

# CLARK COUNTY QRIS PLANNING PROJECT

## FINAL REPORT

**MAY 2008**

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Final Report**

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May 15, 2008

### **Approach to the Planning Project**

The Clark County QRIS Planning Project Team utilized a wide array of methods to gather community input that informs the responses to the question posed by the Department of Early Learning.

Described in more detail in Appendix A, these methods included:

- **Surveys.** A parent survey generated 773 responses; while a provider survey garnered 266 individual and 73 program (center and family care) responses. February 2008.
- **Focus Groups.** A series of focus groups were held involving parents and providers; as well as professionals in the fields of health and safety, diversity and cultural proficiency and inclusion. Meetings of the Ready Schools and Ready Children Advisory Committees of SELF (Support for Early Learning and Families) were also utilized. January through March 2008
- **Project Team.** The Clark County QRIS Planning Project Team held a total of nine meetings; the first one on November 13, 2007 and the most recent one on May 8, 2008. An April 2008 meeting involved a special presentation from Billie Young of the National Child Care Information and Technical Assistance Center (NCCIC) regarding the lessons learned from QRIS states across the country. November 2007 through May 2008

**A Note on Terminology:** In this report the term “*staff*” is generally interchangeable with early childhood educator, classroom teacher and family care provider. The term “*classroom*” refers to child care centers and a family care provider’s learning environment,

### **What Children Need to Know and Be Able To Do**

1.a.

**What are the best ways to gauge and follow children’s learning and developmental status?**

1.b.

**How do you describe or detail children’s progress over time?**

The provider survey completed by 73 programs provided this response as to how providers document children’s learning and development over time:

- 82% Child observations
- 63% Family input
- 40% Portfolios
- 32% Screening tools (example: Ages and Stages)
- 28% Developmental guides (example: Washington state Benchmarks)
- 18% Evaluation tools (example: Denver)
- 11% No documentation used
- 8% Other

A total of 56% of the programs indicated an interest in learning how to document children’s learning, while 32% stated they were not interested. 37% of the programs currently provide staff training on documenting children’s learning, while 48% do not provide this training. 51% of the programs indicated they would like staff training on documenting children’s learning, while 32% said they did not need training for their staff.

The best ways to track and gauge a child’s developmental status and progress over time is through observation, documentation (recording) and assessment. It is essential that each center or family care provider have a consistent system that staff are trained to follow and implement.

Observation allows the provider to see the differences among children in learning styles and cultural norms. When one observes children play you can discover their interests and individual personalities. Observation can help providers assess developmental levels and determine strategies that a child can use to attain their goals. Observation can help one know what skills a child needs to practice. Observation should happen during everyday moments not just during times of stress.

Documentation is an opportunity to record children's activities, behavior, milestones and progress over time. This can happen in the form of a journal (e.g., a daily record kept in the classroom and available to parents) or through a portfolio. A portfolio is a collection of work samples (art, writing, developmental progress), usually drawn from a child's classroom activity. It serves as an organized assessment system.

A child portfolio aims to build family supports and parent-provider communication that emphasizes strengths of the child and family. To be effective it requires that staff utilize a common approach with adequate resources and time for training, reflection, review and support. Through this process families are empowered to recognize natural learning opportunities for their child and begin to understand how to cultivate learning in new ways. A portfolio can be in the form of a binder that becomes a gift to the family and a document that can be transferred at the point of public school entry (Kindergarten teacher). See Question 10, senders and receivers.

Assessment can be done through formal screening and assessment tools, and through the portfolio. These tools can help providers track children in achievement of developmental milestones along their growth continuum, and consider the full range of domains for the whole child (social/emotional, physical, cognitive and language). When identifying developmental delays, it can also serve as an important bridge between the home and a potential early intervention services provider. Examples of formal tools include:

- Creative Curriculum Developmental Continuum and Implementation Checklist. The Developmental Continuum is an observation assessment process that addresses the whole child - social/emotional, physical, cognitive and language development among children 3 to 5 years of age. It is utilized in preschool, child care and head start programs using the Creative Curriculum with children. The Implementation Checklist involves whole classroom observation regarding structure, staff-child and child-child interaction, along with family involvement.
- Ages and Stages Questionnaire (ASQ). The ASQ system is a low-cost, reliable way to screen infants and young children for developmental delays during the crucial first 5 years of life. The tool focuses on children's communication, gross motor, fine motor, problem solving and personal/social skills. In addition, it provides an opportunity for parents to express concern about anything related to their child's development – including health issues. It is designed to identify children needing further evaluation. The ASQ-SE specifically addressed social-emotional development.
- Early Literacy and Language Classroom Observation (ELLCO). ELLCO is a classroom observation tool for pre-Kindergarten through 3<sup>rd</sup> grade that specifically addresses the role of environmental factors in early literacy and language development. It is useful for conducting a baseline assessment as well as determining progress in providing learning environments that are age appropriate, supporting children's evolving interests, and with the intentional direction of the teacher and engaging children in exploring beyond their current knowledge and skills.
- DECA (Devereux Early Childhood Assessment). This tool, for children 2 - 5 years of age, can be administered both by the provider and parent. It assesses social, emotional and behavioral health. It is easy to complete and widely used as part of progress monitoring.
- Denver Developmental Screening. This test determines developmental progress from birth to age 6. The tool has four parts: (1) Social/personal: aspects of socialization inside and outside the home; (2) Fine motor function: eye/hand co-ordination, and manipulation of small objects; (3)

- Language: production of sounds, ability to recognize, understand, and use of language and (4)
- Gross motor functions: motor control, sitting, walking, jumping, and other movements
- DIAL (Developmental Indicators for the Assessment of Learning) 3. This tool, aimed at children 3 - 6 years of age, looks comprehensively at child development across domains. It provides a positive, non-threatening environment in which children complete fun, age appropriate tasks using bright, appealing, child-friendly materials. Stimuli are presented one at a time using a dial, manipulatives or other materials.
- Early Screening Inventory (ESI). The ESI provides a brief developmental screening instrument designed to be individually administered to children from 3 to 6 years of age. It identifies children who may need special education services in order to perform successfully in school. Research has shown the ESI-R to be highly reliable and valid.

The portfolio can also be used for assessment when criteria or methods are made clear for determining what is put into the portfolio, by whom, and when; and when criteria for assessing either the collection or individual pieces of work are identified and used to make judgments about children's learning.

2. a.

**Do educators in your community use the Washington State Early Learning and Development Benchmarks as a resource guide for child development?**

ESD 112 conducted an educational forum for all early learning providers in June 2006. Since that time no training have been completed due to indecisiveness about how benchmarks should be implemented statewide.

The March 2008 survey of 73 Clark County early learning programs revealed that 47% of providers were familiar with the Benchmarks, while 43% were not aware of them. Only 29% indicated they had used the benchmarks, while 51% had not. A total of 37% found the Benchmarks useful, while 10% did not and 43% did not know enough to respond.

These survey results reveal the first part of the problem, lack of general awareness among providers. Most providers do not have copies of the publication and some expressed concern that it is expensive to acquire. The main document is seen as being too long and a shorter, more user friendly version (print, online) is requested.

Some providers do incorporate the Benchmarks into their classroom curriculum and find the practice tips helpful to facilitate implementing the Benchmarks in the learning environment. Specific provider systems utilizing the benchmarks include Head Start, Clark College, SWCCC and the Family Care Provider Networks. These providers find the Benchmarks to be a good resource to identify age appropriate development milestones and activities.

Significantly, the March 2008 provider survey found that 63% of providers would like training how to use the Benchmarks, while just 18% said they would not welcome the training.

The seemingly limited use of the Benchmarks is caused in part due to a mixed message from state level policy stakeholders regarding whether to utilize the existing version of the Benchmarks. See response to Question 4 for further explanation.

2. b.

**What are the best ways to use this document as a resource guide?**

Given the answer to the prior question, the Benchmarks need to be better promoted so that all providers have access to them in a reader friendly format and training is available so they are infused within existing curriculums. The current version is written with too much early learning jargon for many providers. It should be broken down into smaller formats, based on ages and developmental stage. There should be guided questions to connect/put the Benchmarks into a family context. Hands-on support (mentors) is needed to help providers put the Benchmarks into practice.

**3.**  
**What are the best strategies to ensure that educators are considering development of the whole child in preparing children for what they'll need to know and be able to do?**

Educators should utilize a variety of elements to be effective in developing the whole child within their learning environment. This includes professional development, gaining family input and child observation.

For purposes of this response, the whole child includes two parts:

- (1) Age. The whole child involves the individual from birth to the point of Kindergarten entry and beyond to age 12 (ending the years when a child is in the child care zone). A child's developmental stages change as they age.
- (2) Domains. The whole child involves all elements of a healthy child; including social/emotional (behavioral), physical (gross and fine motor skills), cognitive (reason, logic) and language development (hearing, speaking, reading and writing).

Professional development is needed to gain understanding and insight into all elements of child development. Gaining cultural proficiency is important so providers can appreciate different cultural norms and traditions, language development among English Language Learners and gender differences.

Providers should invite and welcome multiple voices as they understand a child's current developmental status and their needs that support development of the whole child. These voices need to include parents and other family members (grandparents, siblings), other providers (health and social services) and the child themselves.

Providers need to observe the child in the learning environment and at play, both alone and interacting with their peers. Observations might include whether the child works well with others. Each child needs to be treated as an individual. This allows the educator to meet the child where they are and to document each child's strengths that can be built upon within the target areas for growth.

This information can then inform the individual learning approach to be utilized. The approach can start with play that then leads to learning, utilizing repetition (such as with reading). The approach can be modified to a child's needs, adapting to change. Sensory stimulation (physical activity, music and movement) is an important element.

Retention of a child in the same early learning environment can help their successful development as they grow and maintain a long term, trusting relationship with the provider.

## CONSIDERATION OF DIVERSE CULTURES

4.

**If using the Washington State Early Learning and Developmental Benchmarks, what cultural adaptations are being made to this resource document to consider diverse cultures in your community?**

The Benchmarks are being utilized on a limited basis and the resources have yet to be secured or dedicated to effectively adapt them so that they can be responsive to Clark County's diverse cultures. The Benchmarks need to be translated into languages other than English.

There has been a mixed message from state level policy stakeholders regarding whether to utilize the existing version of the Benchmarks. The suggestion has been that a revision process is underway (responsive to concerns related to cultural proficiency) and that a revised version may soon become available. This message is now well over a year old. This revision should be a state level priority or the message to providers should be to fully implement the current Benchmarks as written.

Trainings have been given concerning what the Benchmarks are, but minimal training and hands-on support is available on how to infuse them into the early learning environment. A community file or inventory needs to be started to inform discussion around necessary cultural adaptations.

5.

