

# Coaching and Quality Assistance in Quality Rating Improvement Systems

## *Approaches Used by TA Providers to Improve Quality in Early Care and Education Programs and Home-based Settings*

Sheila Smith | Taylor Robbins | Will Schneider | J. Lee Kreader | Christine Ong

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The National Center for Children in Poverty (NCCP) is 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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#### What's Inside...

This report presents results of in-depth interviews with technical assistance providers in 17 states that have statewide QRISs. The results highlight features of quality assistance they are providing as part of a QRIS, including: TA providers' efforts to strengthen different aspects of quality, the coaching methods TA providers use, and the support TA providers receive to do their work. The report presents recommendations for strengthening quality assistance in QRISs, documenting TA providers' activities and their relationship to quality improvement, and providing effective supports for the work of TA providers.

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### Introduction

Quality Rating Improvement Systems (QRISs) commonly offer on-site technical assistance (TA) and coaching to help early care and education settings achieve quality improvements and a higher QRIS rating. In surveys of administrators overseeing statewide QRISs, almost all states reported the use of on-site TA and coaching in both center-based and home-based settings.<sup>1 2</sup> Coaching is also a key component of several pilot and local QRISs.<sup>3</sup> While recently proposed definitions of technical assistance and coaching help distinguish these forms of quality

assistance from other types of professional development (see box),<sup>4</sup> it will be important to learn more about how on-site assistance is delivered and supported in QRISs.

This report presents findings from an interview study with TA providers in 17 states that have statewide QRISs. The aims of the study are: (1) to learn about features of on-site quality assistance so that a key strategy used by QRISs to improve quality is better understood; and (2) to examine approaches used by TA providers in light of current research on early learning and quality improvement in order to consider the potential of on-site assistance, as it is currently being delivered, to improve quality. The four main sections of the report present:

- ◆ key findings from existing research relevant to technical assistance and coaching;
- ◆ results from interviews with QRIS technical assistance (TA) providers showing trends in:
  - the types of settings receiving TA and coaching,
  - the amount, frequency, and content focus of on-site assistance,
  - TA providers' use of different coaching methods, and
  - training and supports available to TA providers;
- ◆ a summary of interview study results; and
- ◆ recommendations for strengthening and documenting QRIS technical assistance and coaching.

#### *Excerpt from*

#### **Early Childhood Education Professional Development: Training and Technical Assistance Glossary**

(A joint project of National Association for the Education of Young Children and National Association of Child Care Resource & Referral Agencies)

**Technical Assistance** is the provision of targeted and customized supports by a professional with subject matter and adult learning knowledge and skills to develop or strengthen processes, knowledge application, or implementation of services by recipients.

**Coaching** is a relationship-based process led by an expert with specialized and adult learning knowledge and skills, who often serves in a different professional role than the recipient. Coaching is designed to build the capacity for specific professional dispositions, skills, and behaviors, and is focused on goal-setting and achievement for an individual or group.

For the full report see:  
[http://www.naeyc.org/GlossaryTraining\\_TA.pdf](http://www.naeyc.org/GlossaryTraining_TA.pdf)

# Research Relevant to QRIS Aligned Technical Assistance and Coaching

## Important Dimensions of Quality in Early Care and Education Settings

Current conceptualizations of early care and education “quality” emphasize the importance of teacher- or caregiver-child interactions that are emotionally supportive, responsive to children’s individual and developmental needs, and rich in their provision of support for children’s exploration and understanding of new concepts.<sup>5</sup> From infancy onward, nurturing child-adult relationships are especially important because they promote young children’s active engagement in learning.<sup>6</sup> In addition, a growing body of research points to a set of competencies acquired in the preschool years that help children become successful readers and learners. These competencies include language and early literacy skills, social-emotional competencies, and an understanding of early math concepts. Young children’s growth in these domains has shown relationships to school readiness and later academic outcomes.<sup>7 8 9 10 11 12 13</sup>

While children acquire these competencies, in part, through interactions with peers and independent exploration, teachers and caregivers play a critical role in helping children gain these skills. For example, teachers’ active interest in preschoolers’ play with name puzzles helps children learn letters; caregivers’ labeling of objects and expansion of toddler talk support language growth; teachers’ encouragement of peers’ helping behavior and problem-solving promotes preschoolers’ social-competence; and teachers’ guidance as children try to figure out whether they have “more trucks or cars” creates an opportunity for children to learn early math concepts.

Another feature of quality that has been a hallmark of developmentally appropriate practice in early care and education programs is teachers’ provision of individualized supports for children’s learning. Especially for children who enter a program with weaker skills, individually tailored learning experiences, such as extra involvement in small group,

interactive book reading, can boost growth in language or other skills. Several approaches to formally monitoring children’s development and using results to provide individualized learning experiences have shown promise.<sup>14 15 16 17</sup>

In light of research showing the importance of high quality teacher- and caregiver-child interactions, this project asked TA providers about their activities during on-site quality assistance visits, including whether they observe interactions and provide feedback. The interview also asked TA providers about the content focus of quality assistance to assess its alignment with domains that have been found to be important to school readiness, especially language, social-emotional, literacy, and early math skills. In addition, TA providers were asked about the extent to which they help teachers monitor children’s progress and provide individualized learning supports.

