Professional Development for the Early Care and Education Workforce in Shelby County, Tennessee

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Preface

This report identifies and describes the current landscape of in-service professional development opportunities for the early care and education (ECE) workforce in Shelby County, Tennessee. The study on which it reports sought to address the question of how ECE caregivers gain knowledge to support their work with young children. The analysis is based on publicly available documents, including websites and administrative documents, as well as focus groups with ECE caregivers in Shelby County and communications with local ECE experts. This report should be of particular interest to policymakers, ECE practitioners, and researchers who are interested in gaining a better understanding of the professional development support opportunities in Shelby County.

The Urban Child Institute, a nonprofit organization dedicated to the health and well-being of children from conception to age 3 in Memphis and Shelby County, requested and funded this research and report.

This research was conducted in RAND Education and RAND Health, divisions of the RAND Corporation. For more information on RAND Education, see http://www.rand.org/education.html or contact the director at education@rand.org. For more information on RAND Health, see http://www.rand.org/health.html or contact the director at RAND_Health@rand.org.

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Many children receive care from people other than their parents on a regular basis prior to kindergarten, and the early care and education (ECE) caregivers with whom they interact can play an important role in their cognitive, social, and emotional development. The knowledge and skills that ECE caregivers bring to their settings affect the quality of care children receive, so it is useful to understand how caregivers gain information to build competencies that affect their practice. To address this issue, this study asked the following research questions: How do ECE caregivers working for licensed providers in Shelby County gain knowledge related to working with children? More specifically, what are the professional development requirements for caregivers, and what professional development opportunities currently exist in Shelby County? Additionally, we are particularly interested in professional development for caregivers serving infants and toddlers and in training to help caregivers foster children's social and emotional development.

In addressing these questions, the study focused on caregivers and directors working for state-licensed center-based or family child care home (FCCH) providers in Shelby County, but it also included statewide information as applicable to county providers. Our analysis draws from various sources to try to capture as much information as possible about known professional development activities. Sources include interviews with ECE experts in Shelby County; focus groups with ECE caregivers; administrative data; and other publicly available information, such as program websites. The remainder of this summary highlights our key findings.

Professional Development Requirements and Opportunities in Shelby County

We find that caregivers working for state-licensed ECE providers need minimal education levels to enter the workforce—namely, a high school education—but they also have to complete annual in-service training. Any caregiver employed longer than a year is required to complete between four and 12 hours of annual training (FCCH and center caregivers, respectively), and center directors must complete 18 hours annually. These ongoing professional development hours provide an opportunity for caregivers to build competencies in core ECE skills regardless of formal education. Furthermore, caregivers working for providers participating in the Tennessee Star-Quality Child Care Program, Tennessee's quality rating and improvement system, must complete more annual training hours, depending on the provider's star rating. Each center director and caregiver must complete from two to six additional hours annually, and each FCCH caregiver must complete up to an additional 20 hours annually beyond the minimum training requirements for provider licensure. Moreover, star-rating levels include requirements

related to training on Tennessee's early learning standards and maintenance of a professional development plan. Notably, the state is currently proposing increasing the total number of required annual training hours to 30 hours for caregivers and directors by July 1, 2018, which would be a dramatic increase over current licensing or Star-Quality requirements.

Shelby County has a wide variety of professional development opportunities available to caregivers to help them meet their annual training hours and pursue formal education, although the research evidence is mixed concerning the benefits of professional development. The predominant form of professional development is through noncredit workshops, and the Tennessee Early Childhood Training Alliance (TECTA) and the Shelby County Child Care Resource and Referral (CCR&R) agency are major providers of these activities at no cost to caregivers. Most of the workshops are short (one to three hours), one-time sessions, but the TECTA orientation provides a sequenced series of more than 30 hours of workshops, and the CCR&R offers sequenced workshop series, such as Pathways to Excellence in Infant/Toddler Care. In research conducted to date, there is little to no evidence that brief stand-alone workshops benefit ECE quality, although evidence suggests that there might be benefits from noncredit workshops combined with other supports, such as coaching. Also, several higher-education programs in the county offer credit-bearing ECE coursework that can help caregivers advance toward ECE credentials, such as the Child Development Associate Credential™, or obtain associate's or bachelor's degrees in early childhood education. Research findings are mixed on the effects that academic coursework has on ECE quality improvements.