**What are the best strategies to aid educators in ensuring that their classroom curriculum and family support are considering diverse cultures in appropriate and relevant ways?**

The 73 Clark County child care center and family care programs surveyed indicated that they utilized the following ways to incorporate cultural perspectives into their programs:

- 73% Culturally relevant materials and resources
- 73% Attention to differences and similarities (homes we live in, foods we eat, special celebrations)
- 56% Curriculum planned around children/family interests
- 53% Theme units planned around various cultural groups and traditions
- 47% Familiar family foods used in menu planning
- 41% Enrolled families visible in the program environment
- 37% Enrolled family language used in routines of the day
- 36% Family questionnaires/conferences about what parents want for their children
- 29% Access to information in a variety of languages

Effective ways to help providers be responsive to cultural diversity involve training, mentorship and resources. This begins with defining diversity or culture; to include gender, class, race, ethnicity and language. It is important for a provider to do their own identity work (understand their own origins) as a starting point and to respect individuals from other cultures.

Training should address issues of power, privilege and rank. This "anti bias 101" curriculum will help one to understand systemic, historical and internalized oppression. Training in areas specific to the

cultures represented in their center/care setting will help providers be more considerate of their families' diversity.

Knowing about a culture will help one know what kinds of toys and materials to use and behaviors to adopt so that one is authentic in caring for children from other cultures. Training should include learning of cultural norms, traditions and practices that can be infused into the classroom and curriculum. Providers who feel respected and supported can then show that same respect to all children and families.

Training can be enhanced in practice through the support of mentors and with access to resources (funding) that can provide learning resources (books, supplies, manipulatives, etc.) that support culturally competent practices.

See [Appendix B](#) for a draft Diversity-Cultural Proficiency training curriculum that was developed by a Diversity-Cultural Proficiency Work Group of the Clark County QRIS Planning Project Team.

6.

**What are the most effective strategies for educators to work with children and families who speak a native language other than English?**

An important step is to gain knowledge (through training, workshops and literature) in cultural diversity and appropriate practices. This involves learning the cultural norms, traditions and practices of the children and families in your care.

It is important to gain access to translators fluent in a family's native language. A provider can ask a family if there is someone they are comfortable with who could serve as a translator. A provider should be patient and attempt to learn some of the family's native language, and be alert to other types of communication like body language.

Valuable resources include the Soy Bilingue Seminar training by Dr. Sharon Cronin (Pacific Oaks College Northwest) and the book *A Parent and Teacher's Guide to Bilingualism* (Colin Blank, Multilingual Matters Limited).

**INCLUSION OF ALL CHILDREN INCLUDING SCHOOL AGE, ENGLISH LANGUAGE LEARNERS AND CHILDREN WITH SPECIAL NEEDS**

7.

**What are the best ways to ensure that providers and educators have the means to work with children who have special needs?**

Early childhood educators responding to the QRIS survey indicated that they access or received the following supports to assist them in working with child with special needs:

- 39% Written materials and resources
- 29% Training
- 24% Therapists (Speech, physical, occupational)
- 22% Early Intervention specialists visits to support the child in your environment
- 21% Onsite consultation from Early Learning Resource Team
- 12% Technical Assistance (phone)
- 11% Mental Health Agency

A first step to identifying best ways to ensure effective services for children with special needs is to recognize the roadblocks currently in place. These barriers now include:

- Professional Development - providers are eager to experience more training and support, but the resources are lacking.
- Educators currently are not qualified to deliver effective services - they lack adequate knowledge and experience in the special needs child care field.
- Children experience multiple caregivers - due to exclusion or being passed along to others. Too few caregivers are taking responsibility for assessment and follow-up.
- Therapists receive inadequate training in early childhood development - there is a need for continuing education and access to the most recent research in best practices for those already in the profession.
- Providers need more resources - such as funding for staffing and technical assistance.
- Providers lack knowledge of the proper services available for children - the result is a delay in screening. Providers fear that losing a child to another provider may impact their own revenue.

The best ways to ensure that providers are effective in this work is to provide access to resources that allow them to learn best practices, to try them in the classroom and learning environment, and then to follow-up with more training and reflection. The opportunity for provider peer interaction (networking) is vital.

Access to quality training (knowledge) is needed for all levels of professionals. This training needs to be visible so providers know it exists. Providers then need access to hands-on support (mentors) that assists their implementation of this knowledge into daily practice. Providers need the opportunity to reflect on their knowledge and lessons learned from direct experience.

There needs to be a coordinated training program for children from birth to age 5. The current early intervention system has an artificial disconnect at age 3; a disconnect that separates providers, frustrates families and disrupts the learning experience of children. These two systems (typically involving community providers for younger children, and school districts for preschoolers) need cross-system support so that continuity of services is achieved. This continuity, ideally, would include a common provider at a common location.

8.

### **What are some of the best strategies for working with children and families who are English Language Learners?**

It is important to gain an understanding of the challenges faced by these children and their families. Providers can learn how stressful entering school in a new culture can be and acquire some strategies to help children feel welcome, accepted and safe by nurturing a sense of trust, belonging and inclusion.

Managers should be attentive to the feelings and concerns expressed by teachers regarding their need for training, preparation and support for working with children new to Clark County's dominant culture. Hiring bilingual staff is desirable.

It is vital to teach nonverbal communication strategies (body language, gestures, visuals, and objects) and to help convey meaning to children who are just learning English. Visuals can illustrate words and concepts, while physical gestures can convey more complex ideas.

Providers should honor respite activities that allow children to restore energy for language-based tasks. A family's strengths and interests should be brought into the classroom and curriculum, and multilingual books displayed.

An excellent video series - *Starting Points: Working with Young English Language Learners* (www.edpro.com) - emphasizes the importance of creating a welcoming environment for children and families and utilizing multi-sensory experiences.

9.

### **What consultation services or systems are recommended to support educators' work with inclusion?**

Consultation services that have proven to be effective are needed to support inclusion work. This can combine with professional development, mentoring and system changes.

Examples of recommended services are *Recognition and Response*, and Montana's Child Care plus inclusion project. *Recognition and Response* has a goal of creating high quality early childhood classrooms in which teachers administer periodic, universal screening for all children and research-based interventions and progress monitoring for individual children who show signs of learning difficulties. (<http://www.recognitionandresponse.org/content/view/84/95/>). Montana's program supports educators' work by providing training and technical assistance to child care providers through on-site visits, telephone consultation, formal training sessions, the Internet, and self-study course activities (<http://www.ccplus.org/MTInclusionProject.html>).

Educators need effective professional development training, including higher education level course work. This should include anti-bias training, as an element of inclusion is embracing children with special needs rather than passing them over.

System work is needed to support the transition between the providers serving birth to three and three to five year olds. Elements of the Individualized Family Service Plan (IFSP; for 0 to 3 year olds) and Individualized Education Plan (IEP; for 3 to 5 year old) should be extended to providers overall; including therapy, mentoring and engaging the child care provider in the IEP process. Parent permission to share information between systems should be sought.

### **10. What are the best ways to link early learning with the K-12 system to ensure smooth transitions, continuity of services, and academic/social success?**

Several steps are needed to forge a strong linkage between the early learning and public school systems. This includes improved and ongoing communication, and a shared commitment and responsibility to achieving school readiness.

An important first step for the early childhood education community is build consensus (based on best practice and research) on the principals involved in achieving school readiness.

Opportunities for elementary principals and kindergarten teachers along with early learning providers is essential to build a bridge that benefits children and families as they walk through the kindergarten doors.

The SELF Ready Schools Advisory Committee is an effective, ongoing means to achieving the linkage that is needed. The group's purpose is "getting school ready so children experience successful transitions with the support of family, school and community". Monthly meetings involve a broad range of early learning and public school stakeholders. A current objective is system integration and design of a unified Kindergarten assessment. A set of Ready Schools standards are being designed to include a common definition for school readiness that will inform curriculum and instruction, engage parents and providers early in the transition process and coordinate professional development opportunities for early caregivers and Kindergarten teachers.

Assessments and information sharing is one concrete example of how alignment between systems needs to take place. Both systems need to have a high degree of understanding about how the other one functions. Early childhood educators can design a preschool assessment process and protocol in concern with K-12 educators. If there is a shared understanding and commitment regarding how the child information will be utilized by public schools, then there will be a strengthened connection between the two systems, for the ultimate benefit of families and the child.

Several specific needed linkage steps are:

- On site services. Elementary school principals and parents report that onsite early learning services enhance children's readiness for school. Clark County has several examples of effective onsite services like Head Start, child care and Read and Play (storytime) programs, and other services that connect children and parents to their public school prior to Kindergarten entry. It is imperative that public schools identify potential early learning community partners with the expertise to best provide these onsite services.
- Parent engagement. Parent involvement is essential to achieve linkage between early learning and public school systems. This includes participation in on site early learning services, clear understanding of expectations for Kindergarten readiness and involvement with elementary school-based Kindergarten Transition Teams.
- Senders and Receivers. It is vital that child care, ECEAP, and Head Start providers share the preschool information and portfolios of individual children with Kindergarten teachers. This is a current Head Start requirement but the follow-through on the public school end is spotty at best. This linkage is vital.
- Shared training and communication structures. Typically, there is minimal communication or connection between early learning and public school professionals, both among management level and front line providers (educators). It is important that this be overcome through intentional convening of both systems' personnel and providing common access to shared communication and training opportunities. This can serve to overcome existing barriers (attitudes, mistrust) and work towards a shared goal of quality learning. One example is most school districts use the same informational database to track each child's status. This database should include information from the early learning system. Portfolio and work sampling items (as well as Head Start transition documents, if applicable) could be scanned and become part of the child's educational records. This would contribute to a smooth, seamless Kindergarten transition process as K-12 professionals working with the family could access to this valuable information.

## PARENTS, FAMILY AND COMMUNITY INVOLVEMENT

11.

### **What are the best ways to involve parents and families as leaders in improving early learning quality?**

The process of leadership development begins with small informal steps and can lead to formal involvement through a Parent Council or Parent Advisory Board.

The small informal steps can include:

- Early engagement through orientation times and preliminary parent-teacher conference. That opportunity provides a chance for a provider to gauge the degree of parent interest and motivation. A packet should be provided that describes the provider's learning philosophy, policies, commitment to parent engagement and basic licensing requirements.
- Parent engagement in the classroom and learning environment. The more involved a parent becomes the more they will understand and be invested in child care quality.
- Communication can be developed that leads to a strong provider-parent relationship based on trust and mutual respect.
- Networking among parents (word of mouth, get to know other parents as peers).
- Create a parent buddy system where longer-term and engaged parents serve as mentors to other parents who may be new to child care or as leaders on the Parent Council.
- Informational parent events. Parent nights could include resource speakers to help parents access information (talking points) and research that states why early learning and quality care is important. Child-oriented fun park events could include a child advocacy opportunity (petitions, informational presentation, letter writing, etc.).

The formal step of involving parents through a Parent Council or Parent Advisory Board can be a logical extension of their informal participation. Their initial interest may motivate them to have a voice in program and curriculum planning. Ways to identify and support parent leadership include:

- Find potential child care parent leaders through (1) Major employers' human resource departments (staff could identify employees with leadership skills or potential who have children in child care); (2) Existing school PTA/Os with parent leaders who have children in child care; (3) Faith community leadership groups that involve parents with children in child care.
- Support parents in becoming aware of the elements of child care quality and empowering them to be leaders - the awareness is the "buy in".
- Provide multiple opportunities for advocacy (write letters, email action alerts, speak at meetings).
- Parent Councils and Parent Advisory Boards. The potential role and responsibilities for parent leaders in these groups is described in response to Question 13.