Still another widely recognized element of “quality” in early care and education is the capacity of center-based programs and home-based providers to promote parents’ effective involvement in children’s early learning and development. A growing body of research suggests that home-based parent-child learning activities can boost children’s language, literacy, and mathematics skills.<sup>18 19 20 21</sup> The current standards for early childhood program accreditation by the National Association for the Education of Young Children include a requirement that programs promote families’ involvement in their children’s education, and most states include parent involvement in QRIS quality standards.<sup>22 23</sup> Both Head Start and Early Head Start also include parent involvement as a critical program component.<sup>24</sup> Given the evidence that early-learning focused parent involvement can boost preschoolers’ growth in competencies associated with school success, TA providers were asked about the extent of their efforts to help programs and providers strengthen this aspect of quality.

## Emerging Knowledge About Effective Approaches to PD and On-site Quality Assistance

A recent comprehensive review of studies that evaluated coaching in center-based and home-based programs found that the majority reported positive impacts on global quality or targeted dimensions of quality such as supports for children's language and literacy development.<sup>25</sup> Moreover, several studies suggest that coaching, often in combination with group training, is more effective in raising quality than group training delivered without any on-site assistance.<sup>26</sup> For example, in one rigorously designed study, 45 hours of group professional development over several months did not result in meaningful improvements in teachers' language and literacy practices, while this same professional development combined with coaching (65 hours over one year) was effective in both center-based and home-based early care and education settings.<sup>27</sup> Although research suggests positive benefits of coaching, we currently lack definitive evidence of specific coaching models or features that produce good outcomes, in part because existing studies often provide few

details about coaching methods.<sup>28</sup> At the same time, researchers are beginning to identify promising approaches to coaching based on studies that have shown positive impacts. These include:

- ◆ the use of more frequent and sustained coaching to help teachers acquire complex skills, especially the ability to support young children's language development or promote children's skills in multiple domains;<sup>29 30 31</sup>
- ◆ opportunities for teachers to see what effective practices look like, by watching a coach model practices or by viewing a videotape, together with opportunities to practice strategies and receive constructive feedback;<sup>32 33</sup> and
- ◆ assistance that involves all adults in a setting, including program directors and all teaching staff in the classroom or in the home-based setting.<sup>34 35</sup>

Although evidence about the efficacy of these methods is still limited, their prominence in several studies that have shown positive effects on quality, and in some cases on child outcomes, suggests the value of learning more about the extent of their use in QRIS aligned coaching and technical assistance.

## TA Provider Study: Overview and Methodology

The TA Provider Study was conducted between December 2010 and May 2011. Participants were 34 TA providers from 17 states that have statewide Quality Rating Systems. The project initially contacted 20 state administrators who oversee their state's QRIS. Three states did not participate in the TA Provider Study because they were in the process of redesigning their QRISs or had key administrative staff who were knowledgeable about the state's QRIS out on leave. Administrators were asked to identify two TA providers in the state who could be invited to participate in the TA Provider Study. Specifically, administrators were asked to identify TA providers who met the following criteria: (1) the TA providers offer on-site assistance (technical assistance and coaching) within the state's QRIS to early care and education settings serving children from birth to 5 years; (2) they spend most of their professional work

time offering on-site assistance; and (3) they are considered to be among the states' "high performing, effective TA providers." In addition, administrators were asked to include at least one TA provider who works with home-based child care settings that provide care to infants and toddlers. Administrators were also asked to complete a short interview. The administrator interview was used to update information presented in a previous survey about state QRIS policies and practices concerning professional development and on-site assistance.<sup>36 37</sup>

Administrators were advised that the project's report would not link administrators' or TA providers' responses to either particular states or respondents. When a state administrator recommended an individual in a local agency, such as a Child Care Resource and Referral Network, who did not herself



provide on-site technical assistance on a full-time or nearly full-time basis, this individual was asked to identify a TA provider who fit this requirement. Through this process, the project identified two TA providers in 17 states; all 34 TA providers agreed to participate in the TA provider interview. (See box for participating states.)

Most of the TA providers who participated in the interviews work in both centers serving preschool-age children and in home-based settings that serve infants and toddlers. One infant-toddler specialist works in both centers and homes; four TA providers work only in centers, and three work only in homes. The TA providers are employees of several types of settings, including child care resource and referral agencies, community-based organizations, a state affiliate of a national early childhood organization, university-based centers, and training programs within state agencies.

This information and results discussed later in the report indicate that the resulting sample is comprised of TA providers who are employed by and work in a variety of settings and have a range of educational credentials. However, the study's small sample and methodology did not ensure a sample that is representative of TA providers across states with statewide QRISs. Therefore, the results should be viewed as a preliminary step toward understanding current TA and coaching approaches. As discussed in the report's final section on "future directions," ongoing efforts will be needed to learn about QRIS TA and coaching in studies that target

### Participating States

Colorado	Kentucky	Ohio
Delaware	Louisiana	Oklahoma
Idaho	Maine	Pennsylvania
Illinois	Mississippi	Tennessee
Indiana	New Mexico	Vermont
Iowa	North Carolina	

particular types of TA providers or that attempt to sample larger, representative groups of TA providers within or across states.

The TA Provider Interview ranged in length from about 1.5 to two hours. It was comprised of closed and open-ended questions that addressed the following topics:

- ◆ features of on-site assistance, including the amount and frequency of technical assistance and coaching, participants in coaching, focus on different aspects of quality and supports for children's early learning, activities with center directors, and linkage to professional development provided through group training;
- ◆ coaching methods, including modeling and providing opportunities for teachers or home-based child care providers to intentionally practice a new strategy; and
- ◆ features of training and supervision received by TA providers.

