

REPORT

Features of Professional Development and On-site Assistance in Child Care Quality Rating Improvement Systems

A Survey of State-wide Systems

Sheila Smith | Will Schneider | J. Lee Kreader

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The National Center for Children in Poverty (NCCP) is the nation's leading public policy center dedicated to promoting the economic security, health, and well-being of America's low-income families and children. Using research to inform policy and practice, NCCP seeks to advance family-oriented solutions and the strategic use of public resources at the state and national levels to ensure positive outcomes for the next generation. Founded in 1989 as a division of the Mailman School of Public Health at Columbia University, NCCP is a nonpartisan, public interest research organization.

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IN CHILD CARE QUALITY RATING IMPROVEMENT SYSTEMS**
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Quality Rating Improvement Systems (QRIS) are now operating state-wide in 18 states. An additional 13 states are implementing QRIS in selected regions or as pilot initiatives.¹ While highly varied in their specific features, these systems all use a set of inter-related strategies that aim to raise the quality of early care and education programs. These strategies include quality standards that programs must meet to obtain ratings at different levels, financial incentives for programs to meet quality standards, and assistance to help center-based programs and home-based providers improve the quality of supports for children's well-being and early learning. As these systems increase in number across the states, ongoing examination of their characteristics and impacts can inform efforts to strengthen them.

For more information on QRIS, please see:

QRIS National Learning Network

<http://www.qrisnetwork.org/>

NAEYC QRIS Resources

<http://www.naeyc.org/policy/statetrends/qris>

NCCIC QRIS Resource Guide

<http://nccic.acf.hhs.gov/qrisresourceguide/index.cfm>

This report presents findings from an interview study that investigated features of the professional development and on-site assistance available to center-based staff and home-based providers who participate in states' Quality Rating Improvement Systems. The report's five sections address the following topics:

- ◆ Rational for the study and research that helped frame the project;
- ◆ Project overview and methods;
- ◆ Key findings:
 - Supports used during the “entry phase;”
 - Availability and targeting of on-site assistance;
 - Features of on-site assistance;
 - Features of group training; and
 - Credentials and support of trainers and technical assistance providers;
- ◆ Summary of findings; and
- ◆ Recommendations.

Rationale for the Study

Quality Rating Improvement Systems offer a potentially strong mechanism for improving the quality of early childhood settings in ways that can benefit young children's well-being and long-term school success. Enhancing the quality of early childhood settings across the country is a critical goal in light of evidence that large numbers of these settings lack strong supports for children's early learning and school readiness.² While all young children deserve high quality early care and education settings, research suggests that the benefits of high quality programs are especially strong for children in low-income families, who experience higher rates of difficulties in school.³ The emergence of Quality Rating Improvement Systems holds promise that more young children, especially those at increased risk of poor educational outcomes, will have access to early care and education settings that can promote their well-being and school success.

Across the states, Quality Rating Improvement Systems are highly varied in their length of operation, specific characteristics, and extent of implementation.⁴ Although a number of Quality Rating Improvement Systems have been operating for many years, most of these systems are still undergoing revisions.⁵ At this relatively early stage in their development, there is much to learn about the design, implementation, and impacts of these complex, evolving systems.

The study presented in this report was undertaken to learn more about features of professional development and on-site assistance that are aligned with Quality Rating Improvement Systems. This focus was selected for two reasons. First, the quality assistance component of a QRIS is likely to play a large role in the system's capacity to raise the quality of early childhood settings in ways that matter for children's school readiness. Professional development and on-site coaching directly target supports for children's school readiness, including teachers' skills and settings' environments and activities. Second, we now have considerable research-based

knowledge about effective approaches to quality assistance, and it is therefore useful to investigate the extent to which strategies being used in QRIS quality improvement activities reflect current knowledge.⁶

Several strands of research informed the questions addressed in this study. Given what is known about the prevalence of low-quality settings, we were interested in the types of assistance that are available to early care and education settings *before* they formally apply to a QRIS for a quality rating. Assistance at the pre-entry stage might encourage programs and providers that are most in need of quality assistance to participate in the QRIS. For this reason, we asked states to describe the types of activities that are offered during this stage to gain a preliminary picture of the content and purpose of these activities.

