



Quality Matters CONSULTANT TEMPLATES

FOR SELF-ASSESSMENT,
QUALITY IMPROVEMENT
PLANS AND ON-SITE
CONSULTATION

JANUARY • 2018

Quality Matters Consultant Templates
for Self-Assessment, Quality Improvement Plans, and On-Site Consultation
Department of Education and Early Childhood Development
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Table of Contents

Overview	2
Self-Assessment	3
Elements of Program Quality	3
Consultant Record-Keeping for Self-Assessment.....	3
Follow-Up Self-Assessment.....	4
Reviewing the Centre's Self-Assessment.....	4
CONSULTANT TEMPLATE 1 – SELF-ASSESSMENT REVIEW	6
Quality Improvement Plan	7
Development of Quality Improvement Plan.....	7
CONSULTANT TEMPLATE 2 – DEVELOPMENT OF QIP	9
Implementation of Quality Improvement Plan.....	10
Ten Reasons Why Strategic Plans Fail.....	12
CONSULTANT TEMPLATE 3 – MONITORING IMPLEMENTATION OF QIP	13
On-Site Consultation	14
TEMPLATE 4A – Letter of Agreement for On-Site Consultation and Support	15
Letter of Agreement	15
Attachment A	16
Attachment B	17
TEMPLATE 4B – Record of On-Site Consultation	18

Overview

Quality Matters is a province-wide early childhood continuous quality improvement system. It is based on international evidence regarding the importance of quality in early childhood education and care. It is informed by international practices to support quality improvements in licensed child care centres.

The purpose of Quality Matters is to ensure that eligibility to receive public funding for licensed child-care centres is linked to demonstrated accountability, which includes

- **Compliance** with provisions of Nova Scotia's Day Care Act and with provincial Day Care Regulations, policies, standards, and licensing and monitoring activities
- **Accountability** for financial reporting respecting any public funds received
- **Program Quality:** to be maintained through the implementation of the Nova Scotia Early Learning Curriculum Framework and through the development, implementation, and assessment of Quality Improvement Plans

As an Early Childhood Development Consultant (ECDC), your monitoring role is to focus on

- the self-assessment process, providing support and advice to the centre as needed (Each centre will be working with their own copy of the Self-Assessment Summary template to record results of their findings for each element of Program Quality. A copy of the Self-Assessment Summary templates (**Centre Templates 1-4**) are located in the document, *Quality Matters Centre Templates for Self-Assessment, Quality Improvements Plans and On-Site Consultation*.)
- supporting the development of each centre's Quality Improvement Plan; the centre's progress in achieving identified goals; and ongoing revisions to the QIP
- each centre's adherence to the broader provisions of Quality Matters (compliance with regulations to the Nova Scotia Day Care Act; compliance with terms and conditions for child-care funding; and development, progress, and revisions of Quality Improvement Plans)
- working with a team to make recommendations to the Executive Director regarding a centre's funding status based on the above criteria

Please review *Quality Matters Continuous Quality Improvement: A Guide for Licensed Child Care Centres* for a thorough overview of the centre's role in the self-assessment process.

Self-Assessment

The first step in the Continuous Quality Improvement (CQI) process involves a centre-coordinated self-assessment. Although it is not necessary (or even necessarily better) that the goals in your centre's Quality Improvement Plan (QIP) address all four elements of Program Quality, each centre is required to consider all elements during the self-assessment process.¹

Elements of Program Quality

The four elements include

- **Leadership:** professional, pedagogical and administrative
- **Staffing:** qualifications, professional development, human resources, and compensation
- **Learning Environments:** high quality and inclusive
- **Relationships:** interactions and partnerships with children, parents and families, staff, other professionals, and the community

Each centre will complete the Quality Matters centre templates to describe the types of activities undertaken for each element of Program Quality. For example, a centre will require to provide the **Centre Template 1** for the element regarding Leadership; **Centre Template 2** for the element regarding Staffing and so on. For each template, the centre is required to provide information about

- who was involved
- how information was gathered (e.g., survey, parent meeting, etc.)
- key findings and lessons learned
- strengths (What are you doing well?)
- areas for improvement

Consultant Record-Keeping for Self-Assessment

There are two components of record-keeping for each centre's self-assessment process:

1. As the centre's consultant, you are required to review the forms as completed by the centre regarding their approach to self-assessment and their key findings and lessons learned (Use **Centre Templates 1-4**). Once you review the centre's completed copy of the template, please sign and record any relevant notes. The signed centre copy of the template should be copied and inserted in your file, with the original signed form returned to the centre for its own files.