TA providers also responded to brief vignettes (described later) designed to elicit their understanding of effective early education practices.

## Results of the TA Provider Study

### What Types of Early Care and Education Settings Do TA Providers Assist?

Quality Rating Improvement Systems are often viewed as a means of improving both the level and consistency of quality across different types of early care and education settings. In most states, a variety of programs and home-based settings are encouraged to participate in QRISs. The TA providers in

this study reported offering on-site quality assistance to diverse settings, as shown in Table 1. Overall, regulated settings were cited more often than regulation exempt settings. Over half the respondents reported offering on-site assistance to Head Start sites, while fewer (36 percent) cited state-funded preschool programs. Also, fewer TA providers reported offering on-site assistance to Early Head Start programs than to Head Start programs.

**Table 1: Percentage of TA Providers offering on-site assistance in different settings**

Regulated child care centers	91%
Regulation-exempt child care centers	24%
Regulated child care homes	85%
Regulation- exempt child care homes	27%
Preschool (state-funded)	36%
Head Start	55%
Early Head Start	39%

### On-site Assistance Offered Before a Program or Provider Applies for a Rating

Most TA providers offer on-site assistance before a program or provider applies for a rating (87 percent for centers; 77 percent for homes). However, pre-application assistance appears generally low in amount and intensity. The largest percentage of TA providers reported making fewer than five visits (52 percent for centers; 43 percent for home-based settings). About one-fifth of the TA providers reported making between five and ten visits (19 percent for centers; 22 percent for home-based settings). The smallest percentage of TA providers reported making over 10 visits (15 percent for centers and 17 percent for homes), although several indicated that the number of visits “varies widely.”

TA providers reported varying degrees of “typical frequency” in their delivery of on-site assistance during the pre-application phase. About one-fifth (22 percent) reported weekly visits to both centers and homes. While 19 percent of TA providers reported making visits about twice a month to centers, 35 percent reported this frequency for home-based settings. More TA providers reported monthly visits for centers (22 percent) compared to home-based settings (13 percent). Other TA providers stated that they conducted visits on an “as needed” basis with frequency varying according the program’s needs.

A little under half the TA providers (44 percent) reported that they target assistance to programs and providers at a certain level of quality during the pre-application phase. Among TA providers that report

targeting assistance, a high percentage give priority to sites judged to be of low quality (93 percent for centers and 90 percent for home-based settings).

The most frequently cited activities conducted during pre-application TA visits were conducting classroom observations and assessments in order to advise staff about how to improve quality; providing guidance about how to obtain grants to support quality assistance; training staff on classroom quality assessment tools; developing a plan to help staff and providers get ready for a formal QRIS assessment; offering assistance with specific areas of quality such as lesson plans, daily schedules, and room arrangement; and helping staff understand the QRIS application process.

### Features of On-site Quality Assistance for Rated Early Care and Education Settings

The findings reported in this section describe trends in the features of on-site assistance provided after programs and providers receive a QRIS rating. Assistance during this phase is geared toward raising the quality of settings and moving them up to a higher rating level. In addition to reporting on TA providers’ responses to structured interview questions, we also report on TA providers’ descriptions of how they would work in early care and education settings described in short vignettes. Together, this information suggests characteristics of on-site quality assistance that TA providers report they provide to center-based staff and home-based providers, as well as TA providers’ knowledge about promising practices in early childhood education and coaching.

#### Targeted Assistance

A little over half (56 percent) of the TA providers reported that they target on-site quality assistance to programs and providers at a certain level of quality during the post-rating phase. Among TA providers in this group, the largest percentage target low-rated centers (93 percent) and home-based providers (90 percent).

## The Number and Frequency of Quality Assistance Visits

As shown in Table 2, most TA providers (58 percent) report that they offer 10 or fewer quality assistance visits to center-based programs and to home-based providers. A smaller number provide 20 or more visits (9 percent for centers and 8 percent for home-based settings). Nineteen percent of TA providers report that the number of visits “varies widely.”

Table 2 also shows that only a small percentage of TA providers reported that they make weekly quality assistance visits (6 percent for centers, 4 percent for home-based providers). Fewer TA providers reported twice a month visits than monthly visits for both Centers (23 percent twice a month, 29 percent monthly) and home-based settings (20 percent twice-a-month, 36 percent monthly). For TA providers that reported “other” typical frequencies, a few reported very frequent visits (more than once a week for a subgroup of programs aiming to achieve a high level of quality).

**Table 2: Number and frequency of quality assistance visits**

	Centers	Homes
<b>Number of visits</b>		
10 or less	58%	58%
10-20	13%	16%
20 or more	9%	8%
Varies widely	19%	19%
<b>Frequency of visits</b>		
About monthly	29%	36%
About twice a month	23%	20%
Weekly	6%	4%
Other	42%	40%

## The Focus of Technical Assistance and Coaching

A set of interview items asked TA providers about how much they focus on different aspects of quality, including areas that are especially important to children’s school readiness, based on research discussed earlier. TA providers were asked how frequently they focus on each of twelve content areas such as “improving the classroom environment” and “helping teachers improve practices that promote math learning.” Table 3 shows the percentage of TA providers who reported that different content areas were a *frequent* focus of their work in center-based programs and in home-based settings.