12.

### **What programs or policies could be adopted to increase parent's demand for high-quality early learning?**

QRIS implementation is an essential step towards increasing parent demand for high quality early learning. Key activities include documenting what constitutes quality care, engaging parents in their provider classrooms and conducting a community wide public education effort.

Our community (both the public and private sectors of society) needs to elevate early learning as a community priority. Our education system starts with early learning, it is not simply babysitting. This

paradigm shift would involve a commitment of funds so that the cost of enhancing care quality is not borne primarily by providers and parents.

Parents need access to information and education on just what is quality care (what does it look and feel like) and how it will make a difference in their child's success, at school entry and beyond. Information should be shared that documents how children who enter Kindergarten ready to succeed fare better later in school and life.

A child care provider fair with booths of different child care centers would allow for parents, providers and children to interact through crafts or other child-friendly activities.

Employers would benefit from an education effort that helps them to see the value and benefits of quality care for their employees; that it will enhance worker productivity and the company's bottom line. Likewise, staff of agencies like DSHS/CSO staff needs this information so they can communicate these messages to their clients.

The parent education program needs to inform parents of the reality and consequences of poor care quality. Good quality care can be highlighted and promoted, so that parents seek the same results from their own providers. The more information that parents can access (e.g., provider profiles on QRIS website or a brochure on what quality care looks like) the better their ability will be to understand the elements that comprise quality care.

44% of the parents responding to the QRIS survey indicated a willingness to pay more for a higher quality of care, while 14% say they would not pay more and 43% didn't know if they would or not. In time parents will understand that higher care quality costs money and will see the value of that investment.

The news media can play an important role, as the local Columbian newspaper series in Fall 2007 revealed the lack of transparency in the current licensing system. Local QRIS provider and parent leaders can help media outlets understand how significant portions of their audience are child care providers and consumers. A positive message follow-up to the Columbian series could focus on the start-up of the QRIS pilot project.

Parent engagement in the classroom will positively contribute to their understanding of quality care. A stronger relationship with the provider will increase communication and dialogue between them. Parents will learn more about healthy child development, positive discipline and school readiness expectations. It would be a positive step for more centers to require parents to be engaged in the classroom and learning environment.

13.

**What can or should early learning educators do to encourage parent and family participation in the learning activities and learning environments of young children?**

The 773 parents responding to the QRIS survey indicated the following ways that parents could help support a child care provider:

- 25% Provide feedback to child care provider
- 16% Volunteer to assist
- 16% Ensure parents have a voice
- 15% Learn more about child development
- 10% Learn about community resources

- 9% Offer peer support for parents
- 8% Raise funds to lower tuition fees

Survey parents indicated the following barriers that kept them from providing the above support:

- 39% Work schedule
- 28% Limited time
- 15% Family commitments
- 6% Provider does not provide opportunities
- 2% Transportation
- 2% Health

There is a wide variety of actions that a provider can take to encourage parent and family participation in their child’s learning and development. Communication and parent engagement are fundamental to success.

It begins with creating and maintaining a welcoming culture (open door) where parents feel encouraged to stop, to talk, to volunteer and to participate. The provider and parents should share a common language (“when we say this, this is what we mean....”).

A positive start can be an orientation process to child care for all new parents, either one-on-one or as part of a group setting, where the provider takes the time to get know each family. A framework should be created so the parent knows what to expect from their provider. The provider should listen to what the parent sees as important and effective ways to engage. An orientation packet (some providers use a Parent Handbook) should be presented that has information on the provider’s learning philosophy, policies and what constitutes basic licensing standards (staff-child ratio, education requirements, etc.).

Opportunities to communicate with and connect parents to their child’s early learning should be varied, including onsite, online and email, and a daily check-in.

- Onsite. Provider-parent communication begins with orientation and initial interviews with the parent about their individual child. Through verbal exchange and/or a written survey, parents can indicate early learning and development goals for their child. Providers can then engage parents through parent-teacher conferences, parent nights (opportunity for informal interactions), a bulletin board and social events (picnics, potlucks, craft night), “bring my parents to school day” and classroom volunteer opportunities. Periodic check-ins can identify concerns, including whether there may be developmental issues (delays, milestones) worth noting and needing follow-up attention.
- Online and email. An eNewsletter can provide tips on parent engagement with early learning and teachers can encourage questions and comments via email exchange.
- Daily reports. Each classroom entrance can have a journal that informs parents what their child did that day.

The parent nights can involve an education component where staff can communicate the center’s learning philosophy, curriculum and its alignment with school readiness goals, along with child development information (what is normal, problem solving, positive discipline, etc.). This provides an excellent opportunity for parents to network and to develop peer relationships that can support them in their role as their child’s first teacher.

There can be regular volunteer opportunities in the classroom (reading, clean up, teacher assistant) and on field trips. Parent volunteering should be a cultural norm within early learning environments. Parents should have frequent, ongoing, and flexible opportunities to become engaged. Donations of

supplies or materials can be requested and brought in from home. A display of family photos, using fabrics and décor similar to that used at home, can be featured. Parents should be asked to share family tradition as part of the curriculum.

An active parent council or parent advisory board can help ensure an active exchange and interaction between families and caregivers. This group can help to plan events (social and fundraising), review center policies and participate in staff hiring or reviews. This work can build upon the welcoming culture and philosophy voiced by the provider. Parents and providers become partners in curriculum and creation of a classroom-home connection. A parent leadership training series would help achieve parent council sustainability. A coordinated parent system that links parent councils could incorporate special education parents and those in the K-12 system (PTA/O network). Providers should seek out and participate in continuing education regarding effective parent involvement.

Projects can involve home and center components that link them as early learning environments. The ultimate result of these efforts is a consistent message for the child from both the caregiver and parent, at “school” and at home.

14.

### **What types of information do parents want to know about quality?**

Through four focus groups parents expressed strong interest in learning information about the quality of child care. This information should be accessible to parents through a variety of mediums - including a user friendly website, via a local parent line (such as through the Resource and Referral Network) or local licensing office and through their child care provider.

The types of information parents are interested in includes:

- Licensing Standards. Basic licensing standards as well as the specific standards involved with each level of the QRIS system. Inspection/assessment frequency, who conducts it and most recent results. Parents wanted to know why there was disparity between requirements of centers and family care providers (e.g., child-teacher ratio, education requirements, health and safety standards) and sought to close that gap.
- Teacher qualifications: Formal education, credentials and certificates, continuing education, status of background checks, and race, ethnicity, and language fluency of staff. Parents expressed interest in knowing parent comments or endorsements that might have been expressed about a teacher’s performance.
- Facility qualifications. Parents wish to know a wide range of information about the specific center or family care home. This information includes:
  - Annual budget (general breakdown of revenue and expenses; perhaps in a simple “pie” format).
  - Insurance coverage in place.
  - Fees charged.
  - Staffing level: number of teachers, aides, etc.
  - General racial/ethnic and income information of families currently served.
  - Staff compensation rates and benefits offered.
  - Parent involvement opportunities and role in program planning/services.
  - Curriculum utilized and learning environment - alignment with Kindergarten readiness.
  - Injury statistics.
  - Services for children with special needs.
  - Policies: health and safety, security, discipline, ethics standards, nutrition, parent complaint/grievance policy, parent “open door” for visitation.

- Licensing violations (number, frequency, severity).
- Child-teacher ratio (compared to basic licensing standards), classroom size/space and
- Age range of children served - distinct services for infants, toddlers and preschoolers.

15.

**What efforts would be best used for parent and consumer education?**

Parents responding to the QRIS survey indicated they would like to learn about a child care provider's history from:

- 55% Website that is easy to access
- 20% Print publication or directory
- 11% Telephone information line
- 9% Social service agency

Surveyed parents indicated that they currently made medium or high use of the following resources to obtain information about early learning opportunities in the community:

- 70% Child care provider or teacher
- 67% A family or friend
- 55% Magazine or books
- 49% The Internet
- 49% Child's health care provider
- 41% Written materials that come in the mail
- 32% Faith or religious community
- 21% Television or radio
- 18% Parenting classes

The QRIS survey of 266 early learning staff revealed the following results for what was cited as "very useful" strategies in educating parents about choosing high-quality care:

- 47% Checklists provided by CC R and R parent referral specialist
- 40% Phone calls
- 36% Program rating system
- 36% Newsletters
- 36% Public service announcements
- 27% Community events/meetings
- 21% Written media sources

The items with the highest response in the "somewhat useful" category were public service announcements and written media sources (both 60%), newsletter/fliers and community events/meetings (both 44%).

There is strong support for an aggressive outreach program that would inform parents about child care quality, individual child care providers and the QRIS system in general.

A QRIS website would contain the type of information described in the response to Question 14. One could easily find this information for all providers in the QRIS system. The website would help a parent seeking child care to find providers in their geographic area and to compare them based on the information available.

Each provider (center and family care) should have onsite communication mechanisms; such as a Bulletin Board, website, email newsletter and parent social events.

- Bulletin Board. A provider's Bulletin Board could have information about their center (staff photos and brief bios), policies, parent notices and information, meal menu, field trips, student of the month, student and family photos, as well as community resource information. Occasional handouts would be available for parents to take home with them.
- Website. Each center's website could provide access to their QRIS profile information.
- Email newsletter. An email newsletter could have information concerning current curriculum and activities, upcoming events, community resources and other useful information for parents.
- Parent Programs. Centers could sponsor speakers (from among the staff or community resource people) to inform parents about child development, early learning, school readiness or child health issues. Parent social events could be held to provide a time for parents to develop peer to peer relationships and to network together, sharing parenting tips, etc.

Community outreach can start with key messengers that have a trust relationship with parents. This would include obstetricians, pediatricians, nurses, and health care providers, hospitals and systems (Kaiser Permanente, Legacy Health System, etc.); faith community leaders and employers. Other mechanisms can include the media (newspaper or electronic news stories or advertising; including parent and family publications), movie theater previews, info included with Child Profile mailings, community information sessions, booths at family fairs/events and farmers markets; library and bookstore displays, human resources departments of employers, and packets given at hospitals to parents of newborns. The list goes on to include social service agencies, homeless missions and services, community centers, fitness centers/gyms, WIC programs, and post offices.

The local Child Care Resource and Referral Program could spearhead a parent education program through its Parent Line, website (featuring different providers each month), hold informational presentations and workshops, provide a hotlink to the state QRIS website and offer a regular eNewsletter. A website for home providers would also be beneficial. An existing brochure - *Questions To Ask When Selecting a Child Care Provider* - could be updated and better promoted to parents.

16.

### **What are the best ways to involve the community in improving early learning quality?**

Clark County has found that the use of informal and formal activities and structures are the best way to involve the community in improving early learning quality. For this question, community is defined as the full range of community stakeholders, especially those beyond the limited set traditionally thought of representing the early learning community.