¹ For your reference, the full set of reporting templates for child care centres for the self-assessment process are included in the *Quality Matters: Centre Templates for Self-Assessment, Quality Improvement Plans and On-Site Consultation* document.

2. **Consultant Template 1** provides a one-page summary for your review of each centre's self-assessment process. This form is to be completed for each centre on your caseload. Forms should be signed, dated, and kept on file so as to inform the centre's next self-assessment process.

Follow-Up Self-Assessment

Follow-up self-assessment is required after three years, or following significant change to the centre's governance or program structure. Situations that may require a repeat self-assessment before a three-year period include

- significant change to the centre's program (e.g., introduction of an infant/toddler program)
- significant change to the centre's governance model (e.g., a non-profit organization creates a separate non-profit board to oversee the centre; a private owner sells the centre; the centre has a new director; etc.)

Reviewing the Centre's Self-Assessment

A centre is considered to **meet expectations** if

- the centre has considered all four elements of quality as defined by Quality Matters during their self-assessment process
- the centre's self-assessment has involved at a minimum—all staff members; invited all parents to participate; and involved those in governance positions (e.g., board of directors, owner, etc.)
- the centre has used at least three different approaches to gather information, including staff meetings, parent meetings, parent surveys, board meetings, telephone interviews, etc.
- the centre has clearly identified their key findings and lessons learned, which are substantiated by information gathered as part of the self-assessment process
- the centre has clearly synthesized the key findings to identify strengths and areas for improvement

A centre is considered to **exceed expectations** if, in addition to the expectations noted above, the centre has incorporated other creative methods to gather information for their self-assessment, involved a broader range of people in the process, or undertaken additional steps to complete the self-assessment. Some examples include the centre's having

- hosted information sessions that include parents, board members, staff, and community partners in broad discussion about the centre's strengths and challenges
- included former parents and children in their self-assessment
- interviewed children at the centre about their thoughts regarding their experiences

- undertaken creative methods to gather information and feedback from community partners, potentially using social media and other on-line discussions visited other centres to observe and gather ideas about program improvement used more than three different approaches to gather information
- hosted parent sessions in different languages, so that all parents are able to be included

A centre's self-assessment is considered to be **inadequate** if the centre has not met the criteria outlined above for meeting expectations. If deemed inadequate, the centre is required to continue with the self-assessment process until their efforts are considered to meet expectations outlined above.

CONSULTANT TEMPLATE 1

Self-Assessment Review

Name of centre: _____

Contact person: _____

Contact information: _____

Mailing address: _____

Physical address: _____

Telephone: _____ Website: _____

Email: _____

Date completed: _____ Date reviewed: _____

Was the self-assessment approved on first submission? YES NO If no, please explain:

Consultant signature: _____ Date: _____

Centre name: _____

Area of Assessment

	Leadership			Staffing			Learning Environment			Relationships		
	EXCEEDS	MEETS	INADEQUATE	EXCEEDS	MEETS	INADEQUATE	EXCEEDS	MEETS	INADEQUATE	EXCEEDS	MEETS	INADEQUATE
Involvement of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Process to gather information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation of key findings and lessons learned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of areas for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Quality Improvement Plan

Development of Quality Improvement Plan

In developing the Quality Improvement Plan (QIP), centres are asked to

- describe the goal or goals for their QIP (each centre must identify at least one goal but no more than two); list goals separately as Goal 1 and Goal 2, if there are two
- describe which of the four elements of Quality Matters your goal or goals focus on (a goal may address more than one of the four elements—e.g., leadership and staffing)
- explain which strategies the centre will use to achieve the goal
- outline the success indicators—what will success look like?
- explain how the centre will measure success indicators—what evidence is being used to indicate success?
- specify timelines (which should take a minimum of six months and a maximum of one year)
- identify the person to whom this work is assigned

As a consultant, your role involves three aspects of the Quality Improvement Plan:

1. providing support and advice to the centre in the development of the QIP

2. reviewing and approving the QIP

3. monitoring progress toward successful achievement of the indicators identified in the QIP. Consultants will use the on-site consultation model to provide support to centres in developing and implementing the QIPs.

Assessment guidelines for the QIP recognize that across Nova Scotia centres have different areas of expertise, varying degrees of access to professional support, varying levels of qualifications and experience among staff, different types of governance structures, and distinct challenges and priorities. Therefore, the assessment guidelines for the QIP are similar in scope to those for the review and evaluation of the self-assessment.