There is growing evidence that effective quality improvement models use professional development and coaching methods that help teachers intentionally practice strategies for promoting children's learning.⁷ These methods include focused observation of teacher-child interactions, provision of feedback, and modeling of specific strategies during on-site coaching. Many professional development and on-site coaching models that have demonstrated effectiveness are also characterized by depth and intensity. These models typically operate as multiple sessions covering one topic or closely related topics while providing opportunities for teachers to practice what they learn from group training formats.⁸ Coaching models that have shown positive impacts on multiple dimensions of quality typically provide frequent visits over several months.⁹ In light of these trends, the study investigated whether approaches used in models that have demonstrated efficacy are also evident in QRIS-aligned quality improvement activities.

There is currently little research that suggests the levels of training, credentials, and support needed to deliver effective quality assistance to early childhood teachers and providers. However, quality assistance

models that have shown efficacy appear to require in-depth knowledge of both the content of training, such as strategies teachers need to support young children's language development, and adult learning methods for helping teachers and providers gain new skills and knowledge. To learn more about the professionals who deliver quality assistance aligned with states' Quality Rating Improvement Systems, we asked questions about trainers' and coaches' credentials and the ongoing support they receive.

Young children's development in particular domains is very important to later school success. These areas include language and emergent literacy skills, early

math skills, and social-emotional competence.¹⁰

Given the contributions that young children's growth in these areas makes to later school success, the study investigated the extent to which professional development and on-site assistance focused on helping teachers and providers promote skills in these domains. In addition, the study examined whether quality assistance also aimed at supporting teachers' and providers' efforts to help parents promote their young children's learning since there is growing evidence that early childhood programs can foster children's school readiness through work with parents.¹¹

Project Overview and Methodology

NCCP's study of the quality assistance component of states' Quality Rating Improvement Systems focused on the following topics, guided by the research discussed in the previous section:

- 1) assistance offered during the pre-application "entry" phase;
- 2) general types of assistance offered and the targeting of assistance to higher or lower rated settings;
- 3) features of on-site assistance;
- 4) features of group professional development; and
- 5) credentials and support of trainers and coaches.

The study was conducted through telephone interviews with key informants in 17 states that had state-wide Quality Rating Improvement Systems.¹² Interviews were conducted in March and April 2010. Each state's child care administrator was asked to identify one or two respondents knowledgeable about QRIS-aligned professional development and on-site assistance. The child care administrators received a copy of the interview shortly after we extended an invitation to participate. In some cases two or three informants participated in the phone

interview to help ensure that the interview questions could be answered. The respondents included child care administrators, directors of states' Quality Rating Improvement Systems, and directors of QRIS training and research activities.

The survey ranged from 1.5 to 2.5 hours to complete. About one-quarter of the interview items were open-ended questions that allowed states to describe certain features of quality assistance. The survey focused on quality assistance offered to center-based programs and home-based providers serving infants, toddlers, and preschoolers – not school-age children. Questions about quality assistance for center-based and home-based settings were generally asked separately. Given the varied stages of development and changing nature of these systems, we chose to present findings in summary form rather than results specific to individual states.

Key Findings

Supports Used During the Entry Phase

Although the interview focused mainly on assistance that early childhood programs and home-based providers receive *after* they apply for and receive quality ratings, an initial question asked respondents to describe the types of assistance that are available to help prepare for a QRIS application. The following types of activities were cited:

- ◆ group training and webinars that explain the process of getting ready to apply, including information about any Environmental Rating Scales (ERS)¹³ used in quality assessments of classrooms and home-based settings, and the steps required to complete the QRIS application;
- ◆ workshops on using ERS assessment tools for self-assessments of quality in centers and home-based settings;
- ◆ on-site technical assistance to prepare for ERS assessments;
- ◆ community college courses on classroom assessment; and
- ◆ on-site coaching and technical assistance to improve the quality of center-based classrooms and home-based child care settings.

These responses suggest a range of supports to encourage programs and providers to participate in a QRIS. In general, most of these activities focus on helping program staff and home-based providers understand and prepare for the formal quality assessments that are part of most QRIS applications. This focus is understandable given the potential concerns that early childhood teachers and home-based providers may have about these assessments. Learning more about these types of pre-application activities and their success in promoting staff motivation to participate in a QRIS should be a goal of future studies for two reasons. First, supportive activities in the “entry phase” may help encourage programs and home-based providers who have the greatest need for quality assistance to participate in a QRIS. Second, teachers’ experiences in the entry

phase may affect how receptive they are to the quality supports provided after they become formal participants.

