

RESEARCH HIGHLIGHT

A Framework for Reviewing Professional Development Strategies in Child Care and Early Education

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Key Highlights

- ▶ State/territory child care and early education (CCEE)^a leaders offer a range of professional development (PD) strategies that help providers reach their goals. Considering the “who” (who is receiving the PD?) and “why” (what is the purpose of the PD?) can help ensure that the collection of PD meets the varying needs of the CCEE workforce.
- ▶ Different types of professional development strategies support various goals, and some strategies are more effective at changing practice than others.

Overview

State and territory CCEE leaders typically support a range of PD opportunities for CCEE providers. This highlight presents the *Professional Development Matrix for Quality Improvement* created by Douglass, Tout, and Doyle.¹ The matrix provides a framework for organizing and describing PD that can support CCEE leaders’ decisions about what to fund and how to support evaluation of PD efforts. The highlight also provides examples and summarizes research evidence for each type of PD in the matrix.

^a Child care and early education (CCEE) refers to caregiving and educational services for children from birth to age 13. CCEE includes center- and home-based settings for infants, toddlers, preschool- and school-aged children. CCEE refers to services for a larger age group than early care and education (ECE), which consists of services provided only for young children (birth to age 5 who are not yet in kindergarten). ECE programs are included within the definition of CCEE.



The information in this publication was drawn from:

[Considerations for incorporating the Breakthrough Series Collaborative \(BSC\) as a quality improvement methodology in early childhood systems](#)

This brief provides an overview of the Breakthrough Series Collaborative, which is a quality improvement methodology to help child care and early education programs build their capacity for continuous quality improvement. It also describes federal and state structure for quality assurance for center-based early care and education programs.

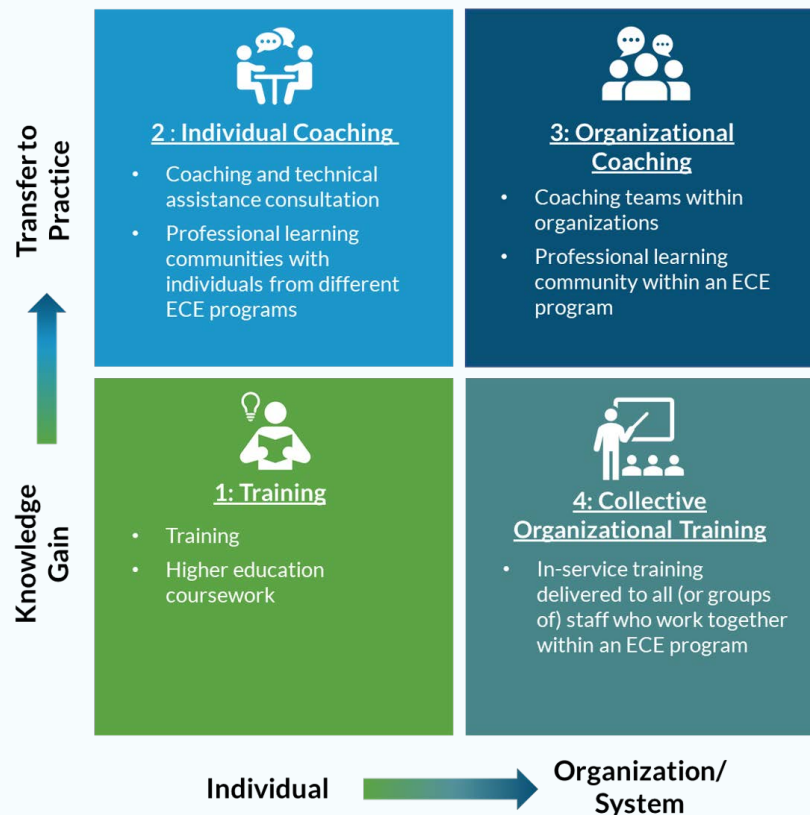


Linking Professional Development Strategies to the “Who” and “Why”

State and territory CCEE leaders invest in a portfolio of PD strategies to improve the quality of CCEE for young children and their families. A matrix (Figure 1) originally described in *Considerations for Incorporating the Breakthrough Series Collaborative (BSC) as a Quality Improvement Methodology in Early Childhood Systems*² can help CCEE leaders describe, organize, and evaluate state/territory PD efforts:

- The matrix provides a framework and terminology to help CCEE leaders **describe** the many types of PD that their state/territory funds.
- CCEE leaders can use the matrix to **organize** the various PD strategies, which can help them better understand the collection of strategies they fund
- The matrix can support CCEE leaders to **evaluate** their PD strategies, collecting data about how strategies are improving knowledge or practice for particular types of providers or organizations.

Figure 1. Professional Development Matrix for Quality Improvement



Source: From Douglass, Tout, & Doyle (2021). *Considerations for incorporating the Breakthrough Series Collaborative (BSC) as a quality improvement methodology in early childhood systems.* (p. 10). OPRE Report #2021-211. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

The matrix also can help leaders think about the “who” and “why” of strategies in a state/territory, region, or school district PD portfolio.^b

The “Who”: PD tends to focus on either individuals (left column of the matrix; Q1 and Q2), or groups of individuals within an organization or system (right column of the matrix; Q3 and Q4). Sometimes, PD can focus on both individuals and organizations, such as training for all center staff to learn a new curriculum followed by individual coaching for some teachers. In family child care settings, training can focus on individual providers, or it might include all providers and staff in a family child care system or network.

Thinking about the “who” can also mean considering the characteristics of people receiving the PD to ensure that the PD efforts are appropriate for particular types of individuals, networks, or organizations.³ These characteristics might include, for example, ages served, qualifications, or setting type, as well as racial identity or languages spoken.