A centre is considered to **meet expectations** if

- each goal identified is substantive in its content and involves significant effort
- each goal addresses elements of quality as outlined in the Quality Matters model
- the identification of each goal is supported by lessons learned from the self-assessment process
- there is a consensus from staff, parents, and management regarding the selection of each goal

- each goal outlines a realistic time frame for achieving success
- indicators are concrete and measurable
- strategies to achieve the goal are concrete and realistic
- strategies identify who is responsible for actions

A centre is considered to **exceed expectations** if, in addition to the expectations noted above, the centre has involved a broader range of people in the process or undertaken additional steps to develop their goals. For example, the centre has

- incorporated several elements of quality (e.g., leadership and wages, staff qualifications and professional development) in its goals
- consulted with others to ensure that goals are realistic, measurable, time-framed, and accountable
- identified plans to involve multiple partners in strategies to achieve their goals

A centre is considered to be **inadequate** if the centre has not met the criteria outlined above for meeting expectations. If deemed inadequate, the centre is required to continue to work with the consultant, staff, parents, and management until their efforts are considered to meet expectations outlined above.

Consultant Template 2 focuses on the development of the QIP, based on lessons learned from the self-assessment.

CONSULTANT TEMPLATE 2

Development of QIP

Name of centre: _____

Contact person: _____

Contact information: _____

Mailing address: _____

Physical address: _____

Telephone: _____ Website: _____

Email: _____

Date completed: _____ Date reviewed: _____

Was the QIP approved on first submission? YES NO If no, please explain:

Consultant signature: _____ Date: _____

Centre name: _____

As relevant, please attach additional information to clarify your reason for each level of assessment.

Area of Assessment

Goal is informed by lessons learned from self-assessment.

Goal addresses elements of quality as outlined in Quality Matters model.

Goal is substantive in content.

Goal involves significant effort.

There is a consensus from staff, parents, and management regarding the selection of each goal.

Goal outlines a realistic time frame for achieving success.

Indicators are concrete and measurable.

Strategies to achieve the goal are concrete and realistic.

Strategies identify who is responsible for actions.

	Goal 1			Goal 2		
	EXCEEDS	MEETS	INADEQUATE	EXCEEDS	MEETS	INADEQUATE
Goal is informed by lessons learned from self-assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal addresses elements of quality as outlined in Quality Matters model.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal is substantive in content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal involves significant effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a consensus from staff, parents, and management regarding the selection of each goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal outlines a realistic time frame for achieving success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicators are concrete and measurable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategies to achieve the goal are concrete and realistic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategies identify who is responsible for actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Implementation of Quality Improvement Plan

The implementation of the QIP will take place over a minimum of six months and may have a timeline of up to one year. Monitoring and assessing the implementation of the QIP recognizes that successful implementation of a strategic plan and achieving stated goals is a challenge for any organization. Success depends on the skills and resources the organization brings to the effort. However, any organization may encounter unforeseen obstacles to successful implementation. In a child care centre, such obstacles might include staffing changes, emergency repairs that necessitate a reallocation of available funds, changes at the governance or management level, etc.

As a consultant, your role involves

- *monitoring progress toward successful achievement of the indicators identified in the QIP*
- *providing support and advice to centres, using the on-site consultation model, in the implementation of their Quality Improvement Plans*
- *assisting child-care centres with any revision or adaptation of their QIP required in the event of unforeseen circumstances*

One of the keys to having a reasonable chance of success in implementing the QIP is to spend the time needed to develop a QIP that is clear, has reasonable time frames, and is realistic in terms of the available resources (human, financial) to devote to the QIP. If a centre is having difficulty in implementing the QIP, the first step may be to review the QIP itself to see if time frames need to be revised, to ensure that the right people are assigned to the task, and to determine if the success indicators are realistic. If such a review results in a revised QIP, the revisions must be noted in the file with an explanation of why they were made, along with a description of the process used to revise the goal, time frame, indicators, etc.

Assessment guidelines for monitoring the QIP recognize the different areas of expertise, varying degrees of access to professional support, varying levels of qualifications and experience among staff, different types of governance structures, distinct challenges and priorities, and different levels of resources (human, financial) in child care centres across Nova Scotia. The guidelines also recognize that, as in any organization, unforeseen circumstances may mean that intended indicators of success are not achieved, despite best efforts. Therefore, the assessment guidelines for monitoring the implementation of the QIP are similar in scope to those for self-assessment and development of the QIP.