The areas reported as a *frequent* focus by the highest percentage of TA providers were efforts *to improve the classroom or home-based environment and to improve specific features that will help the center or home-based setting move up in a QRIS rating* (reported by 75 percent or more TA providers). Over half the TA providers also cited three areas they frequently target in their quality improvement efforts that have been shown by research to play a key role in promoting school readiness. These areas are *practices that promote children’s social-emotional growth, language development, and early literacy growth*. While most TA providers reported that these areas are a *frequent* focus of their work, a notable percentage of TA providers do not appear to give priority to these areas. For example, the percentage of TA providers that did not cite these areas as a *frequent* focus in their work with teachers ranged from 40 percent to 45 percent. Three other dimensions of quality that have shown contributions to school readiness were cited by fewer than half the TA providers as a *frequent* focus of their work: *practices that support children’s early math learning; helping teachers increase parent involvement in children’s learning; and helping teachers learn to monitor children’s progress and provide extra learning supports to children who need them*.

Two other areas were cited by at least two TA providers as a frequent focus of on-site quality assistance: health and safety; and planning for



**Table 3: Percentage of TA providers reporting each areas as a “frequent focus” of TA and coaching**

Area of TA/coaching	Centers	Homes
Improving the classroom/home-based setting environment	90%	88%
Improving specific features that will help the center/home-based setting move up in a QRIS rating	87%	76%
Improving teacher/provider practices that support children’s social-emotional development	60%	68%
Helping teachers/providers improve their use of a curriculum	58%	61%
Improving teacher/providers practices that support children’s language development	58%	65%*
Improving teacher/provider practices that support children’s early literacy development	55%	61%
Helping teachers/providers learn to conduct self-assessments with a classroom/home-based setting assessment instrument	45%	48%
Helping teachers/providers learn to monitor children’s learning and individualize the curriculum or provide extra learning supports to children who need them	45%	38%
Helping teachers/providers increase parent involvement in children’s learning	40%	46%*
Improving teacher/provider practices that support children’s learning about math	26%	31%
Improving teacher/provider practices that support the learning of English Language Learners	22%	20%
Improving teacher/provider practices that support children with special needs	21%	25%

\*Percentages are in descending order with exception of percentages that have asterisks indicating value is higher than one above it.

participation in professional development, including training leading to required credentials such as the Child Development Associate (CDA) certificate. In addition, almost a quarter (24 percent) of respondents identified other specialists who provide on-site assistance in centers and home-based settings where the TA provider works. These specialists include nurse consultants who focus on health and safety practices, inclusion specialists who provide guidance about best practices for children with special needs, and behavior specialists who help teachers and providers address children’s mental health needs.

TA providers cited a variety of training resources that they use when providing on-site quality assistance in centers and home-based settings. A high percentage of TA providers reported using training materials from the Center on Social-Emotional Foundations of Early Learning (95 percent for centers and 80 percent for home-based settings), and the Program for Infant-Toddler Caregivers (94 percent for centers and 75 percent for home-based

settings). Additional resources cited by fewer TA providers included early learning guidelines; classroom assessment tools, especially environmental rating scales, and curricula, including Creative Curriculum, High Scope, and curricula for children with special needs.

TA providers were asked about whether there were any factors that limited their ability to focus on aspects of quality that they thought were important. Most TA providers (85 percent) cited limiting factors and the most common, reported by 45 percent, was insufficient time to address all features of the classroom or home-based setting that they judged to be in need of improvement. Other factors reported by at least two TA providers were: resistance to change shown by the teacher, provider, or director; a setting’s inability to cover the expense of improvements in the environment; and the need to focus on quality improvements that are tied to a QRIS standard at a particular level, rather than areas the TA provider or staff perceive as equally or more important.

### *Methods Used by TA Providers When Delivering On-site Quality Assistance*

There are many possible activities that TA providers might engage in during on-site visits to early care and education centers and home-based child care settings. These activities range from offering guidance about the physical environment or curriculum to helping teachers actively practice new ways of supporting children’s learning and development. Research discussed earlier suggests the importance of quality improvement efforts that focus on aspects of teacher-child interactions, such as supports for children’s language development in teacher-child conversation and giving teachers opportunities to see and practice styles of interaction that promote children’s development. TA providers were asked about their use of seven different activities, including modeling of new teaching strategies that support children’s learning during teacher-child interactions and observing teachers practice these strategies. Table 4 shows the percentage of TA advisors who reported that each type of activity occurred frequently (on “every visit” or “most visits”).

The frequently occurring activity reported by the highest percentage of TA providers was “talking about ways to improve the classroom or home-based environment.” Over half the TA providers also cited “observing teachers or home-based caregivers interact with children and providing feedback.” However, intentional modeling and

providing support for the practice of new teaching strategies was reported by fewer TA providers. Modeling an activity or teaching strategy was reported by 39 percent of TA providers for centers and 36 percent for home-based settings. The fewest TA providers reported “planning and carrying out an activity that gives teachers or home-based providers a chance to intentionally practice teaching behaviors” (17 percent for centers; 13 percent for home-based settings).

When asked about “any other methods” they frequently use during on-site visits to Centers and home-based settings, TA providers cited a few additional strategies, some used in conjunction with methods presented in Table 4. These included conducting classroom assessments and giving guidance about how to improve the environment and practices based on the results; asking staff questions to help them reflect on their practices so that they could learn to monitor and continue to improve their teaching; providing materials related to the curriculum; offering staff articles or “tip sheets,” and helping staff write lesson plans.

There was evidence that TA providers commonly work with assistant teachers as well as with lead teachers in center-based programs. While 55 percent of TA providers cited “observing teachers...and providing feedback” as a frequently occurring activity, 50 percent also reported that they frequently conduct this same activity with assistant teachers.