- Support for Early Learning and Families (SELF). In 2001 several early learning stakeholders convened an ongoing collaboration to address services gaps and to build an early learning system. SELF (Mission: *Working together to build a community that nurtures the full potential of our youngest children*) now involves 22 community partners representing interests beyond only child care and early learning service providers. The three strategic objectives (Ready Families, Ready Children and Ready Schools) provide a focus for program initiatives. The Ready Children strategy is focused on enhancing early learning and child care quality through professional development. SELF is headed by a Partner Council and managed by a Governance Council; that oversees a Program Coordination Council and Communications/Development Council.
- Clark County Early Learning Fund (CSELF). CSELF provides Clark County businesses, individuals and groups with an opportunity to invest in early learning services. CSELF began in 2005 as a partnership between SELF and the Foundation for Early Learning (FEL). An

annual luncheon raises significant funds that result in grant funding to support the 3 SELF strategies. In 2008 this involves approximately \$230,000 in direct funding of services. Additional funds support SELF's development as an effective community collaboration.

- Born Learning campaign. The Born Learning campaign, started in 2005, increases community awareness of the importance of early learning and early childhood development. The campaign utilizes publications, media and events (annual Family Fair in downtown Vancouver). A key goal is to help parents and caregivers turn everyday moments into fun learning opportunities. The news media - print and electronic - are essential partners to involving the public in improving the quality of early learning.

17.

### **What are the best ways to link local quality service delivery providers?**

It is essential to create structures - formal and informal - that can link local providers. This includes both annual and periodic events, and ongoing groups.

- **Organizations**. Several organizations exist to link providers for the purpose of professional development, social networking and formation of peer relationships. These include:
  - SELF and its Ready Children Advisory Committee (RCAC). The SELF RCAC meets regularly to develop program initiatives and to design a professional development system that unites such efforts in Clark County. The group recently teamed with the QRIS Planning Project Team to survey 266 early childhood educators and 73 early learning programs to identify professional development and other quality enhancement support needs.
  - Clark County Family Care Provider Network. ESD 112's Child Care Resource and Referral led the development of a neighborhood-based system of Provider Networks for family care providers, a recommended and proven strategy that addresses the quality care and professional development needs identified in Clark County. Provider Networks engage providers at various points along the professional development continuum, with a variety of tailored supports and services, including mentoring, training, technical assistance, and consultation. There are four Provider Networks; three geographic (West County, East County and Orchards) and one culturally-specific (Slavic).
  - Clark County Family Child Care Association. CCFCCA is a chapter of the Washington State Family Child Care Association (WSFCCA). It is a professional, non profit organization of Family Home Child Care Providers. The goal of the CCFCCA is to enhance and improve the quality of care provided to the children in Clark County. The purpose of CCFCCA is to educate, protect and give status to Family Child Care Providers through publications, meetings, training and networking.
  - Southwest Washington Association for the Education of Young Children (SWAEYC). SWAEYC is a membership organization that provides educational and networking opportunities for all those working with young children, birth through eight, and their families in Southwest Washington. SWAEYC promotes professionalism; provides support for child advocacy; and embraces diversity and inclusiveness. The group is affiliated with the National Association for the Education of Young Children (NAEYC) and the Washington Association for the Education of Young Children (WAEYC).
- **Events**. Occasional or annual events serve to bring together early learning providers to gain professional development and networking support. These include:
  - Tapestry. Local agencies and programs partner to sponsor a 300 person conference to celebrate and honor child care providers' commitment to children and families. The event includes numerous workshops, guest speakers and resources. Tapestry involves year round planning involving a broad spectrum of early learning partners.

- Education After Hours, Center Directors Meetings. Child Care Resource and Referral sponsors periodic events that bring together early learning professionals for an opportunity to share food, training, social networking and formation of peer relationships. These events are well attended and receive high praise.

18.

**How can key community partnerships be sustained over time to support increases in early learning quality?**

Early attention to the importance of sustainability is key to the longevity of community partnerships. Sustainability is secured when participating stakeholders understand the importance of making an institutional commitment to the partnership. This commitment must include securing external resources to combine with those provided by the partners.

SELF is an example of a successful community partnership that has been sustained over time. Starting with six partners in August 2001, SELF has grown in seven years to involve 22 partners with significant investment of time and in-kind resources. SELF has also secured financial resources through (1) A CCELF 20% annual allocation, (2) A portion of a 3 year (2008-2010) Gates Foundation grant specifically dedicated to support of the collaborative infrastructure, and (3) Portions of program grants to support SELF infrastructure expenses.

This type of approach to sustainability will be important for Clark County's early learning and child care stakeholders to bring to the QRIS process.

HEALTH AND SAFETY

19.

**What are the best ways to ensure health and safety for all children in early learning environments?**

Clear, understandable standards need to be in place and supports available to ensure that providers are able to implement them. The child care licensing standards (Washington Administrative Code - WAC) should define what constitutes a healthy and safe environment to parents and providers.

Information sharing should be encouraged by translating WACs into an understandable language. The guidebook that accompanies the WACs is far more explanatory and should be readily available. A similar guide for family child care providers is needed.

The current requirement for child care centers to have nurse consulting, now capped for children 12 months old or younger, should be extended to an older age (up to toddler or preschool age). Health and safety child care consultants should be required to register with DEL, providing information on professional background and education.

Health and safety consultation should be available to all providers. A standard checklist for safety needs should be developed and utilized. A peer to peer mentoring program would be beneficial.

Healthy Child Care Washington (HCCW) provides valuable services to child care providers on such topics as brain development, communicable diseases, nutrition and feeding, environmental safety, social/emotional issues, oral health; sleep patterns and positions; and speech, hearing and vision.

Following the initial consultation, health care professionals then follow-up with child care providers to reinforce the concepts which were discussed and to ensure identified improvements were made in the child care setting. HCCW can link children and their families with mental health specialists, nutrition and feeding programs, low-cost health insurance, and other community resources which are available for families with children. The goal is to ensure that children have access to all the services available to promote their health and well-being. It is recommended that funding for HCCW be increased so that more providers can benefit and that a stronger linkage with other community consultation resources (e.g., Child Care Resource and Referral) be developed.

Training on health and safety issues should be readily available to all providers. More attention should be placed on nutrition as a health and safety element. Parents should be informed and educated about the importance of health and safety.

It is essential to hire quality staff with knowledge of developmentally age appropriate health and safety protocols. Directors need to be proactive in their classrooms; staff should be monitored and held accountable for their actions. All play areas should be safe; including toys and play equipment.

An emergency communication system should be in place for implementation by all providers. Assistance is needed to establish confidence and communication between parents and providers.

Centers need to value the health and safety of their employees, and ensure a safe facility. Sick employees need to be encouraged to stay home, this puts the onus on centers to provide backup or substitute coverage.

20.

### **How can State Child Care Licensing be utilized to aid in maintaining health and safety in early learning programs?**

The Department of Early Learning could take several steps to promote existing resources and overcome provider reluctance to seek DEL support. Establish technical assistance outside of the licensing division.

There is a perception that licensors are too busy to assist child care providers. Licensors should encourage providers to seek support and advice, both individually and in groups. DEL continue (through a partnership with R and R) and expand open-topic sessions between licensors and providers; where staff from multiple centers can attend and STARS credit be provided.

DEL could increase its promotion of the public health advice line (and the R&R provider line) and consider creating more licensor positions. Providers should be encouraged to do a good job for the children, not just to comply with the licensor (enforcement) and work in the technical assistance areas.

Public and private nurse consultants should register with DEL and DEL should provide a background check (education and professional background) on them. DEL can then provide these consultants with periodic information that includes WAC standards' updates and the latest research on health and safety issues related to children and child care.

21.

## **What standards are necessary to promote and support health and safety in all early learning facilities?**

There are positive changes that can be made to better promote health and safety in early learning facilities. These include:

- Extending child nurse consulting requirement for child care centers to children older than one year.
- Provide access to alternate care when children are ill (create more programs like “Sniffles and Sneezes”).
- Encourage staff to consult the American Public Health Association/AAP endorsed handbook *Caring for our Children* for suggestions on creating and maintaining safe play areas.

22.

## **What are the best ways to engage and include local community partners to ensure health and safety for all children in early learning environments?**

It is important to engage efforts to reach out to parents through education and connecting them to community resources. Parents should have the ability to easily understand the health and safety elements of the WACs. Parents need to know what constitutes a good, safe child care environment. Parents should be encouraged to spend time in the classroom, attending meetings and guest speaker presentations. Pediatricians should be invited to speak at child care centers. There could be noon hour brown bag parenting classes.

One step would be to create incentives for corporate sponsored child care centers. Requests can be made for business sponsorship of childcare projects such as playground upgrades.

## CURRICULUM/APPROACH AND LEARNING ENVIRONMENT

23.

## **What are the best strategies for assessing and ensuring the quality of classroom environments?**

To best assess and ensure the quality of classroom environments requires the ability to measure both structural and process quality issues.

Assessing structural quality issues involves looking at the elements involved in setting up a quality environment. This includes items such as group size, teacher education, and administrative policies that support training and planning.

Assessing process quality issues requires looking at the ways that adults and children relate to each other and their peers in the learning environment. Process quality consists of the various interactions that go on in a classroom between staff and children, staff, parents, and other adults, among the children themselves, and the interactions children have with the many materials and activities in the environment, as well as those features, such as space, schedule and materials that support these interactions.

The most effective measurement tools to assess process quality in classroom environments are the four Environmental Rating Scales (ERS): Early Childhood ERS, Infant Toddler ERS, Family Day Care ERS and School Age Care ERS. Environment Rating Scales evaluate physical environment, basic

care, curriculum, interaction, schedule and program structure, and parent and staff education. Process quality is assessed primarily through observation and may be better at predicting child outcomes than structural indicators such as staff to child ratio, group size, cost of care, and even type of care, for example child care center or family care.

To raise care quality, QRIS should offer resources and supports that enable providers to reach a higher standard within basic licensing and, therefore, the first level of the QRIS rating. Maintaining minimum quality, meeting basic licensing standards, should not be the goal.

24.

**What curricula, or learning approaches if any, support quality early learning environments?**

Child care center and family care programs responding to the QRIS survey indicated that they currently utilized the following curriculum approaches:

- 56% Emergent curriculum based on observation
- 52% Emergent curriculum based on child, family and community interests
- 51% Program developed, theme-based units
- 44% Routine with activity centers
- 19% Commercially prepared

Research and the experience of Clark County providers suggest a set of learning approaches that support quality early learning environments. It is recognized that a variety of approaches can be effective and there is no one right way.

The learning approach should utilize an emergent curriculum that inspires delight, curiosity, celebration and inquiry. This approach starts with a theme that might fascinate the children (worms) and scaffolds as their imagination emerges, often in an unplanned way, and then the teacher uses that fascination to teach. It helps to achieve a balanced routine so children know what is expected and can rely on it. Adequate planning time is needed to develop learning strategies that are theme-based, engage the child in play (outdoor play space can be a learning lab) and repetition. Educators can utilize existing curriculum, the Washington Benchmarks and community resources (such as Library Discovery Kits and story times). The approach should be responsive to a child's developmental stage and their cultural background (family norms, routines and traditions).