A child care centre is considered to **meet expectations** if the centre:

- demonstrates commitment and effort toward their strategic plan through regular staff planning sessions, meetings with parents and management, or other appropriate activities to work toward achieving their goals
- works regularly with the early childhood development consultant to review progress, seek support, and identify resources
- shows evidence of regularly reviewing their timelines and monitoring their progress
- revises strategies as required in order to deal with changing circumstances
- achieves success with 75 per cent of the indicators identified with each goal

A centre is considered to **exceed expectations** if, in addition to the expectations noted above, the centre

- involves community partners in working toward their goals
- regularly provides parents with updates on the QIP, with information and analysis of efforts being undertaken
- shows evidence of collaborative decision making (staff, parents, management) when faced with unforeseen emergencies or situations that impact the QIP
- undertakes creative approaches to share information about their efforts in quality improvement with local media, community, or provincial organizations
- achieves success with 90 per cent of the indicators identified with each goal

A centre's implementation of their QIP is considered to be **inadequate** if the centre has not met the criteria outlined above for meeting expectations. If deemed inadequate, the centre is required to continue to work with the consultant, staff, parents, and management until their efforts are considered to meet expectations outlined above.

Consultant Template 3 focuses on monitoring the centre's implementation of their QIP.

Consultant Template 4 focuses on maintaining records of on-site visits.

Note: The following resource from Forbes provides a list of reasons why strategic plans fail. It may be useful to consultants in their work with centres.

Ten Reasons Why Strategic Plans Fail

1. **Having a plan simply for plans sake.** Some organizations go through the motions of developing a plan simply because common sense says every good organization must have a plan. Don't do this. Just like most everything in life, you get out of a plan what you put in. If you're going to take the time to do it, do it right.
2. **Not understanding the environment or focusing on results.** Planning teams must pay attention to changes in the business environment, set meaningful priorities, and understand the need to pursue results.
3. **Partial commitment.** Business owners/CEOs/presidents must be fully committed and fully understand how a strategic plan can improve their enterprise. Without this knowledge, it's tough to stay committed to the process.
4. **Not having the right people involved.** Those charged with executing the plan should be involved from the onset. Those involved in creating the plan will be committed to seeing it through execution.
5. **Writing the plan and putting it on the shelf.** This is as bad as not writing a plan at all. If a plan is to be an effective management tool, it must be used and reviewed continually. Unlike Twinkies or a fine vino, strategic plans don't have a good shelf life.
6. **Unwillingness or inability to change.** Your company and your strategic plan must be nimble and able to adapt as market conditions change.
7. **Having the wrong people in leadership positions.** Management must be willing to make the tough decisions to ensure the right individuals are in the right leadership positions. The "right" individuals include those who will advocate for and champion the strategic plan and keep the company on track.
8. **Ignoring marketplace reality, facts, and assumptions.** Don't bury your head in the sand when it comes to marketplace realities, and don't discount potential problems because they have not had an immediate impact on your business yet. Plan in advance and you'll be ready when the tide comes in.
9. **No accountability or follow through.** Be tough once the plan is developed and resources are committed and ensure there are consequences for not delivering on the strategy.
10. **Unrealistic goals or lack of focus and resources.** Strategic plans must be focused and include a manageable number of goals, objectives, and programs. Fewer and focused is better than numerous and nebulous. Also, be prepared to assign adequate resources to accomplish those goals and objectives outlined in the plan.

Source:

www.forbes.com/sites/aileron/2011/11/30/10-reasons-why-strategic-plans-fail/#260fd7c986a8

CONSULTANT TEMPLATE 3

Monitoring Implementation of QIP

Name of centre: _____

Contact person: _____

Contact information: _____

Mailing address: _____

Physical address: _____

Telephone: _____ Website: _____

Email: _____

Date completed: _____ Date reviewed: _____

Has the QIP been revised during the course of the implementation timeline? YES NO

If yes, please explain: _____

Centre name: _____

As relevant, please attach additional information to clarify your reason for each level of assessment.

Area of Assessment

Centre demonstrates commitment and effort toward their strategic plan through regular staff planning sessions

Centre demonstrates commitment and effort toward their strategic plan by meeting with parents and/or centre management

Centre demonstrates commitment and effort toward their strategic plan through other types of activities

Centre works regularly with the early childhood consultant to review progress, seek support, and identify resources

Centre shows evidence of regularly (frequency to be determined) reviewing their timelines and monitoring their progress

Centre revises strategies as required in order to deal with changing circumstances

Centre employs communication strategies to update others on the implementation of their QIP

Percentage of indicators achieved: _____

	Goal 1			Goal 2		
	EXCEEDS	MEETS	INADEQUATE	EXCEEDS	MEETS	INADEQUATE
Centre demonstrates commitment and effort toward their strategic plan through regular staff planning sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centre demonstrates commitment and effort toward their strategic plan by meeting with parents and/or centre management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centre demonstrates commitment and effort toward their strategic plan through other types of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centre works regularly with the early childhood consultant to review progress, seek support, and identify resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centre shows evidence of regularly (frequency to be determined) reviewing their timelines and monitoring their progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centre revises strategies as required in order to deal with changing circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centre employs communication strategies to update others on the implementation of their QIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percentage of indicators achieved:	_____ %			_____ %		

Notes:

On-Site Consultation

On-site consultation is a component of the Continuous Quality Improvement process. The consultation is carried out according to the “on-site consultation model” (Buisse & Wesley, 2005). According to the model, on-site consultation follows a series of stages and includes problem solving, social influence, and professional support.