**Table 4: Work with teaching staff: Percentage of TA providers reporting that each activity occurs “every visit” or “most visits”**

Type of activity	Centers	Homes
Talk to teacher/provider about ways to improve the physical classroom or home environment	68%	73%
Talk to the teacher/provider about ways to improve the curriculum and learning activities	55%	70%
Observe the teacher/provider interact with children and provide feedback	55%	61%
Observe a teaching assistant or an assistant provider interact with children and provide feedback	50%	42%
Model/demonstrate how to conduct an activity or use a teaching strategy	39%	36%
Plan and carry out an observation of specific teaching behaviors: You and the teacher/provider identify specific teaching strategies that the teacher/provider will practice while you observe	17%	13%
Plan and carry out an observation of specific teaching behaviors with assistant teacher/assistant provider: You and the teacher/provider identify specific teaching strategies that the assistant teacher/assistant provider will practice while you observe	10%	11%

**Table 5: Work with center directors: Percentage of TA providers reporting that each activity occurs at “every visit” or “most visits”**

Type of activity	Percent TA providers
Talk to director about how to improve physical environment of classrooms	84%
Talk to director about how to improve classroom curriculum and learning activities	70%
Help the director identify opportunities for staff to improve their skills through professional development outside the center	70%
Help director improve administrative/business practices	52%
Teach director how to use a classroom assessment for continuous quality improvement	48%
Help the director plan activities within the center to improve the skills of teaching staff	40%
Teach director how to conduct coaching to help them improve teacher practices	11%

The survey also asked TA providers about work they might do with directors of center-based programs. Table 5 shows the percentage of TA providers who reported engaging “frequently” in seven activities with program directors during on-site quality assistance visits. A large percentage of TA providers reported frequently talking with directors about how to improve the classroom environment (84 percent) and learning activities (70 percent). A higher percentage of TA providers reported that they frequently help directors identify professional development opportunities outside the center (70 percent) compared to those reporting that they help directors plan staff activities within the center aimed at building staff skills (40 percent). About half the TA providers (52 percent) reported frequently helping directors improve administrative and business practices. While about half the TA providers (48 percent) reported training directors to conduct classroom quality assessments as a means of supporting continuous quality improvement, only 11 percent indicated that they help directors learn how to conduct coaching to support improvement in teachers’ skills.

### *Linked Professional Development and On-site Assistance*

Because several promising professional development models provide coaching that is linked to group training, TA providers were asked if they conduct group training that is formally linked to on-site quality assistance. Ninety percent of the TA providers responded that they offer linked group training and on-site assistance. In the TA providers’ descriptions of how the group training they offer is tied to on-site assistance, a variety of approaches were evident. Several providers cited standardized trainings that are offered prior to on-site assistance. These group trainings focus on the Environmental Rating Scales,<sup>38</sup> the state’s Early Learning Guidelines (which are incorporated into many state’s QRIS standards), or the state’s QRIS standards and indicators. Others explained that they often develop group training sessions for a program they are working with in response to a need they see (for example, teachers need help conducting high quality math activities, or using a more child-centered rather than didactic style of interaction.) Still other TA providers reported that they respond to requests from a director, teacher, or provider for a group training session. Overall, it appears that the TA providers commonly worked to build knowledge in an area such as Early Learning Guidelines, and help teachers apply the knowledge in their classroom environment and practices.

### *TA Providers’ Response to Vignettes*

The interview presented TA providers with two short vignettes that describe: (a) a teacher and assistant teacher in a center-based classroom with 4-year-olds, and (b) a provider in a home-based setting with infants and a toddler (see box). Both vignettes highlight positive features of the settings, but also the need to strengthen supports for children’s language development through adult-child interactions that reflect research-based strategies for promoting language skills. TA providers were asked to read the vignettes and respond to the question, “Based on your experience, what are some goals you might want to work toward with this teacher/provider?”

### Vignette about center-based classroom

You observe a teacher and an assistant teacher in a child care classroom with four-year-olds. Although the physical environment is high quality, teachers are not doing much to promote children’s language development. Teachers use a lot of directives (“Time to come to circle.” “Let’s sit up straight to hear a story.”) During Centers time (or choice time), teachers circulate and talk with children, but conversation is limited; teachers ask questions such as “What are you drawing?” “Is your train on time?” “Can you count the money you need to buy your groceries?”

### Vignette about a home-based setting

The provider in this setting is very warm towards the infants and toddler in her care. She speaks in a loving tone of voice and always responds to any distress the children experience. She tends to talk and play a fair amount with the toddler, who actively seeks her attention and can easily draw the provider into play. The provider usually places the infants near her on blankets with soft toys, and visually checks on them with a smile, saying something like, “You’re watching us?” or “You’re trying to crawl!” Typically, the only time you observe the provider having one-on-one interactions with the babies is when she sings to them during feeding and diaper changes.

Table 6: Practices cited by TA providers in vignette responses

Center vignette	Home-based setting vignette
Ask open-ended questions	Speak to the infant during regular routines such as diapering
Use more descriptive language	Wait for the baby’s response, such as a coo or smile, in back and forth verbal exchanges
Encourage peer-peer conversation	Use descriptive words when talking to the infant
Encourage longer conversations by staying with the child’s interest	Read books and tell stories

Overall, TA providers described a limited range of goals that include specific verbal interaction practices for promoting children’s language development. Table 6 shows practices cited by at least one TA provider in response to each vignette. For each vignette, fewer than 10 percent of TA providers described more than one goal that included specific language support practices. Many providers described goals in general terms, without reference to well-defined language support strategies (59 percent for the home-based setting vignette; 38 percent for the center-based vignette). Examples of these responses are “increase interactions” and “focus on needs to communicate.”