There are many formal curriculums that can be utilized to achieve this learning approach. They include:

- High/Scope (Perry Preschool). This curriculum, utilized by Head Start and other programs, affirms that children should be involved actively in their own learning and provides an open framework of educational ideas. Children "learn by doing", often working with hands on materials and carrying out projects of their own choosing. This approach encompasses all aspects of child development and involves teachers and parents in supporting and extending children's emotional, intellectual, social, and physical skills and abilities.
- Creative Curriculum. Geared for children birth to 5 years olds, Creative Curriculum provides a teaching framework that addresses children's emotional, cognitive, and physical development. It guides educators in understanding how content is linked to teaching and learning in a developmentally appropriate curriculum. It integrates learning ideas into daily routines and provides a rich array of support. It is utilized in Clark County by Head Start, ECEAP, Learning Avenues and SWCCC child care systems.
- Reggio. Developed in the community of Reggio Emilia, Italy, this learning approach puts the natural development of children and their connection to the natural world at the center of its

philosophy. It affirms the central role of the child in controlling their day-to-day activity and emphasizes parent engagement and advocacy.

- DECA (Devereux Early Childhood Assessment). Besides having an effective assessment tool (see Question 1.b.) the DECA Program offers complementary activities that can be infused into any curriculum. Resilience and quality-enhancing strategies provide opportunities that work to build a program's mental health systems, particularly in the areas of social and emotional development. These ideas can simultaneously work to strengthen other areas of development including physical, cognitive, pre-literacy, and language skills.
- Commercial products. Several Clark County family care providers utilize toys, learning supplies or curriculum available online (such as, FunShine Express or VTech).

## PROFESSIONAL DEVELOPMENT AND TRAINING OF PROVIDERS, DIRECTORS AND STAFF

25.

### **What are the best means to provide professional development opportunities to early educators?**

The 73 child care center and family care programs surveyed indicated that the most frequently used types of training available to their staff are:

- 52% Community trainings/classes
- 49% Community trainings/workshops
- 41% In-house
- 38% State trainings
- 27% Technology (online, hybrid)
- 27% Higher education
- 23% Mentors
- 18% Tours/demonstrations

A wide variety of opportunities should be available for early leading providers - taking into account individual styles of learning. This should include training and workshops, conferences, higher education and onsite resources (including technical assistance and mentors).

The different elements of the system should be integrated into a seamless whole, with access provided across program and system lines. The full range of professional development opportunities should be promoted in a unified way. Trainings need to be offered during the work day, at night and on weekends; onsite and off site.

Only 36% of providers currently help their employees develop an individualized training plan, while 44% do not. A total of 45% of providers would like information that could assist them in this role, while 38% indicate no need for this information.

A work plan should be developed - both for professional development and overall growth, based on annual review/evaluation. Self-assessment should be incorporated into the process of crafting a plan.

Training opportunities include STARS, Education After Hours, the annual Tapestry Conference and going on field trips to see other early learning facilities in action.

Higher education includes modules classes (Bridges, through Clark College) as well as the ability to earn Associate and Bachelor degrees. Centers that can implement an apprenticeship program, where the employer contributes toward the cost of tuition, can help staff achieve professional

development. Classes need to be in non-English languages, like Russian. Scholarships and tuition assistance are needed.

The Clark County Family Care Provider Networks hold monthly meetings that provide the opportunity to engage in professional development and training (STARS), social networking and knowledge sharing.

As possible, providers should have access to professional development during their work hours. A substitute bank and scholarships are needed to achieve this objective.

In larger centers having a dedicated trainer (resource person) is an effective way to provide direct professional development and support to a staff member. Classroom observation can be provided with opportunity for feedback/dialogue. It is beneficial to schedule professional development days (similar to public schools; e.g., President's Day and Columbus Day) where the center is closed and staff is paid to participate in a day long training program.

A peer mentor program is an effective and needed means of supporting the process of putting training into practice through hands-on support. The opportunity to tour other early learning centers or family care providers (field trips, site visits) is a good means of gaining insight as to how others operate and create successful early learning environments.

26.

**What should be the content of professional development, and what are the most beneficial strategies for delivering professional development and continued training to those involved in providing early education?**

The 266 early childhood educators responding to the February 2008 QRIS survey indicated that their biggest challenges to professional development are:

- 30% Not enough time in the day
- 27% Lack of financial resources
- 17% No one to replace self in program to get training
- 16% Availability/accessibility/scheduling of college courses

The most frequent training opportunities that they participate in are:

- 71% Early childhood education
- 49% Diversity and cultural proficiency
- 46% Assessment tools and training
- 46% Child health
- 41% Linkage to other community service agencies

Educators mainly hear about trainings in the following ways:

- 68% Employer
- 54% College catalogs/schedules
- 53% Word of mouth
- 50% Tapestry mailing
- 49% Child Care Resource and Referral
- 44% Newsletters
- 37% Meetings/networks
- 31% State agencies
- 26% STARS website

- 23% Professional organizations/associations

Through focus groups, providers expressed support for a range of professional development strategies. This includes:

- Workshops and classes (onsite, if possible; otherwise at convenient times and places). Providers express interest in learning how to track children's progress (portfolios), cultural proficiency, and the Washington Benchmarks.
- Technical Assistance (hands on support)
- Mentors (especially peer to peer)
- Consultation from resource specialists

These focus groups also affirmed support for the following professional development topics:

- Professionalism (a priority for family care providers)
- Personal growth and stress management (taking care of yourself so you can take care of others)
- Enhancing learning environments (efficient and effective use of equipment and supplies)
- Curriculum and children's developmental stages
- Practical techniques (holding children's attention, teachable moments)
- Child abuse.
- Diversity, culture and language (how to relate to children and families different than the mainstream)
- Health and Safety
- Technology
- Behavior management and special needs
- Assessment and documentation (portfolios)
- Parent engagement, family involvement and connection
- Emerging trends/issues in the field (best practices)
- Licensing-mandated standards.

27.

### **What support for programs and educators currently exists?**

Larger systems (SWCCC, EOCF) have dedicated resources (trainers, resource people) available to support staff and teachers. They assist with classroom observation and feedback, goal setting and lesson plans, assess learning environment. There are limited resources and supports available for smaller centers or family care providers.

Center directors (relief, troubleshoot and problem solve, lesson and professional development plans), parents (classroom and field trip volunteers) and Foster Grandparents (classroom aide) are a support.

The Clark County Resource Team provides on site consultation, on request, in the areas of health and safety (Clark County Public Health), behavioral challenges and issues (Educational Opportunities for Children and Families), and early literacy and learning environments (Child Care Resource and Referral/ESD 112). Resource and Referral provides on site consultation and training on request.

Clark College and Washington State University Vancouver provide access to higher education opportunities for early childhood education (Associate and Bachelor degrees). Tuition assistance is available through Clark College and scholarships through Washington Scholarships for Child Care Professionals (formerly the T.E.A.C.H. Early Childhood Washington). This program helps early

childhood professionals pay for a college education through community and technical colleges in early childhood education.

There are a series of training programs and workshops available. These include those available for STARS credit (offered through the Child Care Resource and Referral quarterly calendar), Education After Hours (ESD 112), Tapestry conference (held each March with 300 participants), Clark County Family Child Care Association, and online trainings. Washington Educators in Early Learning also provides training opportunities.

Online resources include websites operated by Crayola, Scholastic, abcteach.com, STARS classes (classesonline4u.com) and provider connection (online chat room).

Licensors provide assistance by troubleshooting and brainstorming solutions. The Washington Early Learning and Development Benchmarks provide a framework to provide a learning approach and activities appropriate for different developmental stages.

The Clark County Family Provider Networks provide support (training, networking, access to higher education) for four cohorts of family care providers [3 are geographic (East County, West County and Orchards) and one is culturally-specific, Slavic).

Child Care Resource and Referral generally provides professional development and management resources to providers. However, due to funding reductions in recent years, these resources are limited.

### **What needs to be developed?**

Early childhood educators responding in the QRIS survey indicated that they needed a medium or high level of support to achieve quality care in the following areas:

- 47% Time for professional development
- 41% Access to training
- 41% Materials
- 30% Learning environments
- 28% Technical assistance
- 27% Curriculum
- 25% Developmentally appropriate play areas
- 21% Help with licensing requirements

52% of those surveyed indicated that they had received onsite consultation as a means of professional development, while 43% had not. The types of consultation in which educators expressed interest were:

- 33% Onsite mentor consultation connected to classes/trainings
- 33% Early learning resource specialist
- 18% Peer consult
- 10% Phone consult
- 31% Not interested

A number of elements are needed to enhance professional development among Clark County providers. These were voiced through both the provider survey and focus groups. These include:

- Comprehensive training plan and program that unifies the disparate opportunities that now exist into a cohesive whole. Include a system for assessing training quality so the level of training is

enhanced. Provide access to trainings, as space allows, for providers who are outside that system.

- A substitute pool is needed for staff who are sick, on vacation, seek training, desire planning time, for child safety and for extended hour car providers. Providers in the QRIS survey indicated that the lack of available work time and coverage as primary reasons for not accessing professional development opportunities.
- In-service training opportunities for early childhood educators onsite at their child care center (topics like parent engagement, development of portfolios, cultural proficiency).
- Each early childhood educator should have an annual individual professional development plan aimed at enhancing their ability to provide quality care.
- Financial assistance and scholarships so educators can better access higher education opportunities.
- Networking opportunities for providers to interact, share problems and successes.
- Enhance the STARS requirement, beyond the minimum 10 hours a year now required. Increase it to 20 hours or more.
- Increase access to the Resource and Referral line so that providers can call with questions related to curriculum, ages and stages, specific child issues or a general concern. This could serve as a warm line for providers and be a stress release.
- Provide training and hands-on support for implementation of the Washington Early Learning and Development Benchmarks, cultural proficiency and portfolios (tracking children's developmental progress).
- Parenting community resources information available to providers (both a print version and online). Currently only Head Start staff have access to an annual resources directory and the SELF website (selfwa.org; list of A to Z resources) information has not been updated since 2006.
- Translate the child care licensing standards WACs into Russian.
- A resource center to access learning and curriculum supplies (especially needed for family care providers). Items would include a laminator, copier, bookbinder and dye cutter.

## STAFF COMPENSATION

28.

**What are the most economically viable and practical strategies available to provide sustainable compensation for early educators who provide high levels of quality in early learning environments?**

The best strategies to provide sustainable compensation involve financial and non-financial benefits.

Potential monetary benefits include:

- One time award (when achieving a professional development milestone, such as increased training and STARS hours, or an Associate or Bachelor degree) that will be invested in increasing the quality of care and/or learning environment.
- Annual compensation plan with incremental wage increases, similar to the Wage Ladder - based on quality care improvement and linked to investing the education, experience and job responsibility. To be viable, inequities between child care centers within the same system would need to be resolved.
- Benefits (such as medical care, retirement plan, etc.).
- Child care discount for a child care center educators' children.
- Release time and a day off with pay, especially following a particularly stressful period or experience.

- Tuition assistance (as well as the cost of books, child care, substitutes) when seeking professional development and/or higher education opportunities.

