

2011 STAM – CCPRC Meeting  
Workshop B4  
November 16, 2011, 11:30 am-12:45 pm

## **Integrating Professional Development with QRIS**

### **Description**

This workshop explored State examples of practices that reflect a range of opportunities for integrating QRIS and Professional Development Systems (PD). The goal was to provide concrete descriptions of practices designed to allow participants to reflect on the challenges and opportunities for effective QRIS/PD integration and alignment. These practices included the challenges of launching a new training system that is aligned with QRIS (Massachusetts), the use of individual and aggregated data from a PD registry to inform technical assistance efforts in QRIS as well as local and statewide PD planning (Maine), training hours for receiving QRIS coaching (Delaware), and the integration of a QRIS career lattice (Delaware). The discussant provided comments and engaged presenters and participants in a discussion.

### **Facilitator**

Kathryn Tout, Child Trends

### **Presenters**

Anne Douglass, University of Massachusetts, Boston  
Allyson Dean, University of Southern Maine  
Martha Buell, University of Delaware  
Rena Hallam, University of Delaware

### **Discussant**

Ellen Wheatley, New Hampshire Department of Health and Human Services

### **Scribe**

Laura Rothenberg, Child Trends

### **1. Documents in Session Folder**

- “Delaware Early Childhood Career Lattice Collaboration in Early Care and Education;”  
Kathryn Tout (Handout)

### **2. Summary of Presentations**

- **Summary of Presentation #1:** Anne Douglass
  - Anne discussed the first year implementation study of the Massachusetts professional development (PD) system which was built to integrate across sectors and systems. The system includes new regional partnerships that are responsible for working with the State on planning for the workforce and early childhood programs. New QRIS and professional qualifications registry were implemented at the same time.
  - The implementation study looked how the new partnerships communicated with and worked with the State agency as well as how these partnerships aligned their PD

- efforts with the new QRIS. Data collection included interviews (about half of the regional partnerships team twice and five State agency staff). Additionally, several meetings with the partnerships were recorded.
- Findings from the study include: partnerships had different starting points and a theme was confusion and lack of clarity about aligning PD and QRIS; changes required people to align aspects of the system with core competencies and QRIS, which was more complex than anyone had anticipated; and PD partners served as ambassadors to translate information about system change to the community (educators, people in the field, etc.).
  - **Summary of Presentation #2: Allyson Dean**
    - In Maine, PD is intentionally integrated into QRIS, uses linked administrative data (QRIS and registry), and links data from PD registry to quality improvement planning that happens at program/provider, regional, and State levels.
    - A bi-weekly data extract compares these indicators (training, staff qualification, and accreditation). Programs insert their licensing number into an online database and the fields are automatically populated with such information as staff, education level, whether they've taken the training, etc. A byproduct is that providers can verify the data and make corrections as needed.
    - Providers get a report that tells them what they need to do to move to the next QRIS level. That report is shared regionally with resource and referral, where education specialists (ES) who help programs make improvements are located. Monthly, ESs get a list of the most common barriers practitioners are facing. This allows for individual TA and/or the provision of regional training as suggested by data for the region.
  - **Summary of Presentation #3: Martha Bell**
    - We know that group PD is not necessarily the best way to build better skills; often relationship-based, onsite work is more effective in developing knowledge, skills and practices. In Delaware, the PD system didn't acknowledge such onsite training.
    - A registry is in place to track training people take in the context of a quality-assured group PD system, but not individual TA. Delaware is moving toward tracking and counting individual TA in annual training hours. There will be a quality assurance registry for TA people with content defined, hours specified, and targets of TA identified.
    - QRIS analyzes at the center level, but counting TA involves individual data tracking. We have to figure out what's going to count, how it will count, and how to translate it into hours that will be manageable. Delaware plans to start with licensing (which is a defined program) and then move toward inclusion of QRIS.
  - **Summary of Presentation #4: Rena Hallam**
    - As one of the systems that is relatively new (2007) and because of concerns about low penetration rate with many programs at level 1 or 2 in a 5 star system, Delaware is trying to make improvements to its QRIS.

- From paper data, they realized that the majority of time related to QRIS is being spent on PD. This was interesting because other programs are in place to help programs with PD.
- Delaware asked a number of questions: How can we make programs understand and use the existing quality improvement programs in the State? How do we achieve integration of our PD system and integration of our competencies for school-age systems, early learning standards, career lattice, etc.?
- Delaware wrote standards using the words of the quality infrastructure pieces. For example, for the career lattice, we say, “40% of staff are at level 4 or above on the career lattice.” We are also giving points for the credentialing system, bridging the PD and QRIS systems, and moving from a building blocks approach to a hybrid rating system for QRIS.
- **Summary of Presentation #5: Ellen Wheatley**
  - New Hampshire has a QRIS that was created in 2004; the person who created it left in 2005. It is now being completely redesigned. Helpful suggestions include: having regular monthly meetings, QRIS system online, and thinking about the integration of the career lattice and professional competencies in writing standards.