Supports for Participants Who Receive Ratings

Availability and Targeting of On-site Assistance

Respondents were asked a set of questions about the provision of on-site technical assistance and coaching to help improve quality in center-based programs and home-based child care settings. States reported on both the availability of on-site assistance for programs and providers that had received quality ratings in different ranges and whether on-site assistance was targeted to sites with quality ratings in a particular range.

- ◆ Most states report that on-site assistance is available to early childhood programs and home-based providers at all levels of quality.
 - Available for sites in **lower range** of quality:
Centers – 100 percent (17)
Home-based – 94 percent (16)
 - Available to sites in **medium range** of quality:
Centers – 94 percent (16)
Home-based – 88 percent (15)
 - Available to sites in **higher range** of quality:
Centers – 94 percent (16)
Home-based – 88 percent (15)

One state reported that on-site assistance is not available to home-based providers at any level of quality.

- ◆ Fewer than half the states reported that on-site assistance is targeted to programs and providers with ratings in the **lower range** of quality.
 - Targeted to sites with ratings in the **lower range**:
Both Centers and Home-based settings – 41 percent (7)
 - Targeted to sites with ratings in the **higher range**:
Both Centers and Home-based settings – six percent (1)

- ◆ Most states – 53 percent (9) – reported that they did not target on-site assistance based on either centers’ or home-based settings’ quality ratings.

Respondents were also asked to estimate the percentage of centers and homes with ratings in the lower range of quality that actually receive on-site assistance.

- ◆ About one-third of states report that on-site assistance is used by a high percentage of sites that are most in need of assistance to improve quality.
 - States reporting that 75 percent or more of lower-rated sites use on-site assistance:
 - Centers – 25 percent (4)
 - Home-based – 18 percent (3)
 - States reporting that 50-75 percent of lower-rated sites use on-site assistance:
 - Centers – seven percent (1)
 - Home-based – 12 percent (2)
 - States reporting that 25 percent - 50 percent of lower-rated sites use on-site assistance:
 - Centers – 12 percent (2)
 - Home-based – six percent (1)
 - States reporting that less than 25 percent of lower-rated sites use on-site assistance:
 - Centers – 56 percent (9)
 - Home-based – 53 percent (9)

Even among states that report targeting on-site assistance to lower-rated centers and home-based providers, the reported actual use of on-site assistance appears low.

- ◆ States reporting that under 25 percent of lower-rated centers receive on-site assistance: 57 percent (four of seven states that target)
- ◆ States reporting that under 25 percent of lower-rated home-based providers receive on-site assistance: 71 percent (five of seven states that target)

Overall, the findings suggest that although on-site assistance may be widely available to centers and home-based providers, few of these settings – including those most in need of quality improvement – receive this type of assistance. This is a concern, especially for settings that may need

significant improvement in several areas. Effective quality assistance in such settings is likely to require on-site visits that allow coaches to help teachers learn and practice new strategies for promoting children’s early learning and development.

Features of On-site Coaching and Technical Assistance

Respondents were asked to report on the types of activities that occurred “frequently” during on-site coaching and technical assistance visits, the typical frequency of on-site visits, the targets of assistance, and the use of a formal coaching guide to inform coaching and technical assistance.

When asked to report on the types of activities that occurred frequently during on-site visits, states most often reported assistance involving discussion with staff. Observation and modeling of practices were reported by fewer states.

- ◆ “Talking to teachers about how to improve the quality of classroom or home environments, routines, and activities.”
 - 82 percent (14) reported as “frequent”
- ◆ “Talking to center-based directors about how to improve the program and classroom quality”
 - 82 percent (14)
- ◆ “Observing teachers or providers interacting with children and giving guidance and feedback.”
 - 59 percent (10) reported as “frequent”
- ◆ “Modeling best practices for teachers or providers.”
 - 35 percent (6) reported as “frequent”

Over half the states reported that the typical frequency of on-site visits, when these are provided, is fewer than monthly or monthly.