The challenge is establishing an enhanced compensation system that can be implemented across the board and apply to all center employees, while being affordable for the center over the long term.

Non-financial benefits include regular and spontaneous praise for a job well done, and public appreciation expressed at special events (e.g., the Provider Appreciation Night hosted by Child Care Resource and Referral).

A couple challenges are posed with the concepts described above, making it essential that funding be applied across the system. First, it is vital that families who are middle income (above the subsidy eligibility cut-off but below upper-income status) not be squeezed out of the market. Secondly, it is important that child care center systems with multiple sites and staff have their compensation structure set up so that it is equitable across their system.

## MANAGEMENT PRACTICES

29.

**What influence can/should early education administrators, such as child care center directors and/or family child care home providers, have in increasing the quality of early learning environments?**

Early education administrators can have significant influence over increasing the quality of their early learning environments.

This influence can be provided in the following ways:

- Personnel Practices. Child Care Directors and Family Child Care providers need to hire quality staff and then take steps to retain them. A good interview team should be assembled and involve parents, other staff and a community member (e.g., school principal). The prospective hire could come in ahead of the interview and have a preview - both for them to see the center and for administrators to see how they interact with children and other staff. It is better to hire the right person than an unqualified one in haste.
- Role Modeling. The Center Director and Family Child Care provider should create a professional framework that has them lead by example, setting the standard that teachers will follow. Examples include having a classroom presence where they check in with teachers, confirming staff-child ratio, observing with an objective evaluation tool and providing feedback. Goals should be set to increase overall care quality and teacher input sought for achieving them. Parent involvement should be warmly welcomed so teachers see that this is the center's cultural norm.
- Be A Supportive Resource. Administrators should support teacher self-care and facilitate teacher access to professional development (offer to substitute for them, make it a priority that teachers have time to access training opportunities). Teachers will come to see training as a priority. Job confidence can be instilled by praising often, for no reason (rewards can include supplies and an afternoon off). Staff meetings should be responsive to teacher needs and interests.

30.

**What are the best ways to develop early education leaders for the purpose of guiding and modeling best practices?**

The QRIS focus groups generated several ideas for developing early education leaders who can guide and model best practices. The elements include role modeling, delegating duties, professional development and peer networking:

- Role Modeling. Directors and Family Child Care providers should lead by example and set a high professional standard for what it means to be a leader in early learning. Recognition for staff leaders can be provided through awards such as teacher of the year, or videotaping an exemplary teacher and sharing it as a training item with other staff. Positive personnel policies and practices will lead to staff retention and reduce turnover, creating greater potential to grow future leaders.
- Delegate Duties. Directors and Family Child Care providers should have staff share a leadership role, starting by achieving small successes within a staff member's area of interest and ability. Gradually the staff member will step outside their knowledge base and comfort zone. Monthly department staff meetings can be held where opportunities are created for leadership development.
- Professional Development and Peer Networking. Lead staff should be encouraged to gain training in management practices and serving as peer mentors. Have staff who receive training come back and report to their peers. A Clark County forum of directors and managers should be expanded (frequency and audience). [Currently Child Care Resource and Referral holds quarterly director lunch discussions.] This is a space for discussion of best practices, networking, problem solving and cross fertilization. A good format is a keynote speaker followed by a few fifteen minute roundtable discussions.

31.

### **What are effective strategies in promoting shared leadership for administrators and staff?**

Effective strategies to promote shared leadership involve delegation of tasks, strong communication systems and development of a team concept. Some of the concepts described in response to Question 30 also apply here. They include:

- Delegate Duties. A list of tasks can be developed and delegated to various staff that have shown leadership qualities. This process should not be micromanaged, instead the staff should have room to be creative and fail, if that should happen. A task could be classroom documentation or another activity from which positive results can be derived.
- Promote Communication. An administrator could attend a training or community meeting and come back to share that knowledge with the rest of the staff. This could lead to ideas of how to put ideas into practice at the center and delegation of duties to achieve the objective. Team communication should be promoted through a process where everyone's ideas and opinions are valued and respected. Staff members should be encouraged to share concerns and then work them out (problem solve) together. Staff will learn that with leadership comes responsibility and accountability. Short and long-term planning time and discussions should be promoted. A staff member's area of passion should be identified and then they can be encouraged to develop ideas from that space
- Mentor Program. A mentor program can be created within the community, specific to a particular pod or age. Mentoring can be a leadership development experience and grow the staff member's personal and professional self-confidence.

32.

### **What is the best way to balance business viability with quality initiatives?**

Providers and parents seek a system that is both affordable and of higher quality. The fear is that raising care quality will result in increased costs (providers) and fees (parents). (i.e. lower staff child ratio and medical benefits).

There needs to be new investments - both from the public and private sector - into the early learning system that can result in an increase in quality care. Financial incentives need to be offered to providers (e.g., tuition assistance, facility grants, bonus payments to staff that attain degrees or advanced training) and to parents (e.g., expanded Federal tax credits).

Providers, particularly family care, would benefit from technical assistance in support of effective business practices (taxes, bookkeeping, budgeting, etc.). These providers are already challenged with how to maintain a positive cash flow and successful cash flow, so efforts to increase quality are likely to increase costs and the ability to stay afloat financially.

## QUALITY IMPROVEMENT AND PROGRAM EVALUATION

33.

### **What should the structure of QRIS look like?**

Washington state's QRIS should benefit from the lessons learned from the experience in other states across the country. Standards are needed that address these five common elements of the existing statewide QRIS models:

- Administrative Policies and Procedures: staff compensation, health, safety and security standards, etc.
- Learning Environment and Curriculum, including classroom structure (staff-child ratios and group size).
- Parent/Family Involvement: communication with parents, formal role in program planning and monitoring (parent council).
- Professional Development and Training: caregivers' education, training, experience and administrators' experience.
- Program Evaluation: use of environmental rating scales, child portfolios (tracking progress), parent and staff surveys, self-assessment and written improvement plans.

It is recommended that the Washington QRIS system start with 2-3 tiers in the pilot year, ultimately expanding to a 4 or 5 tiered system. The first level could primarily require that providers meet basic licensing standards, along with some additional criteria involving the 5 elements listed above (e.g., parent and family involvement, and/or program evaluation). This would help to create a system of attraction where all providers are encouraged and capable of being in QRIS. The response to Question 35 indicates how quality would be distinguished at each higher level in the rating system.

Professional development and follow-up support (technical assistance, mentoring) are important elements of QRIS. Key topics for both elements include:

- Curriculum and learning environment (including inclusion of the Washington Early Learning and Development Benchmarks)
- Cultural proficiency (a draft curriculum for a college credit class is attached as Appendix B)
- Parent and family engagement
- Tracking child progress and assessment (portfolios)
- Health, safety and nutrition

Each QRIS rating level should have incrementally greater benefits for participating providers. These benefits would include financial incentives [an increase in subsidy payments (tiered reimbursement), facility improvement grants, tuition assistance, possible staff bonuses for attainment of higher education levels] and technical assistance [access to training, mentoring, hands-on support].

Clark County stakeholders feel that there are three roles involved in the QRIS structure.

- (1) Licensing and Compliance. This is a responsibility that is now and should continue to be the role of DEL.
- (2) Rating Assessment. This entity should already be a strength/asset within the existing early learning system in Washington state, but be an agency other than DEL. Classroom observation and rating assessment could be done by an objective and qualified statewide entity (e.g., an institution of Higher Education) with trained assessors. DEL would provide important input (information on the provider's licensing history and current compliance status) to the assessment process.
- (3) Technical Assistance. It is vital to aid providers with technical assistance and hands-on support once they are part of QRIS. This role supports quality care and provider efforts to attain a higher rating level. It is recommended that Child Care Resource and Referral take on this function, given the extensive technical assistance role that R&R already plays in the early learning system.

Values that should inform the QRIS system include being inclusive and increasing equity of care between center-based and family care providers (see 2<sup>nd</sup> paragraph of response to Question 35).

The Clark County QRIS Pilot Project should involve a limited number of center-based and family care providers. The exact number will be determined once the following information is known:

- Exact budget to be expended and implemented locally (minimum of \$350,000);
- Responsibility has been assigned for rating assessment, professional development (training), technical assistance/mentoring (hands-on support) and provision of financial incentives.

The geographic area of potential providers is all of Clark County, and the eligible providers would be licensed centers and family care willing to serve children receiving child care subsidy (licensed exempt preschools and after-school programs would not be eligible) in good standing. Another eligibility criteria would be that a provider must serve a minimum number of 3 to 5 year old children, given the child evaluation priority that has been determined for the pilot year. This would require a minimum of one classroom in a center and a minimum of 2 children served by a family care provider. There would be no other limitations on pilot project eligibility.

There is an urgency of time to move forward the Clark County Pilot Project. A balance needs to be struck between engaging an open invitation process for potential providers (to avoid selection bias) and achieving a quick decision so that implementation can get underway early in the pilot year (July 2008 through June 2009).

34.

### **How should “quality” be assessed and rated?**

The QRIS system should have multiple tiers, with the first level primarily consisting of being in good standing as a licensed provider with some additional criteria. As described in response to Question 33, this places a high value on QRIS being inclusive and creating a system of attraction for providers. Each level should have an incrementally higher standard involving each of the five key elements listed in response to Question 33.

It is recommended that there be a separation between the role of licensing regulation and the other two essential QRIS roles (rating assessment and technical assistance). Washington state child care providers see the Department of Early Learning (formerly DCCEL) as the agency responsible for enforcing licensing standards. If DEL takes on the role of QRIS rating assessor and/or technical assistance, then there is a real concern that family care providers may resist participation and not be responsive (open and candid in communication) to DEL staff. This could result in a large number of providers choosing not to participate in a QRIS system that has DEL playing the role of assessing quality standards and/or providing the hands-on technical assistance.

Some states have a group independent of the state licensing agency (e.g., a Higher Education institution) be responsible for quality assessment and monitoring quality standards. Whichever party is responsible - whether DEL or an independent agency - it needs to be one that has statewide reach capable of applying consistent policies and protocols in all communities among all providers.

35.

**How will differences in “quality” be distinguished?**

At each higher level of the QRIS system there should be higher expectations for providers in each of the five key elements (see response to Question 33) Examples include the formal involvement of parents in program planning and development, STARS (continuing education) requirements of teachers, caregivers’ education and experience, classroom assessment, teacher-child ratios and child retention in care.

It is recognized that current licensing standards draw distinctions between center-based and family care in many areas. Examples include staff-child ratio and caregivers’ education requirements. While it is anticipated that similar differences are likely to exist in the QRIS rating system, QRIS is an opportunity to establish quality standards for both center-based and family care.

36.

**What are the best strategies to use to evaluate the effectiveness of the QRIS? That is, how can you tell that what is being done differently – as a result of QRIS – is making a difference?**

There are two recommended strategies for evaluating QRIS effectiveness:

(1) At the provider level, tracking progress through monitoring child development, and the feedback (through surveys) of staff and parents.

(2) Formal evaluation that will be built into the QRIS structure. This will involve setting measurable outcomes to be tracked and measured by the evaluation team (University of Washington and Washington State University). In the pilot year the children to be evaluated are 3 to 5 year olds.