More-limited opportunities exist for sustained coaching or mentoring or for formal peer support groups, although the research evidence indicates that individualized coaching is associated with improved classroom quality, and suggestive evidence exists in support of formal peer support. Examples of coaching, mentoring, and peer support include the CCR&R's technical-assistance arm, which provides onsite, individualized assistance to caregivers working in licensed center and FCCH providers to address particular needs; Ready, Set, Grow, which provides assistance to centers pursuing accreditation from the National Association for the Education of Young Children; and TOPSTAR (Tennessee's Outstanding Providers Supported Through Available Resources), which provides mentoring support to FCCH caregivers.

Several opportunities exist for training on infant- and toddler-specific information, as well as on social and emotional development, both through noncredit and credit-bearing courses, although several caregivers felt that there is currently a lack of available workshops focused on infants and toddlers. It is less clear how much professional development in these two areas is available through the current coaching or peer support opportunities.

Caregivers in focus groups also indicated that, although they generally find the noncredit workshops helpful, the workshop offerings are often too basic or redundant, which limits the new information they learn across years. Furthermore, some of the training in which they seek to enroll is not available to them because the workshop has reached capacity (e.g., CCR&R

workshops) or they are not allowed to enroll for consecutive years (i.e., TECTA orientation). In addition to these supply issues, time and cost constraints were also mentioned.

We note, however, that data constraints limit our ability to fully examine the professional development of the ECE workforce. Neither the county nor state maintains a comprehensive data system that includes unique identifiers for caregivers or such information as education levels, credentials, training completion, or training content or mode. We were also unable in this study to assess the quality or effectiveness of the professional development activities provided.

Policy Recommendations

Although multiple professional development opportunities are available in Shelby County, gaps in the current network of activities remain. We offer the following recommendations for policymakers to address some of these gaps and to build capacity for monitoring and evaluating the ECE workforce in the future. We also note that a comprehensive professional development system requires strong state and county infrastructures, including financial support, training of trainers and coaches, data systems, and monitoring capacity. This report focuses on professional development opportunities in Shelby County, but many (if not all) changes to the professional development system would need to be made in concert with state-level decisionmakers. We offer these recommendations with the expectation that the county ECE community would communicate and work with state ECE decisionmakers to enact changes that affect the opportunities available at the county level.

Improve the Noncredit Workshops and Other Training Offerings

Sequenced workshop series with experienced trainers that build on a content area and are sustained over time might be more likely to meet caregivers' perceived needs to support their knowledge acquisition and competency. Policymakers could consider building on the well-liked TECTA orientation and Pathways to Excellence in Infant/Toddler Care models to increase enrollment capacity and to provide more-advanced sessions in which multiple workshops build on each other. This would help address the current caregiver concerns of limited access, redundancy, and need for more-advanced, research-based information. At the same time, the demand for noncredit workshops will increase if the proposal to increase required annual training to 30 hours is approved. This provides an opportunity to think strategically about how to focus professional development in the county as caregivers engage for more hours and how to create adequate supply without sacrificing quality. Decisionmakers should also focus on evaluating the effectiveness of various noncredit training models.

Support the Increased Availability of Coaching, Mentoring, and Peer Support Networks

Individualized, in-classroom coaching with expert coaches is considered one key feature of effective professional development. Shelby County should consider means to increase the

coaching and mentoring support it provides to individual staff or to classrooms to improve classroom practices, especially with regard to strengthening caregiver–child interactions. This would include coaching on a regular basis for a sustained period of time to address identified needs as part of caregivers' professional development plans. We encourage use of evidence-based coaching models, as well as evaluating any existing or new coaching efforts. One option would be to build on the CCR&R technical-assistance model, which already reaches caregivers in the county, and to include coaching hours in counts toward annual training requirements. Furthermore, because the CCR&R provides both noncredit workshops and coaching in the community, there might be an opportunity to link workshop content with follow-up coaching to help incorporate new knowledge into the classroom setting. Similarly, formal peer support opportunities are also considered a key feature of effective professional development and might hold promise in augmenting or reinforcing other professional development activities, such as workshops. Policymakers should consider mechanisms to encourage the creation, use, and evaluation of these networks, and they might prove less costly as a form of professional development than the more-intensive coaching.