- ◆ Less than monthly: 24 percent (4)
- ◆ Monthly: 35 percent (6)
- ◆ Twice a month: six percent (1)
- ◆ Weekly: none (0)
- ◆ Varies by need: 29 percent (5)

Content Focus of On-site Assistance	Center-based settings	Home-based settings
Environment	100% (17)	94% (16)
Self-assessments	76% (13)	65% (11)
Social-emotional growth	65% (11)	65% (11)
Language	54% (8)	41% (7)
Supports for early literacy	41% (7)	29% (5)
Monitoring children's development and individualizing curriculum	24% (4)	24% (4)
Children with special needs	24% (4)	24% (4)
Learning about math	18% (3)	18% (3)
English language learners	6% (1)	(0)
Helping parents help children learn	6% (1)	6% (1)

The survey asked respondents to identify areas that are frequent targets of technical assistance and coaching. Assistance to help teachers improve the environment of the classroom or home-based setting was reported as a frequent focus by the largest number of states, as shown above.

- ◆ Less than half the states [41% (7)] reported using a formal guide for conducting coaching and technical assistance. Two of these states report that the guide is used only for training providers of technical assistance while five states report that the guide is used as a resource for technical assistance providers and coaches.

These findings suggest that certain characteristics of on-site quality assistance found in models that have demonstrated efficacy are not yet highly prevalent in QRIS-aligned quality improvement activities. While more than half the states reported that coaches frequently observe teachers interacting with children and provide feedback, few states reported that modeling teaching practices was a frequently used method. Both observation and modeling, methods key to helping teachers and providers learn new strategies for supporting young children's learning, were reported less often than activities limited to discussion with staff. In addition, the low frequency of on-site visits reported by most of the states suggests that it may be difficult for teachers and providers to maintain a focus on quality improvement efforts that is intensive enough to achieve needed improvements. More frequent

visits may be especially important in settings where a range of improvements in the quality of the environment, routines, learning activities, and teacher-behavior are needed.

States' report of the content areas frequently targeted in on-site visits indicates that quality assistance is offering inadequate attention to several domains that play a critical role in young children's early development and long-term success. Fewer than half the states reported that helping teachers support children's language development is a frequent focus, while even fewer states cited a focus on early literacy and math, assistance to help teachers' monitor children's growth and individualize the curriculum, and assistance to help teachers gain skills in showing parents how to promote their children's learning.

The finding that fewer than half the states report the use of a formal guide for providers of coaching and technical assistance suggests that there may be a high degree of variability in the approaches quality assistance professionals' use in their on-site work with teachers and home-based providers. The use of a formal guide could lead to more consistent use of desired methods and targeting of assistance by coaches and technical assistance providers. A guide could encourage individualized assistance to meet the needs of different early care and education settings, but at the same time specify effective approaches that are suitable when weaknesses are found on different dimensions of quality.

Features of Group Professional Development

Respondents were asked to report on several features of group professional development available to staff at centers and to home-based providers participating in the state's QRIS. States reported on the content and structure of non-credit bearing professional development sessions, opportunities to convert these into college credits, use of formal training curricula and specialized trainings for specific types of staff.

- ◆ States reported that the content areas frequently targeted by group training were very similar to those they reported for on-site assistance. Group training to improve the environments of classrooms and home-based settings was cited as a frequent focus by the largest number of states. The next most frequent focus of group training was social-emotional growth, followed by self-assessments.
- ◆ Most states reported that the majority of non-credit bearing professional development is offered as single sessions.
 - Over 75 percent of sessions are single: 41 percent (7 states)
 - 50 to 75 percent of sessions are single: 9 percent (5 states)
- ◆ Few states reported that non-credit bearing sessions are offered as part of a series covering one topic or closely related topics.
 - Under 25 percent of sessions offered as part of a series covering one topic or closely related topics: 35 percent (6 states)
 - 25 to 50 percent of sessions offered as part of a series covering one topic or closely related topics: 35 percent (6 states)
- ◆ Most states [76 percent (13)] report that providers of group professional development use formal training curricula. Eight of these states require the use of these curricula. States reported a variety of curricula, including: training modules from the Center on the Social-Emotional Foundations of Learning,¹⁴ the Program for Infant/Toddler Caregivers,¹⁵ and state-developed training.
- ◆ Most states [76 percent (13)] reported that they offer some group professional development that is formally tied to follow-up on-site coaching and assistance. Several examples were cited, including on-site assistance that was offered as a follow-up to group training modules from the Program for Infant/Toddler Caregivers and the Center on Social Emotional Foundations of Early Learning, as well as group training focused on early literacy, children with special needs, and creating effective learning environments.
- ◆ Almost all states reported that they offer professional development specifically designed for the different roles of staff in child care settings.
 - Most states (about 82 percent or 14 states) provide assistance specifically designed for early childhood program directors. This assistance typically consisted of courses or training sessions leading to an administrator or director credential, and focusing on business and administrative aspects of the director role. A few states reported that on-site mentoring is part of director credential training. Other states reported training targeted at directors that focuses on learning standards, the mentoring role, curriculum development or children's special needs.
 - Most states (88 percent or 15 states) provide assistance specifically designed for infant-toddler caregivers. States gave a variety of examples including special courses for providers serving infants and toddlers; training and assistance offered through a network of infant/toddler specialists; and training with the Program for Infant/Toddler Caregivers.
 - Most states [59 percent (10)] have a process for converting non-credit bearing professional development into college credit, most often through community colleges.