The challenge is that evaluation of QRIS effectiveness is likely to take a matter of years, and determining change - positive or negative - will be extremely difficult during a period of 12 months or less. QRIS’ effectiveness is still being determined even in states that have a several year track record of QRIS implementation. The results are as much anecdotal as they are objectively documented by research.

37.

## **What funding sources exist or are suggested to finance and sustain the recommended structure of QRIS?**

There needs to be a variety of funding sources - existing and new - developed to ensure that the QRIS can be fully implemented and sustained over time. Given the significant revenue likely to be required to meet QRIS costs (improving care quality beyond its existing status) it is public sources (i.e., federal and state budget expenditures) that need to primarily shoulder these costs. There are limits to what extent parents and private sources will be able to contribute.

The funding sources include:

- Federal Budget - Child Care and Development Block Grant funds. This program, authorized by the Child Care and Development Block Grant Act, and Section 418 of the Social Security Act, assists low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work or attend training/education. The quality set-aside (4%) would be a good source of funding for Washington's QRIS. These funds are now generally supporting the DEL licensing program budget.
- State Budget allocation (this will need to be a significant source of QRIS funding)
- Parents (private pay)
- Providers (alignment of current budgets and allocation of any increased revenue from higher fees and QRIS financial incentives)
- -State and Local Funding Sources (public and private)
  - Clark County Early Learning Fund
  - Public and Private Foundations
  - Corporate support (suggested)

**APPENDIX A.**  
**SOURCES OF INPUT TO CLARK COUNTY QRIS PLANNING PROCESS**

Clark County QRIS Planning Project Team (9 meetings; involving an average of 17 individuals)  
November 2007 - May 2008

Parent Survey (completed by 773 parents) February 2008

Provider Survey (completed by 266 individuals and 73 programs) February 2008

Parent Focus Groups (total of 5, involving 40 individuals): January through March 2008

- Learning Avenues
- Southwest Washington Child Care Consortium
- Clark College
- Family Care Provider Networks: Slavic providers
- Family Care Provider Networks: East and West County, and Orchards

Parent Advisory Board (February and May meetings; involving 10 individuals)

Provider Focus Groups (total of 4; involving 33 individuals) January through March 2008

- Learning Avenues
- Southwest Washington Child Care Consortium
- Clark College
- Family Care Provider Networks

Center Director Focus Groups (total of 2, involving 17 individuals) February 2008

Diversity and Cultural Proficiency Focus Group and Work Group (total of 4 meetings; involving 15 individuals)  
February through April 2008

Health and Safety Focus Group (total of 1; involving 7 individuals) March 2008

Inclusion Focus Group (total of 1; involving 6 individuals) February 2008

SELF Ready Children Advisory Group (1 meeting; involving 14 individuals) January 2008

SELF Ready Schools Advisory Group (1 meeting; involving 11 individuals) February 2008

## APPENDIX B.

### Diversity and Cultural Proficiency QRIS Training<sup>1</sup>

DRAFT

#### Goals

1. To meet the project committee and the diversity focus groups goal of creating a QRIS rating scale to include the diverse communities in Clark County.
2. To provide training and technical support for QRIS evaluators, project committee members, directors, staff and family child care providers in Clark County.
3. The training will focus on how language, culture, abilities, gender, sexual orientation, race, and socio-economic status impacts the QRIS rating scale categories below:
  - o Management Policies and Procedures
  - o Learning Environment
  - o Parent and Family Involvement
  - o Professional Development- Training of Providers, directors and staff
  - o Program Evaluation
  - o Staff Compensation

#### **Training Model:**

Each training focus below is for 10 hours. Work towards 1 credit college credit and/or Stars Credits.

Creating a trainer of trainers for QRIS evaluators, project committee members, directors, staff and family child care providers in Clark County. There are four focus areas for the trainings:

Exploring your views Focus on socio-economic status and abilities.

Participants in this training will look at how oppression (internalized and superiority oppression) in the United States impacts individuals and communities. Focus on socio-economic status and abilities cultural identities. Explore how as individuals we target others based on the above cultural identities. How as institutions creating management and polices and procedures can be an avenue for isolation and barriers for children, families and providers. Focus on how we can start changing how we relate to all people as unique individuals worthy of respect and positive interactions.

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<sup>1</sup> The training plan was developed by the Diversity-Cultural Proficiency Work Group of the Clark County QRIS Planning Project Team.

Building Bridges with families and communities

Participants in this training will focus on culture, language and religion cultural identities. How these cultural identities impact communities, parent involvement, connection between home and school. Discuss strategies to infuse in homes and programs to create authentic relationships with parent, families and communities. Focus on how to promote family presence in your classroom not just families' culture or backgrounds. (For instance, teachers just putting rice in the housekeeping areas is not enough these needs should be pictures of children with their families). A family board where families can write things under certain subjects like The thing I love best about my child is \_\_\_\_\_. As a family when we like to \_\_\_\_\_.

Understanding Others

Participant in this training will focus on the race, gender and sexual orientation. To explore how individual and groups points for views impacts relationships. (Need to think more about how this is different from Exploring our views) We talked about how being bi-lingual comes into play and how children learn a new language. We could also focus on how we relate to others we teach with in order to make things work well for children. For example, my belief is that 1 year olds are independent; your belief might be that they are babies until they are 6. How does that play out in our interactions with children and how do we set goals for each age group. How does that play out if parents think they are babies and I don't think it is good for the child? Supporting children with different abilities as well i.e. speech delays, physical delays, sensory issues...

Anti-bias Curriculum

Focus on to use the anti-bias curriculum in the family child and center base centers. How do teachers integrate language, culture, abilities, gender, sexual orientation, race, and socio-economic status into the classroom environment and curriculum for infants, toddlers and preschool age children? To make sure that the anti-bias curriculum happens in programs the mentor program is critical.

These trainers then can become trainers and mentors for the QRIS rating scale.

QRIS  
Professional Development and Training Survey  
Early Learning Individuals  
February 2008

**266 Individuals provided responses**

What type of program do you work with?

- 44% Full Day Center Program**
- 19% Family care**
- 12% Head Start**
- 6% Licensed after school program**
- 5% ECEAP**
- 2% Part day program**
- 6% Other**

Do you work directly with children as a regular part of your job?

- 80% Yes**
- 9% Yes, only as fill-in**
- 10% No**

What is your primary position?

- 29% Lead teacher**
- 18% Family home care provider**
- 17% Class room aide/assistant**
- 8% Director**
- 6% Supervisor/manager**
- 3% Trainer**
- 2% Certified teacher**
- 8% Other (family advocate, management or support roles)**

To what degree are the following a challenge to your professional development? **(Please check all that apply)**

	<i>Unknown /NA</i>	<i>Not a challenge</i>	<i>Somewhat of a challenge</i>	<i>Big challenge</i>
<b>Not enough time in day – long work shift</b>	<b>5%</b>	<b>32%</b>	<b>30%</b>	<b>30%</b>
<b>Lack of financial resources</b>	<b>8%</b>	<b>26%</b>	<b>36%</b>	<b>27%</b>
<b>No one to replace self in program to get training</b>	<b>11%</b>	<b>44%</b>	<b>24%</b>	<b>17%</b>
<b>Availability/accessibility/scheduling of college courses</b>	<b>19%</b>	<b>28%</b>	<b>34%</b>	<b>16%</b>
<b>Lack of in-depth classes</b>	<b>15%</b>	<b>49%</b>	<b>21%</b>	<b>11%</b>
<b>Written materials not in your language</b>	<b>15%</b>	<b>72%</b>	<b>3%</b>	<b>8%</b>
<b>Availability/accessibility/scheduling of community-based training</b>	<b>13%</b>	<b>39%</b>	<b>38%</b>	<b>8%</b>
<b>Lack of available child care for own children</b>	<b>24%</b>	<b>58%</b>	<b>9%</b>	<b>5%</b>
<b>Lack of awareness of offerings</b>	<b>11%</b>	<b>50%</b>	<b>31%</b>	<b>5%</b>
<b>Distance</b>	<b>9%</b>	<b>64%</b>	<b>20%</b>	<b>4%</b>
<b>Oral language barriers</b>	<b>14%</b>	<b>74%</b>	<b>7%</b>	<b>2%</b>
<b>Fear of educational system</b>	<b>11%</b>	<b>75%</b>	<b>8%</b>	<b>2%</b>
<b>Other:</b>				

How do you pay for your professional training opportunities? **(Please check all that apply)**

- 71% Pay for it myself
- 45% Employer pays for training
- 34% STARS scholarship
- 12% Financial Aid – College based
- 6% Scholarship (T.E.A.C.H. or other)
- 3% Grants (Provider Networks)
- 2% DEL (Dept of Early Learning) "Bridges" Modules
- 1% Apprenticeship
- Other: \_\_\_\_\_

Have you ever used career development counseling or career development advising services?

- 77% No
- 18% Yes
- 4% Don't know

Do you have a written professional development training plan or goals for your early learning career?

- 49% No
- 39% Yes
- 17% Not Rated

If yes, who helped with the development of your plan?

- 24% No Employer
- 16% No one – I developed it on my own
- 7% Other
- 5% An advisor at school

Do you currently belong to a professional organization related to early learning? **(example: Family Child Care Association, SWAEYC)**

- 62% No
- 29% Yes

What training opportunities are you aware of that exist across disciplines/domains related to early learning? **(Please mark one box for each of these training topics)**

	<i>Not aware of</i>	<i>Aware of but not attended</i>	<i>Attended</i>
Early childhood education (e.g. curriculum, assessment, child development, environments, guidance/discipline, developmental guides/benchmarks)	5%	21%	71%
Diversity and cultural proficiency training	18%	30%	49%
Assessment tools and training	17%	33%	46%
Child health (e.g. infectious diseases, asthma, allergies)	23%	29%	46%
Linkage to other community service agencies (e.g. library, parks, faith-based)	19%	36%	41%
Child mental health (e.g. depression, aggression, excessive fears)	24%	33%	39%
How to involve parents and provide parent education (e.g. discussion groups, classes, workshops, partnerships and collaborations)	24%	37%	35%
Linkage between school systems (e.g. transition from toddler to preschool, transition from preschool to Kindergarten, transition between school and after-school programs)	29%	35%	33%
Family support services (e.g. community resources, referral, food banks)	17%	48%	31%
Early Learning Resource Team	26%	46%	24%
Early Intervention Services for children birth-to-three	26%	47%	23%
Administration/program management (e.g. marketing, fundraising)	41%	38%	17%
Linkage to business partnerships	57%	33%	7%

Please indicate what support you need in each area: **(Please mark one box for each of these areas)**