After TA providers responded to the question about goals, they were asked, “What approach would you use to achieve these goals?” Most of the TA providers included “modeling” in their responses (67 percent for center vignette; 61 percent for the home-based setting vignette), typically without specifying what they would model. It is interesting to note that

these percentages are higher than those reported earlier for TA providers who indicated that modeling is a “frequent” activity during on-site visits. The more specific focus on adult-child interactions in the vignettes may have elicited greater consideration of modeling as a useful strategy. Several TA providers also mentioned the use of videos to help teachers and providers see effective practices. Other approaches cited by the TA providers included talking to teaching staff about how to promote language development, recommending training on this topic, and providing articles, information about learning standards, and other materials such as “tip sheets.”

### *What is the educational background of TA providers and what training and support do they receive?*

TA providers grapple with complex work demands that require interpersonal and communication skills, early education and learning content knowledge, and the ability to use many different strategies,

including coaching, to help programs change. Given these work demands, it is useful to explore the educational backgrounds of TA providers and features of the training and supervision they receive. A series of interview questions asked TA providers about their educational credentials and the training and support they receive to help them do their work effectively.

Most of the TA providers reported that their highest degree was a bachelor's (41 percent) or a master's degree (44 percent). A smaller number were working on their bachelor's, or had either a CDA or AA (15 percent). Among TA providers with BA or MA degrees, 23 percent reported having early childhood education degrees. Most others reported degrees in education, child development, psychology, education and reading, adult teaching, education and social work, and school administration. A few providers who had a bachelor's or master's in education or a related field also reported additional training specifically in early childhood education (for example, a CDA credential, a large number of credits in early childhood). Only a few TA providers (under 10 percent) appeared to lack formal degrees related to early childhood education.

**Table 7: TA provider degrees**

CDA, AA, or BA in progress	15%
BA	41%
MA	44%

TA providers were also asked to describe the amount and content of training they receive each year, as well as the sponsor of that training. Under one-third of the TA providers reported fairly infrequent formal training, such as twice a year or less often (29 percent), although some of this training involved participation in multi-day conferences. A smaller number (10 percent) reported larger amounts of training (over 50 hours in some cases) spread out over multiple trainings each year. The largest group of TA providers (50 percent) reported that they took part in trainings one or two times a month to quarterly or up to 30 hours a year. About one-quarter of TA providers (26 percent)

mentioned training content highly relevant to early learning, including sessions on supporting language and literacy, social-emotional, math and science learning and implementation of learning standards and curricula. Almost half (46 percent) mentioned training on the Environmental Rating Scale. Other training topics mentioned by at least a few TA providers included coaching strategies and effective technical assistance, QRIS standards, licensing regulations, health and safety, and developmentally appropriate practices.

When TA providers were asked specifically whether they had received any training in the last six months that focused on helping teachers improve supports for preschoolers' learning, 62 percent responded "yes." While some providers had difficulty describing specific content, 38 percent reported on training related to supporting preschoolers' social-emotional, language, or early literacy growth. Other content cited by the TA providers included setting up learning centers, nutrition and obesity, training on the ERS tools, and play.

TA providers were also asked about the content, type and frequency of supervision they received. Over half the TA providers (56 percent) reported receiving either regular scheduled supervision (weekly to monthly) or frequent "as-needed" supervision (for example, an in-house supervisor available for frequent talks with a TA provider). Some of the supervision given to TA providers who report receiving regular supervision occurs in phone calls or staff meetings. A few TA providers (15 percent) reported that supervisors sometimes observe them providing on-site assistance. The content of supervision sessions included reviewing particular cases, helping determine next steps for work with a program, addressing difficulties encountered in work, and proper documentation. A small number (10 percent) characterized supervision as mainly a review of paperwork.

Over half the TA providers (56 percent) cited peer to peer support as another important source of guidance. They obtain peer to peer support by seeking it out when they have questions, through regular team meetings, and through an on-line chat room.



Several TA providers also mentioned using on-line and other easily accessible resources, including a resource folder for every QRIS indicator.

All of the TA providers described specific positive aspects of the training and supervision they receive when asked about the strengths of these supports for their work. Several TA providers described the value of guidance about how to build relationships with program staff and home-based providers in ways that engaged them in quality improvement and provided motivation to improve their practices. Other reported strengths of training and supervision included: a positive, supportive work environment, including easy access to assistance from supervisors and peers; supervisors' responsiveness to TA providers' need for training on a particular topic; the chance to engage in hands-on practice, including role-play; the provision of materials that can be used in the classroom; training followed by time in the field to apply newly learned strategies and a return to training for reflection; training on research-based practices; training that provides

real-life examples; training that helps ensure consistency in TA, including the use of training curricula such as PITC; and on-site individualized training.

TA providers offered a variety of recommendations about improvements they would like to see in their training and supervision. These included:

- ♦ training that provides more modeling of effective strategies and in-classroom guidance on coaching;
- ♦ opportunities in training sessions to practice new skills being learned;
- ♦ more training on how to coach, especially in programs that are resistant to change;
- ♦ less training focused on policies and administrative procedures, and more on the actual work of coaches and TA providers;
- ♦ additional training on technical assistance and coaching in settings serving infants and toddlers;
- ♦ training based on needs assessments of what areas of skill and knowledge TA providers need to strengthen; and
- ♦ more training and supervision overall.