Findings concerning the characteristics of group professional development suggest several strengths in this form of QRIS-aligned quality support while also raising some concerns and questions. Similar to findings for on-site assistance, states' report a weak focus in group training on areas of teacher practice

that are key to children's early learning, including supports for early literacy, math, individualizing the curriculum, and guidance for parents. Another concern is that most group training appears to be offered in the form of single sessions. This format is unlikely to help participants learn the more complex and multiple skills needed to support key areas of early learning including language, emergent literacy, and early math skills. However, most states also reported the use of models in which group training is formally connected to opportunities for follow-up on-site coaching. It will be important to learn more about the features and benefits of these models since they can potentially support practitioners' effective application of knowledge gained in a group setting to practice in classroom or home-based settings.

Several states cited the use of formal curricula in group training, including models that target important areas of early development and are strongly informed by research. In addition, states appear to be using formal curricula and other strategies to provide specialized training to center-based program directors and providers of infant-toddler care. These results are encouraging because models informed by current research and training tailored to the unique roles of providers and supervisors offer potentially effective supports for improving the quality of early care and education settings.

Another positive finding is the report by more than half the states that they have mechanisms for converting non-credit-bearing group training into credits for participants. It will be important to learn more about the methods used by these states to help training participants receive college credit, and the nature of the professional development that qualifies for credits. Since college credits can lead to potential increases in salary and professional status, these methods may provide an important incentive to providers to participate in professional development.

Credentials and Support of Trainers and T.A. Providers

States were asked to report the kinds of credentials or special qualifications that they require trainers and coaches to obtain in order to provide support to child care providers. The survey also asked about the kinds of ongoing supports that are available to trainers and coaches as they work with teachers, providers, and directors.

- ◆ Most states require trainers and coaches to have special certifications or qualifications:
 - 71 percent (12 states) for technical assistance providers and coaches
 - 76 percent (13 states) for group trainers
- ◆ Six states cited minimum education requirements for trainers and coaches:
 - Two states require associates or bachelor's degrees depending on the education of staff they assist
 - Three states require bachelor's degrees
 - One state requires a master's degree

Other credentials mentioned by states included reliability in the administration of the Environmental Rating Scales used for assessing center-based classrooms and home-based settings, and participation in a state-developed training.

States described different approaches to providing ongoing support and supervision for their trainers.

- ◆ Seven states provide support and supervision to QRIS trainers, coaches, and technical assistance providers through their Child Care Resource and Referral organizations.
- ◆ Two states partner with local universities to provide support to trainers.
- ◆ Other states reported that their QRIS professional development staff provides regular supervisory meetings and ongoing trainings for trainers and coaches.

Overall, these findings show that most states are not requiring advanced education credentials for providers of professional development and on-site assistance. Given this finding, it will be important to learn more about the features and effectiveness of the training and ongoing support these

professionals receive. It seems likely that multiple factors, including education, specialized training, and ongoing support will contribute to the ability of these professionals to assist teachers and home-based providers.