The “Why”: Some PD is intended to improve knowledge (bottom row of the matrix; Q1 and Q4). Other PD is aimed at transferring knowledge to practice (top row of the matrix; Q2 and Q3). Knowing the “why” or purpose of PD can help CCEE leaders compare information to select the PD strategies that are most likely to produce the intended change in knowledge or practice.

The next section briefly describes and provides examples of each of the four types of PD in the matrix.

Q1: Training

Individual training, like a one-time workshop, is helpful for increasing awareness or knowledge of a particular topic. It may also be helpful to teach some basic skills, like first aid or CPR. By itself, it is not likely to change practices that support children’s learning and development.^{4,5} Even if someone learns the importance of asking children open-ended questions, for example, they likely need more support to ask these types of questions in their day-to-day interactions with children.

Training definition

“Training is a learning experience, or series of experiences, specific to an area of inquiry and related set of skills or dispositions, delivered by a professional(s) with subject matter and adult learning knowledge and skills.”⁶

Examples:

- State licensing offers a virtual training on infectious disease that is open to any licensed providers.
- State department of education offers regional trainings for pre-K teachers to learn about a state-approved pre-K curriculum.

^b While this highlight focuses on state/territory CCEE leaders, the PD matrix may also help CCEE leaders at a regional or local level review their PD portfolio.

Q2: Individual Coaching

Coaching typically involves someone with more experience/expertise observing, offering feedback, and supporting an individual to develop a new behavior or change behaviors. Coaching in CCEE tends to occur over time and is grounded in what is happening between the adult and a group of children. Coaching is more likely than training to produce changes in practices (e.g., new behavior, new teaching technique), and research suggests that coaching can improve quality and instructional practices.⁷ Coaching is sometimes offered in tandem with training. It may be more difficult for coaching to produce long-term changes in an individual's practice if the organization does not provide support or value the changes;⁸ it is easier to make and sustain changes in a supportive organization.⁹

Coaching definition

“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(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal setting and achievement for an individual or group.”¹⁰

Examples:

- Child Care Resource & Referral (CCR&R) technical assistance (TA) specialist meets monthly with a family child care provider to help her ask different types of questions that support language development of infants, toddlers, and preschoolers.
- Quality rating and improvement system (QRIS) coach meets regularly with a center director to support her ability to provide reflective supervision.
- We Grow Together (WGT) is an evidence-based coaching model to improve knowledge and practices of infant/toddler providers; teachers who received the WGT coaching had increased knowledge of language development and increased practices related to children's social and emotional development.¹¹

Q3: Organizational Coaching

Coaching can also be provided to groups of individuals, such as a leadership team or all program/network educators who work together. This type of coaching is aimed at building the capacity of the group to work together to improve quality. It can include peer learning groups that operate within programs or family child care networks, sometimes known as professional learning communities (PLCs), and job-embedded PD.¹² A review of PD literature concluded that PD is more effective if multiple people from the same organization participate together.¹³

Examples:

- An educational coordinator at a center facilitates a monthly professional learning community to support infant/toddler teachers' implementation of a new curriculum within the center.
- The BSC is another example of an approach that supports the whole organization in making and sustaining changes by engaging a team within a program or network to collaboratively develop goals as well as implement and test strategies.¹⁴ The BSC method coaches teams that include one or more educators, administrators, staff, and families. Evaluations of the BSC in CCEE settings have documented how the BSC supports changes in practice.^{15,16}

Q4: Collective Organizational Training

Collective organizational training includes multiple individuals from the same CCEE organization or network. While this is likely an efficient way to provide information to all staff and increase their knowledge, training alone may not be enough to change practice (as noted above for Q1).

Examples:

- All of the teachers in a pre-K program come together for a half-day training about trauma-informed practice.
- During a Head Start staff meeting, a community psychologist provides training about the developmental screening the program plans to use with all children and families.

Some PD might combine multiple strategies. For example, the Variations in Implementation of Quality Interventions project is examining the effectiveness of an intervention that provides both collective organizational training (Q4) and individual coaching (Q2).¹⁷ Combinations of PD might be sequenced by starting with collective organizational training (Q4) and then layering in organizational/network coaching (Q3) to support the transfer of new knowledge into practice.

Guiding Questions to Consider in Reviewing a State/Territory Portfolio of Professional Development

Once state/territory CCEE leaders have categorized their portfolio of PD strategies into the four quadrants, it may be helpful to consider questions, such as the examples listed below, to inform decisions about future PD efforts and investments:

- How many of the strategies fall under the training category, either at the individual (Q1) or organizational (Q4) level?
- How many of the strategies fall under the coaching category, either at the individual (Q2) or organizational/system (Q3) level?
- What proportion of federal and state/territory CCEE funds does the state/territory invest in each type of PD strategy? Does the proportion of funding reflect the state/territory priorities?
- Which type of PD aligns best with the state/territory CCEE goals? If one of the goals is to improve practices with children, for example, then is the investment in coaching strategies (Q2 or Q3) great enough to reach the goal?
- Is there evidence to suggest that the collection of PD efforts is effective in meeting the state/territory goals? If not, what data would help CCEE leaders better understand how the PD investments support change in knowledge and practices among the CCEE workforce?
- What are the facilitators and barriers to PD in the state/territory? Which workforce members have access to PD and are there disparities between groups (for example, by race and ethnicity, by program type, by age group served, by community characteristics)? What actions could support equitable access to PD?

CCEE leaders may find it helpful to review resources about theories of change¹⁸ to help generate other questions to consider when examining the effectiveness of their portfolio of PD investments.

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