	<i>No support needed</i>	<i>Low level of support</i>	<i>Medium level of support</i>	<i>High level of support</i>
<b>Time for professional development</b>	<b>20%</b>	<b>19%</b>	<b>33%</b>	<b>24%</b>
<b>Access to training</b>	<b>24%</b>	<b>29%</b>	<b>26%</b>	<b>15%</b>
<b>Materials</b>	<b>27%</b>	<b>28%</b>	<b>28%</b>	<b>13%</b>
<b>Technical assistance</b>	<b>32%</b>	<b>34%</b>	<b>21%</b>	<b>7%</b>
<b>Help with licensing requirements</b>	<b>53%</b>	<b>23%</b>	<b>14%</b>	<b>7%</b>
<b>Learning environments</b>	<b>35%</b>	<b>30%</b>	<b>23%</b>	<b>7%</b>
<b>Developmentally appropriate play areas</b>	<b>38%</b>	<b>32%</b>	<b>19%</b>	<b>6%</b>
<b>Curriculum</b>	<b>35%</b>	<b>31%</b>	<b>22%</b>	<b>5%</b>

If you work with children with special needs, what supports do you access/receive to assist you in working with children with special needs? **(Please check all that apply)**

- 39% **Written materials and resources**
- 29% **Training**
- 24% **Therapists (Speech, physical, occupational)**
- 22% **Early Intervention specialists visits to support the child in your environment**
- 21% **Onsite consultation from Early Learning Resource Team**
- 12% **Technical Assistance (phone)**
- 11% **Mental Health Agency**
- 11% **Other \_\_\_\_\_**
- 7% **Department of Developmental Disabilities**

Please identify how you learn about local trainings in your community. **(Please check all that apply)**

- 68% **Employer**
- 54% **College catalogues/schedules**
- 53% **Word-of-mouth**
- 50% **Tapestry mailing**
- 49% **Child Care Resource and Referral calendar/newsletter**
- 44% **Newsletters**
- 37% **Meetings/Networks**
- 31% **State agencies/departments**
- 26% **STARS Website**
- 23% **Professional organizations/associations or professional listserv**
- 3% **Other: \_\_\_\_\_**

How successful have your early learning trainings been in these different models? (Please check one for each model)

	<i>Not Used</i>	<i>Very Successful</i>	<i>Somewhat Successful</i>	<i>Somewhat unsuccessful</i>	<i>Very unsuccessful</i>
Professional Conferences/workshops	27%	44%	18%	2%	3%
STARS Training	20%	40%	27%	3%	5%
Community training- workshops (one-time topics)	21%	37%	30%	1%	5%
Community/Technical Colleges	40%	34%	18%	0%	2%
State Trainings/Conference	48%	26%	13%	2%	2%
Child Care Resource and Referral	38%	23%	28%	4%	2%
4-year Institutions	58%	23%	8%	0%	3%
Community training - series	51%	19%	18%	1%	2%
Mentors	61%	19%	8%	3%	2%
Scholarship Programs	58%	18%	11%	1%	3%
Distance Learning Programs	68%	13%	8%	2%	1%
Tours/Demonstrations	68%	11%	9%	2%	2%
College/mentor module classes (Building Bridges)	75%	10%	5%	1%	0%
Other:	9%	2%	0%	0%	1%

How do you determine the effectiveness of your training? (Please check all that apply)

- 73% Evidence of personal reflection
- 68% Feedback from children/families
- 57% Feedback from peers
- 48% Feedback from supervisor
- 35% Evidence of documentation
- 31% Feedback from instructor
- 22% Feedback from mentor
- 5% I don't know if it has been effective
- 2% Other: \_\_\_\_\_
- 1% I've never tried anything new from training

	<i>Very Satisfied</i>	<i>Somewhat Satisfied</i>	<i>Somewhat unsatisfied</i>	<i>Very unsatisfied</i>	<i>Not applicable</i>
Quality of classes	33%	42%	3%	4%	13%
Quality of trainers	31%	44%	5%	2%	12%
Range of training topics	24%	39%	12%	6%	13%
Mentor support	19%	21%	8%	5%	39%
Flexibility of training schedule	17%	42%	14%	7%	14%
Accessibility of consultation	14%	32%	12%	3%	29%
Other:	0%	0%	0%	0%	0%

Please rate your level of satisfaction with professional development in Early Childhood Education in Clark Co:

Have you received onsite consultation as a means of professional development?

52% No      43% Yes

If no, for what reasons have you not received onsite consultation? (Please check all that apply)

- 32% Unaware onsite consultation is available
- 12% Not interested
- 2% Fearful of outside observers visiting my site

What type of consultation might you be interested in? **(Please check one)**

- 33% Onsite mentor consultation connected to classes/trainings**
- 33% Early learning resource specialist**
- 31% Not interested**
- 18% Peer consult**
- 10% Phone consult**
- 0% Other:**

Do you feel the trainers in our community are adequately trained?

- 82% Yes**
- 6% No**

How important do these appear to be to parents who come to you looking for information? **(Please check one for each condition)**

	<i>Not important</i>	<i>Somewhat important</i>	<i>Very important</i>
<b>Safe and healthy environment</b>	<b>0%</b>	<b>11%</b>	<b>84%</b>
<b>Positive social experiences</b>	<b>1%</b>	<b>11%</b>	<b>82%</b>
<b>Affordable rates</b>	<b>4%</b>	<b>22%</b>	<b>70%</b>
<b>Engaging child activities (curriculum approaches)</b>	<b>3%</b>	<b>30%</b>	<b>63%</b>
<b>Flexible hours</b>	<b>4%</b>	<b>30%</b>	<b>62%</b>
<b>Convenient location</b>	<b>3%</b>	<b>36%</b>	<b>58%</b>
<b>Education of caregivers</b>	<b>11%</b>	<b>44%</b>	<b>38%</b>
<b>Other:</b>	<b>0%</b>	<b>0</b>	<b>0%</b>

How useful are these strategies in educating parents about choosing high-quality care? **(Please check one for each strategy)**

	<i>Not useful</i>	<i>Somewhat useful</i>	<i>Very useful</i>	<i>Do not know</i>
<b>Checklists provided by CCR&amp;R Parent Referral Specialist</b>	<b>4%</b>	<b>37%</b>	<b>47%</b>	<b>0%</b>
<b>Phone calls</b>	<b>14%</b>	<b>33%</b>	<b>40%</b>	<b>0%</b>
<b>Program rating system</b>	<b>8%</b>	<b>34%</b>	<b>36%</b>	<b>0%</b>
<b>Newsletter/fliers</b>	<b>10%</b>	<b>44%</b>	<b>36%</b>	<b>0%</b>
<b>Public service announcements</b>	<b>21%</b>	<b>60%</b>	<b>36%</b>	<b>0%</b>
<b>Community events/meetings</b>	<b>11%</b>	<b>44%</b>	<b>27%</b>	<b>0%</b>
<b>Written media sources</b>	<b>10%</b>	<b>60%</b>	<b>21%</b>	<b>0%</b>

QRIS  
Professional Development & Training Survey  
Early Learning Programs  
February 2008

73 PROGRAMS PROVIDED RESPONSES

What type of program do you manage/administer?

- 58% Family home provider
- 25% Full day center program
- 6% Licensed after school program

Do you have challenges hiring qualified people?

- 38% NA (I am the only employee)
- 36% Yes
- 19% No

What curriculum approaches do you use in your program: **(Please check all which are used)**

- 56% Emergent curriculum based on observation
- 52% Emergent curriculum based on child, family and community interests
- 51% Program developed, theme-based units
- 44% Routine with activity centers
- 19% Commercially prepared (Please list)

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16% Other \_\_\_\_\_

Would you like to learn more about how to plan and implement curriculum in a quality learning environment?

- 67% Yes
- 24% No

When selecting curriculum resources, are they research-based?

- 59% Yes
- 22% Don't know
- 14% No

What types of early learning and/or childcare training (training for staff who work with families and children) is available to providers in the community through your organization? **(Please check all that apply)**

- |                                      |  |
|--------------------------------------|--|
| 52% Community trainings/classes      | 27% Higher Education: Classes/Certificates/Degrees |
| 49% Community trainings/workshops    | 23% Mentors  |
| 41% In-House                         | 18% Tours/Demonstrations                           |
| 38% State Trainings                  | 11% National and International conferences         |
| 27% Technology (online, hybrid, web) | 7%   |
|                                      | Other: _____                                       |

Do you provide early learning and/or child care training opportunities in a language other than English?

- 71% No
- 21% Yes

Do you have any written training materials in a language other than English?

- 59% No
- 32% Yes

In what ways do you incorporate cultural perspectives into your program? **(Please check all that apply)**

- 73% Culturally relevant materials and resources**
- 73% Attention to differences and similarities (homes we live in, foods we eat, special celebrations)**
- 56% Curriculum planned around children/family interests**
- 53% Theme units planned around various cultural groups and traditions**
- 47% Familiar family foods used in menu planning**
- 41% Enrolled families visible in the program environment**
- 37% Enrolled family language used in routines of the day**
- 36% Family questionnaires/conferences about what parents want for their children**
- 29% Access to information in a variety of languages**
- 7% Other: \_\_\_\_\_**

Please review each of the following ideas and indicate your level of interest. **(Please check one for each idea)**

	<i>Already do</i>	<i>Interested</i>	<i>Not interested</i>
<b>Developing a community data pool of trainers listed by topic?</b>	<b>7%</b>	<b>63%</b>	<b>16%</b>
<b>Coordinate trainings and partner with other agency/programs?</b>	<b>10%</b>	<b>52%</b>	<b>25%</b>
<b>Pool resources (funds) for community training?</b>	<b>7%</b>	<b>51%</b>	<b>26%</b>
<b>Trainer exchange (exchange of training sessions between programs/agencies)?</b>	<b>14%</b>	<b>44%</b>	<b>27%</b>

Do you see a need to provide training to “trainers” in our local community?

- 47% Yes**
- 37% I don’t know**
- 7% No**

Do you plan learning outcomes and conduct learner assessments with your trainings?

- 43% No**
- 33% Yes**

Do you want to know how to plan learning outcomes and conduct learner assessments with your trainings?

- 54% Yes**
- 29% No**

Do you help employees develop an individualized training plan?

- 36% Yes**
- 44% No**

Would you like access to information to assist you in working with employees to develop an individualized training plan?

- 45% Yes**
- 38% No**

Are you familiar with the Washington Early Learning and Development benchmarks?

- 47% Yes**
- 43% No**

Do you feel that changes are necessary to ensure that the Benchmarks are culturally appropriate?

- 48% Do not know**
- 26% Yes**
- 11% No**

Are the benchmarks useful to you?

- 43% Do not know**
- 37% Yes**
- 10% No**

Would you like training on how to use them?

- 63% Yes**
- 18% No**

Do you use the benchmarks?

**51% No**                      **29% Yes**  
If yes, and you use the benchmarks, are you making changes to your program?  
**23% Yes**                      **11% No**

How do you document children's learning and development over time? **(Please check all that apply)**

**82% Child Observation**  
**63% Family input**  
**40% Portfolios**  
**32% Screening Tools (example: Ages and Stages)**  
**28% Developmental Guides (example: Early Learning and Developmental Benchmarks)**  
**18% Evaluation Tools (example: Denver)**  
**11% No documentation used**  
**8% Other:**

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Are you interested in learning how to document children's learning?

**56% Yes**                      **32% No**

Does staff receive training on how to document children's learning?

**48% No**  
**37% Yes**

Would you like staff training on how to document children's learning?

**51% Yes**  
**32% No**