Summary of Key Findings

- ◆ States reported that several forms of assistance are available to help center-based and home-based child care providers prepare to enter Quality Rating Improvement Systems. Most of this assistance aims to help early childhood staff learn about and prepare for the formal assessments of classrooms or home-based settings that contribute to quality ratings.
- ◆ Most states reported that on-site assistance was available to programs and home-based providers at all levels of quality, and that they do not target this form of assistance to lower rated settings. Most states also reported that only small percentages of center-based or home-based providers with ratings in the low range actually use on-site assistance, even in states that target this type of assistance to lower-rated settings. The typical frequency of visits was reported by most states as monthly or less than monthly.
- ◆ When states reported on activities that occur “frequently” during on-site visits, the most commonly cited activities were talking to teachers and providers about how to improve the settings’ environment and activities, and for center-based programs, talking to directors about how to improve program quality. Observing teachers interact with children and providing feedback was also reported by most states, although not as often as activities involving only discussion. “Modeling best practices” for teachers was reported by only a few states. Fewer than half the states reported using a formal guide or manual to support or standardize coaching practices.
- ◆ States reported that on-site assistance and group training focused on similar areas of practice. All states reported that improving the classroom or home environment was a frequent focus of on-site assistance. Helping staff learn to use classroom assessment tools for self-assessment and gain skills in supporting young children’s social-emotional growth were other frequent targets of assistance cited by most states. Fewer states reported that strengthening supports for language, early literacy, and early math development, individualizing supports for children’s learning, and improving teachers’ ability to help parents promote their children’s learning were frequent targets of assistance.
- ◆ Most states reported that most non-credit bearing training sessions are offered as single events, and relatively few trainings are offered as part of a series of sessions covering one topic or related topics. The use of formal curricula for group trainings was also reported by most states, but the survey did not ask about the amount of training in which formal curricula are used.
- ◆ Most states reported the use of training formats that formally link group professional development to on-site training as well as specialized group training for directors and infant-toddler caregivers. The interview did not obtain information about how widely available these special group trainings were in the states.
- ◆ Although most states reported that they required certain qualifications for trainers and coaches, fewer than half set minimum education requirements, and only one was at the level of a masters degree. Other requirements included proficiency using a classroom assessment tool and participation in training organized by the state.

Recommendations

We offer several recommendations based on results discussed in earlier sections. These include recommendations for strengthening features of on-site assistance and group training as well as suggestions for further investigation that will help inform ongoing improvements in Quality Rating and Improvement Systems.

- ◆ States should assess the efficacy of the pre-entry supports they are using to encourage programs and providers in the low-range of quality to enter and gain access to these systems' multiple supports for quality improvement.
- ◆ States should increase the availability of on-site assistance that gives teachers and providers a chance to actively practice new strategies for promoting children's early learning. States should test methods for increasing the use of this form of assistance by center-based programs and home-based providers that receive quality ratings in the low range. Possible strategies include special outreach to lower rated settings to encourage their interest in on-site assistance and incentives, such as "counting" staff participation in on-site assistance towards professional development hours needed at higher levels of the quality rating scale.
- ◆ States should develop resources that will help ensure consistent use of practices that have been shown to be effective in coaching models. One such resource is a coaching guide that describes essential activities to include in coaching visits and establishes criteria that ensure an adequate frequency of visits. The use of standardized records to document the use of coaching activities found in effective models is another type of resource that could help states' promote promising practices.
- ◆ States should examine training and supports for coaches and technical assistance providers to determine the extent to which these quality assistance specialists are receiving the support and guidance they need to use practices that have proven effective in raising the quality of early childhood settings. Strategies for enhancing training and support for quality assistance specialists might include the development and use of train-the-trainer curricula and ongoing supervision focused on researched-based practices.
- ◆ States' training and support for quality assistance specialists should provide strong guidance about targeting professional development and on-site assistance on areas of practice that promote children's school readiness. These areas include teacher practices that promote children's oral language development, social-emotional competence, early literacy and math skills as well as practices that help teachers and providers monitor children's growth in key areas and individualize learning supports. Another important area is teacher practices that help parents support their children's learning and development.
- ◆ States should increase their use of more in-depth, integrated group training. Such training covers a single topic or related topics over multiple sessions and encourages participants to apply newly learned strategies in their classrooms or home-based settings over the course of the training series. States should consider increasing models that link this more in-depth group training to on-site assistance that helps teachers and providers apply newly gained knowledge to practices they use in work with children.

Endnotes

1. States and Communities Operating, Piloting, or Exploring or Designing a Quality Rating Improvement System. National Child Care Information and Technical Assistance Center website. Accessed Sept. 10, 2010, from <http://nccic.acf.hhs.gov/qrisresourceguide/index.cfm?do=qrisstate>.

NCCIC's list of states with fully implemented statewide QRIS initiatives shows 19 states and the District of Columbia. NCCP found that New Hampshire has a system similar to QRIS, but which does not meet all of the requirements to be considered a QRIS; in addition, NCCP could not confirm that the District of Columbia maintains a QRIS.

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