### 3. Summaries of Discussion with Presenters and Participants

- *What have you learned today that will be useful to bring back to your State?*
  - Data is critical. If your QRIS is built around licensing, having the ability to influence the data collected is great. Getting data on a regular basis is really critical.
  - Embedding credentials into the standards may be a way to revive energy especially around the baseline infant-toddler credential we need.
  - Better equipping PD ambassadors to do their jobs.
- *What gives Delaware’s system the quality-assured title?*
  - The proposed PD system has certain elements that we think are important for providing useful information to the field (such as alignment with school-age competencies, early learning components, etc.). We approve content as well as the trainer, and they are de-coupled.
  - We have a registry for the mentor coaches, so this sets a precedent for the instructor registry. We are trying very hard to integrate those services across all early childhood systems (such as mental health, health, etc.). We are building bridges across many agencies in the State to help them to see the value in this.
  - Question: Is there a way to add a requirement to have a background check? Martha: We don’t currently have that, but it could be done.
  - If your State is creating a registry, the National Alliance has a process. This is important so that we can have workforce data not only for our States but also for the country.
- *How do you get providers to buy into the PD system?* In Delaware, activities count for hours. Now that it’s part of licensing, it’s hugely helpful from a marketing perspective.
- *In Minnesota, we are struggling to define the R&R role in supporting providers. Can you say a bit more about what those staff actually do when they receive the monthly reports from their region? What is the function they most effectively take in helping programs and individuals (coaches, advisors)?*

- In Delaware, the Education Specialist (ES) provides TA and training. The QRIS gives the ES regular feedback about providers and what they need to do to progress. We use a collaborative consultation model so the ES works with providers to develop shared goals about what they want to achieve. ES caseloads vary (one ES per region), but on average most ES have anywhere from 10 to 20 open TAs, meaning they're in a long-term relationship, have established goals, and are working with providers.
- *In our study of the QRS in Washington State, it was a challenge to verify data on training.* In Maine, the ESs are the gatekeepers of this information. It is uploaded electronically to the database. They check who was at training and the number of hours they were there. The ESs are also the primary TA providers. They enter who was providing TA, what level of TA, who was the recipient, and what the content was.
- *I am struck by how many of the presentations referred to issues with definitions and terms. I'm wondering what you heard from providers relating to these terms.* Rena: I'm not sure I can say with confidence that they understand these terms, but we try to help them and have strategies for addressing the issue. Ambassadors can help address these issues (Kathryn).
- *What challenges have people faced in developing family partnership standards and measuring them?*
  - In New Hampshire, we use the Strengthening Families model (which has indicators on line); in Maine, this is one of our weaknesses. It is difficult to measure. We have tried to use a parent survey to validate some of those issues.
  - Rena: We have tried to create a roadmap about family standards. From the big QRS standpoint, getting providers to validate this is difficult, but it is also a resource issue. We are trying to link a Stars person to a PD person so that we can think about strategies and tools to link QRIS and family partnership standards.
- *Has anyone worked on relationship-based PD related to e-learning, etc.?*
  - At Erickson, we have worked on developing a relationship-based PD program for agency staff that supports home-based child care providers. We are thinking, down the road, of putting this online.
  - Relationship-based PD done online takes more time and is more intensive.
  - The components are the same whether you're on-site or online. Part of this is being responsive.
  - Gail: we need to think of ways to support at the classroom level.
- **Overall Summary**
  - Anne presented a study conducted during the first year of implementation of a new PD system in Massachusetts. The study investigated newly created PD partnerships and how they communicated with and worked with the State agency as well as how PD partnerships aligned their PD with the State's new QRIS. One finding highlighted how PD partners served as ambassadors to translate information about system change to the community.
  - Allyson Dean presented on the PD system currently in place in Maine, which is intentionally integrated into QRIS. Allyson noted the use of data to inform providers about what they need to do to move up on the QRIS. In addition to sharing this data with providers, it is shared on both an individual and regional level with R&R Ed Specialists, who provide TA and training to providers to help improve their quality.

- Martha Bell presented on the PD registry in Delaware. She explained a recent breakthrough, which was obtaining approval for TA, such as coaching and mentoring, to be included as a part of PD hours required for licensing.
- Lastly, Rena Hallam presented on Delaware's plans to integrate the PD system with early learning standards, the State career lattice, etc. Through this, Delaware is trying to bridge the PD system and the QRS system.
- During the discussion, some group members mentioned challenges in their QRIS and PD systems with developing family partnership standards and measuring them. Another topic of discussion was the pros and cons of relationship-based PD versus e-learning. Ultimately, it seems that as researchers and State administrators, we need to think of ways that our systems can assist those people that support providers (the coaches, mentors, etc.) so that they don't burn out, and to ensure that providers receive effective PD.