempt to address the concerns stated above by building good relationships and trust with providers. Some have found it useful to discuss CAC at trainings with participating providers in attendance that can vouch for CAC. Offering clear, accurate information on CAC and childcare quality also alleviates concerns.

- Some providers are currently at full capacity and have waiting lists. If they are full, they might not see any need to post their quality indicators online as they do not need additional clients. They have no financial incentive to participate.

- Some CCR&R offices serve a large number of providers as in dense urban areas, and some of the regions are geographically very broad, as in sparsely populated rural areas. It can be difficult to get information out to providers, especially in those regions where the CCR&R is understaffed.

- Providers may not have access to the technology necessary to upload information on the CAC site, or they may not have the technological skills necessary to upload information. They may be

intimidated by technology. CCR&R offices try to help these providers as much as possible, helping them get online at trainings, assisting them at home, etc. One CCR&R staff member brings a tablet and scanner with her on visits with providers to help them upload the information during visits.

- Some providers do not understand the potential benefits of CAC. CCR&R offices seek to alleviate this through educating the providers. Other providers are beginning to see the benefits firsthand as they find that they are getting fewer calls from parents than they would if they were participating.

- One CCR&R felt that some of the criteria did not assess the quality that they were supposed to assess. The provider might indicate that their program fulfilled some of the criteria, but actual experience with the program indicates that the quality indicated does not exist. One provider, for instance, said that she did not know she was supposed to actually follow the lesson plan that she submitted.

- In some smaller towns, everyone is acquainted with everyone else and online advertising may be unnecessary.

- Some providers may not want to participate unless they are offered an immediate incentive.

Destination. To ensure that providers, parents, and children are receiving the benefits of CAC, it is necessary that someone engage in the following behaviors:

- Recruiting providers to CAC (this is a part of the CCR&R offices' vital role in continually nurturing good relationships with providers)

- Explaining CAC correctly to providers and parents and answering questions

- Helping providers get their information online

- Validating criteria in an efficient and accurate manner

***Comments about the destination*.** Although OCC personnel and CCR&R directors contribute to the activities listed above for the destination, other CCR&R staff members generally complete the tasks, particularly the CAC consultants. (Although they were originally identified as CAC consultants, they rarely identified themselves as CAC consultants, perhaps because of their many other responsibilities.) These consultants usually spend around half of their work time engaged in CAC activities. Thus, these staff members need particular support, training, and coaching to deliver CAC to providers and parents.

Communication link. The OCC provides training on administering CAC, but as seen above, additional support, training, and coaching would make the delivery of CAC more efficient and effective.

Feedback Loop. Several interviewees said they wanted to learn more about how provider-reported quality data are validated. This will be discussed in more detail under Decision Support Data Systems and Performance Assessment in the following white papers.

Sphere of influence. Each CCR&R is based in a unique setting. The differences in local demographics, size of region, number of employees, and political climate influence the delivery and the strategies for delivery of CAC. In some rural regions there is a distinct distaste in being involved in CAC as it is a government program. Some problems associated with regional characteristics areas will be discussed in later white papers.