Reconsider Star-Quality Annual Training Content Requirements

The Star-Quality rating areas can serve as important incentives for caregivers and directors to pursue specific types of annual training. Policymakers should consider including in the Star-Quality requirements specific training content areas that promote the competencies desired in the ECE workforce, such as an increased focus on caregiver–child interactions and social and emotional development. Available professional development opportunities will adapt to new rating requirements in order to meet caregivers' training needs. This highlights an important opportunity for Star-Quality requirements to influence ECE workforce development initiatives in Shelby County. Changes in Star-Quality requirements would be timely in light of the proposed increase in required minimum annual training hours that will provide an opportunity to focus training on additional key areas.

Establish Workforce and Training Registries

The lack of comprehensive data on the ECE workforce and training programs limits policymakers' ability to assess which aspects of professional development have an impact on ECE quality. We recommend the creation and maintenance of countywide or statewide data systems, also referred to as professional registries, as an important step to gather comprehensive information to inform future workforce-development efforts. Examples of workforce data elements that could be included are the individual caregiver's age group served, type of provider, education level and credentials attained, employment history, retention in the field, professional development activities completed, and number of training hours. A registry for training programs might include the length and frequency of training sessions, the content areas covered, and the

qualifications of the trainer. Policymakers could use this information to implement a monitoring and evaluation system and focus their professional development efforts based on empirical data.

Evaluate Professional Development Quality and Effectiveness

The quality of professional development opportunities and the transfer of knowledge and skills into classroom practice are key factors in the effectiveness of professional learning. The county should undertake monitoring and evaluation activities as part of its professional development system to provide accountability and guide informed decisions. We advise policymakers and the ECE community to review and improve their current caregiver-evaluation and assessment policies and systems. A data system as described above will provide key information in support of this review and improvement. Also, rigorous research studies on existing and new county professional development initiatives will provide additional guidance on what works and where modifications and improvements are warranted in order to achieve desired results for caregivers and children.

Acknowledgments

Abbreviations

A.A.S.	associate of applied science
B.A.	bachelor of arts
B.S.	bachelor of science
CCDF	Child Care and Development Fund
CCR&R	Child Care Resource and Referral
CDA	Child Development Associate
CLASS	Classroom Assessment Scoring System
CSEFEL	Center on the Social and Emotional Foundations for Early Learning
DHS	Tennessee Department of Human Services
ECE	early care and education
ERS	environment rating scale
FCCH	family child care home
LEAD	Le Bonheur Early Intervention and Development
MAEYC	Memphis Association for the Education of Young Children
M.A.T.	master of arts in teaching
MTP	MyTeachingPartner
NAEYC	National Association for the Education of Young Children
NAFCC	National Association for Family Child Care
NCATE	National Council for Accreditation of Teacher Education
PFI	Partnerships for Inclusion
pre-K	prekindergarten
QRIS	quality rating and improvement system
TA	technical assistance
TAEYC	Tennessee Association for the Education of Young Children
TCCOTS	Tennessee Child Care Online Training System

TDOE	Tennessee Department of Education
TECPAC	Tennessee Early Childhood Program Administrator Credential
TECTA	Tennessee Early Childhood Training Alliance
TN-CCPT	Tennessee Child Care Provider Training
TN-ELDS	Tennessee Early Learning Developmental Standards
UCI	Urban Child Institute

Chapter One. Introduction

Many children in Shelby County face risk factors, such as poverty or single-parent families, that could hinder their development of school readiness skills (Martin et al., 2015). At the same time, many of these children are in early care and education (ECE) settings sometime between birth and school entry. Although parents and home environments play a major role in children's development, ECE settings are another opportunity to help improve early-childhood skill development and ensure that children are well prepared with foundational skills when they begin their formal schooling. Thus the ECE workforce also plays an important role in the lives of children, and its members' professional knowledge and skills relate to the quality of care they provide. We seek to understand the nature of current professional development opportunities for existing ECE caregivers,[1] specifically in-service and ongoing professional development supports for caregivers who are already working with children.

This report provides a descriptive overview of the ongoing professional development supports for ECE caregivers working for licensed providers in Shelby County. The overarching research question is this: How do ECE caregivers working for licensed providers gain knowledge related to working with children? More specifically, what are the professional development requirements for Shelby County ECE caregivers, and what professional development opportunities are currently available? To answer these questions, the report provides a high-level synthesis of what is and is not known about ECE professional development in Shelby County.