## Summary of Key Findings

### Settings Where TA Providers Work and Types of Assistance Offered Prior to QRIS Ratings

- ♦ The types of settings where the largest number of TA Providers work are regulated center-based and home-based child care sites. A little over half the TA providers work in Head Start programs, and slightly more than a third work in state-funded prekindergarten programs. About one-quarter work in license-exempt child care settings.
- ♦ While most TA providers offer assistance to early care and education settings before they receive a QRIS rating, the amount is typically low; most TA providers report five or fewer visits to centers and 10 or fewer visits to home-based settings. TA providers report that they offer several types of assistance in this phase, including consultation on improving quality following a classroom

observation or assessment, training program staff on classroom assessment tools, and helping staff obtain grants to support quality assistance.

### Features of On-site Assistance to Settings After They Receive a QRIS Rating

- ♦ A little over half the TA Providers report that they target on-site assistance; among those that target, almost all give priority to lower-rated center-based and home-based sites.
- ♦ The number and frequency of visits by TA providers vary widely. Slightly over half the TA providers report that they conduct 10 or fewer visits, while nearly 10 percent report 20 or more visits. About 20 percent state that the number “varies widely.” Only about 5 percent of TA providers make weekly visits, while a little more than half report twice a month or monthly visits.

- ◆ Dimensions of quality cited as a *frequent focus* of assistance by the largest number of TA providers were *helping teachers improve the classroom or home-based environment* and *specific features of the classroom or home-based setting needed to earn a higher QRIS rating*. Evidence is mixed for providers' focus on areas shown by research to play a key role in promoting school readiness. Over half the TA providers reported a *frequent focus* on *helping teachers promote children's social-emotional, language, and early literacy growth*, while fewer than half reported helping teachers *increase parent involvement in children's early learning, monitor children's learning and provide individualized learning supports, or improve practices that support children's early math learning*. Despite this variation, across all areas, a sizable percentage of TA providers reported they do not *frequently* focus quality assistance on improving supports for early learning related to school readiness.
- ◆ TA providers reported several factors that limited their ability to focus on aspects of quality they deemed important, including insufficient time, lack of funding for materials and other items needed to improve the environment of center-based and home-based settings, staff resistance to change, and absence of a QRIS standard related to their concern at lower levels of the QRIS rating ladder.
- ◆ When TA providers reported on specific methods they used *frequently* during on-site visits, the largest number cited talking to teachers about improvements in the classroom and curriculum and observing teachers interact with children and then providing feedback. Fewer TA providers reported *frequently* modeling an activity or teaching strategy or planning an activity in which a teacher was observed intentionally practicing a teaching strategy.
- ◆ TA providers commonly reach beyond teachers and lead providers when they offer on-site assistance in centers and home-based settings. Half the TA providers reported observing and providing feedback to assistant teachers and slightly fewer reported this activity with assistants in home-based settings.
- ◆ Most of the TA providers include work with directors during visits to center-based programs; a high percentage of TA providers reported that they *frequently* talk to directors about ways to

improve the classroom environment, improve learning activities, and identify professional development opportunities for staff outside of the center. Fewer TA providers reported that they *frequently* assist directors in planning activities within the center to improve the skills of teaching staff and in learning to conduct classroom assessments and coach teachers to support continuous quality improvement.

## TA Providers Educational Background and Ongoing Training and Supervision

The largest number (44 percent) of TA providers had master's degrees, followed by slightly fewer (41 percent) who had bachelor's degrees. A small number were working on their bachelor's degree or had an associate degree or Child Development Associate credential.

Ongoing training experiences varied widely among TA providers. The frequency of training ranged from once or twice a year to once or twice a month. About one quarter of the TA providers mentioned training focused on key areas of early learning that contribute to school readiness, including language and literacy, social-emotional growth, and early math and science. Other training topics they cited included licensing regulations, developmentally appropriate practices, and effective technical assistance. When asked specifically about *training or supervision* focused on early learning in the past six months, a larger number (38 percent) recalled sessions addressing ways to support preschoolers' social-emotional growth, language, literacy, and early math development.

TA providers reported highly varied amounts and types of supervision. A little over half reported regular supervision with meetings on a weekly, monthly, or frequent "as-needed" basis. Only a few TA providers (15 percent) reported that their supervisors observe them in the classroom conducting coaching or providing technical assistance.

TA providers cited several strengths of their training and supervision, including guidance about building relationships with early childhood staff to encourage

their engagement in quality improvement; opportunities for hands-on experience, including role-play; training before and after time in the field to allow the sequence of learning new methods, applying these in their work, and returning to reflect on the experience; on-site individualized training; and training based on a curriculum (for example, the Program for Infant Toddler Caregivers).

Several recommendations for improving training and supervision were offered by the TA providers, the foremost being a call for an overall increase in these activities. TA providers also recommended training and supervision that provides modeling of effective practices and in-classroom guidance; opportunities within training sessions to practice new skills; and more attention to coaching methods, especially in settings where staff are resistant to change.

## Recommendations

The following recommendations are addressed to state-leaders who design and guide QRIS policies and implementation, including state child care administrators, directors of Quality Rating Improvement Systems and their quality assistance activities, and members of states' Early Childhood Advisory Councils. These recommendations are also relevant to elected officials and their staff who seek to maximize benefits of policies and state investments in programs designed to support the healthy development and school readiness of young children. (Below, we use the term "teachers" to refer to both center-based teaching staff and providers in home-based settings.)