Stages in the Quality Matters on-site consultation approach include

- 1. making introductions, building the relationship**
- 2. gathering information through assessment**
- 3. setting goals**
- 4. selecting strategies**
- 5. implementing the QIP**
- 6. evaluating the QIP**
- 7. holding a summary meeting to review results**
- 8. collaborating in the development of the centre’s updated or follow-up QIP**

Centres and consultants ought to agree on the type or nature of contact for on-site consultation and support. While on-site contact is required, support may take the form of emails, phone calls, video conferencing, attendance and presentations at staff meetings, group sessions, etc.

Consultant Template 4 includes

- 4A, Letter of Agreement between centre and consultant, including Attachments A and B to Letter of Agreement
- 4B, Record of frequency and types of on-site consultation and support

CONSULTANT TEMPLATE 4 TEMPLATE 4A

Letter of Agreement for On-Site Consultation and Support

Name of centre: _____

Mailing address: _____

Physical address: _____

Email: _____ Website: _____

Director: _____

Telephone: _____ Email: _____

Contact person for Quality Matters: (if different from Director):

Name: _____ Job title: _____

Telephone: _____ Email: _____

Letter of Agreement

This letter of agreement is made between (name of director or person with signing authority) on behalf of the (name of centre) and (name of consultant) on behalf of the Nova Scotia Department of Education and Early Childhood Development (the department).

The agreement is based on the details provided in Attachments A and B.

Centre: _____

Centre signing authority: _____

Date: _____

Early Childhood Development Consultant for the Department of Education and Early Childhood Development:

Date: _____

Attachment A

This agreement is relevant to the on-site consultation to be provided by the department to the (name of centre) with the intention of providing support for the (centre) to achieve the goals set out in the attached Quality Improvement Plan. In order to do so, the (centre) and the department agree that

- the centre will allow on-site visits from (the consultant) for purposes of consultation and support
- the centre will provide regular (frequency to be determined and outlined in Attachment B) updates to the consultant regarding implementation of strategies identified as part of the centre's QIP
- the centre and the consultant will mutually agree on the nature of such consultation and support (e.g., face-to-face visits, telephone calls, email correspondence) and on the frequency of visits to the centre, reports, phone calls, etc. Dates and times will be determined with regard to the schedules and circumstances of both the consultant and the centre.
- on-site consultation may include face-to-face visits during the centre's hours of operation, as per the details set out in Attachment B
- if the consultant has determined that the centre is not implementing strategies to support the QIP, the consultant may bring the matter to the EECD Quality Improvement Team for further advice and resolution
- if the centre has determined that the consultant is not providing the necessary supports to allow the centre to achieve the goals outlined in the QIP, the centre has the right to approach the Early Childhood and Community Development Specialist to request a review of the arrangement
- if the centre does not meet the expectations of the Quality Matters program, the centre is required to continue to work with the consultant, staff, parents, and management until their efforts are considered to meet the expectations
- there shall be no fees for consultation and support
- the consultant will follow the On-Site Consultation Model² in working with the centre
- the time allotted to this agreement is one year from the date of signing
- this agreement may be reviewed and modified from time to time, with a new agreement, approved by both centre and consultant, replacing the former one
- details of the agreement are attached, and each page is initialed by both the centre and the consultant

² Buysse, V. & Wesley, P. (2005). Consultation in Early Childhood Settings. Baltimore: Paul H. Brooks Publishing Company.

Attachment B

DETAILS OF AGREEMENT

On-site consultation and support will consist of

On-site visits will be made according to the following schedule:

The centre and the consultant agree that if prearranged site visits need to be rescheduled, the following protocols will be used regarding advance notice, etc.:

Other:

TEMPLATE 4B

Record of On-Site Consultation

DATE	NATURE OF CONSULTATION (ON-SITE VISIT, TELEPHONE, EMAIL, ETC.)	SUMMARY OF RESULTS	CONSULTANT'S INITIALS	CENTRE REP'S INITIALS




NOVA SCOTIA