### Recommendations for QRIS Outreach and Pre-Application Quality Assistance

- ◆ Collect and review data on the types of programs that participate in the QRIS and in on-site quality assistance in order to identify settings that show low participation. These settings, which are likely to include sites most in need of quality assistance, could be targeted for outreach to increase their participation.
- ◆ Consider providing a greater amount of on-site quality assistance prior to a site's application for a QRIS assessment and rating in order to increase participation of sites that might wish to avoid entering the QRIS with a very low quality rating. A contract or other type of formal agreement could require that the site follow through with the QRIS application after a period of quality assistance.

### Recommendations for Designing and Strengthening QRIS Quality Assistance

- ◆ Design training, coaching and technical assistance models that give teachers the skills they need to promote children's early learning in areas that are key to school readiness and long-term academic success, including social-emotional, language, early literacy, and early math.
- ◆ Use a variety of strategies to help ensure that coaching and TA support teacher practices focused on early learning. Possible strategies include: TA providers' use of curriculum fidelity assessments to document strengths and weaknesses in a program's supports for children's social-emotional, language, early literacy, and early math learning; designing TA providers' records so that they show how much quality assistance is focused on these areas and ongoing reviews of these records by supervisors and administrators; and training for TA providers to ensure that they have the skills to address quality improvements that can contribute to children's early learning.
- ◆ Assess whether TA providers need to offer more assistance aimed at helping teachers and directors promote early-learning focused parent involvement, and address this need through TA provider training.
- ◆ Establish policies to ensure that the amount of on-site assistance TA providers can deliver is consistent with quality improvement goals. The amount of allowable on-site TA may need to be greater than is currently provided when goals

target improvements in teacher practices related to key areas of early learning, such as improving teachers' support of children's language skills, and teachers' practices across multiple areas.

- ◆ Promote the use of training and coaching methods that give teachers opportunities to see and try out effective practices and receive feedback about these efforts. These methods can be promoted through training that gives TA providers skills in modeling effective practices for teachers and structuring observation and feedback sessions for them, as well as ongoing monitoring of the methods used by TA providers during on-site visits in order to identify the need for such training.
- ◆ Design and use TA provider on-site activity records that can document the use of promising coaching methods such as intentional modeling and structuring opportunities for teachers to practice new strategies.
- ◆ Design and use professional development that has formal linkages between group training and on-site assistance to help teachers gain new knowledge and apply it in the classroom. This type of professional development would be achieved, for example, in a series of group-training sessions on supporting children's language development with some sessions (or the series) followed by on-site coaching that supports teachers' intentional practice of new strategies to promote children's language skills.
- ◆ Encourage TA providers to offer group training and on-site quality assistance to entire classroom teaching teams so that all adults in the classroom become better equipped to promote young children's learning.
- ◆ Give TA providers training in how to help center-based program directors use continuous quality improvement methods such as conducting classroom assessments, modeling effective practices, and coaching that gives teachers the chance to try out or refine teaching strategies with the director's positive feedback and support.

## **Recommendations for Developing Training and Supports for TA Providers (in addition to TA provider training recommendations offered above)**

- ◆ Provide TA providers with opportunities to practice and receive feedback on using promising coaching strategies. This feedback might occur in sessions that offer role-play and practice of coaching strategies or through supervisors' or trainers' observation of TA providers' work in centers and home-based settings.
- ◆ Consider the use of vignettes to understand TA provider knowledge and approaches to TA in order to determine training and supervision needs.
- ◆ Assess whether TA providers are receiving adequate amounts of peer-to-peer, supervisor, and trainer guidance and support for their work, and examine options for meeting TA providers' needs for training and support.
- ◆ Determine whether training and supervision are sufficiently focused on aspects of TA providers' work that are especially challenging and likely to contribute to improved classroom supports for children's early learning and development. As needed, increase the focus of training and supervision on coaching strategies, work with resistant staff, and other areas of TA providers' work directly related to meaningful quality improvement.

## Future Directions

The results presented in this report, along with the multi-case study of coaching recently conducted by Child Trends,<sup>39</sup> provide a window to on-site quality assistance in Quality Rating Improvement Systems, and suggest areas where current practices could be strengthened. However, this window offers only a preliminary view of quality assistance. Many topics merit further study in ongoing efforts to understand coaching and technical assistance as a critical component of Quality Rating Improvement Systems. Examples are: (1) promising practices used by TA providers when they encounter teachers and providers who are resistant to change; (2) TA providers' methods for setting quality improvement goals and assessing progress; (3) the benefits and challenges of delivering quality assistance through visits by multiple TA providers with different types of expertise; and (4) variation in coaching and TA approaches related to coaching credentials, training and supports.

Future investigations should gather information about quality assistance from larger, representative groups of TA providers within a state or local QRIS who work in different types of settings (centers or home-based sites) or in settings serving children in a particular age group. States may want to consider new ways to document TA provider activities that would make it possible to use data regularly collected by the QRIS to address important questions about quality assistance. In particular, systematically collected information about the content focus and methods used in on-site quality assistance would help states better understand TA providers' work in centers and home-based settings. Most importantly, as Quality Rating Improvement Systems evolve, there is a critical need for ongoing efforts to identify models of quality assistance that contribute to both quality improvement and meaningful impacts on children's learning and school success.

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