In Shelby County, 721 ECE providers were licensed to serve about 50,000 children ages 0 to 5 as of August 2015. This includes 491 center-based providers and 230 FCCHs.[2] Currently, because of data limitations, we cannot estimate the number of ECE caregivers working for these providers. Further information about types of providers and licensed capacity is provided in Chapter Three. Although this report focuses only on licensed providers, we note that legally operating but unregulated (license-exempt) providers care for some children. The exact number of children in license-exempt care is unknown, but, as a frame of reference, Chang and Wilson, 2004, estimates that license-exempt providers receiving federal and state subsidies through the Tennessee Department of Human Services in 2003–2004 served 5 percent of the total enrollment of children ages 0 through 5 in any form of licensed care (subsidized or unsubsidized) or in license-exempt subsidized care. State-level data from 2014 suggest that about 8 percent of Tennessee's children receiving subsidized care are in unregulated care, though this figure

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[1] Throughout this report, we refer to people who work directly with children in ECE settings as *caregivers*. These people might also be known as teachers. We refer to the program setting in which caregivers work (such as centers or family child care homes [FCCHs]) as *providers*.

[2] See Chapter Three for further discussion of center-based and family-based providers and Table 3.1 specifically for data sources for the total number of providers.

includes school-age children, as well as those ages 0–5 (Administration for Children and Families, 2015a).

Our analysis draws from various sources of information, including literature reviews, website searches, expert interviews, and focus groups. To gain a general understanding of the ECE system in Shelby County and the range of professional development opportunities, we conducted three sets of in-person, semistructured interviews with local ECE experts who had familiarity with different aspects of the ECE system and workforce. They provided us with recommendations on sources of information for this study. The experts also shared documents describing professional development programs, and, as needed, we followed up by email and phone to gather additional information about resources or further contacts. Furthermore, we contacted by phone or email several staff at Tennessee state agencies and organizations providing direct professional development activities to inquire about data or other available information. Wherever possible, we attempted to secure written documentation of professional development activities or workforce data, and, in many cases, that documentation is available through a website, which we then cite in this report.

Additionally, we conducted five focus groups with a total of 46 Shelby County ECE caregivers to learn about caregivers' perspectives on professional development. We conducted the first focus group with nine caregivers who were in the process of completing the Pathways to Excellence in Infant/Toddler Care training series. The second and third focus groups consisted of a total of 17 caregivers whom we recruited through emails sent by an ECE center director and the director of an initiative assisting caregivers with the National Association for the Education of Young Children (NAEYC) accreditation process. Twelve Head Start and Early Head Start teachers made up the fourth focus group. Finally, because the first four focus groups included only center-based caregivers, we recruited eight FCCH caregivers to participate in a group in order to determine whether experiences with the professional development system differ by the type of provider for which a caregiver works. The overwhelming majority of participating caregivers in all five groups had multiple years of experience working in the ECE field and had worked with a range of ages. Additionally, the caregivers mostly represented centers and homes rated as three stars, the highest tier, in the Star-Quality rating system (described further in Chapter Three). Focus groups lasted an hour and a half and were led by the Urban Child Institute (UCI) staff with the exception of the first group, which was led by a RAND researcher. A member of the research team sat in during the sessions to audio-record and take notes. We gave participants gift cards and dinner in appreciation of their involvement.

We compiled the notes from each focus group into one master document to identify common themes in experiences and perceptions. A research team member then analyzed the notes and categorized statements into themes, including the professional activities available in the community, perceptions of the activities, and barriers to accessing the opportunities. The research team then reviewed and agreed on the themes and content within the themes.

We note several limitations of this study to bear in mind. One limitation was the lack of available caregiver and training data for Shelby County, including the number of unique caregivers and their specific characteristics, as well as the lack of data on the quality of professional development activities offered. Furthermore, in several cases, when more-formal, published information was not available, we relied on limited website and programs' self-reported information for professional development activities. We also limited this study to ECE caregivers working for licensed providers and not license-exempt providers, such as those receiving federal or state subsidies but that are unregulated, or informal providers, such as grandparents or neighbors. Finally, we spoke with a small sample of ECE caregivers in the county, and their perceptions might not reflect all caregivers.

Of particular interest to UCI is the age range from birth (age 0) up to age 3 (or infants and toddlers) and training related to fostering children's social and emotional development. As a result, although this report includes information on ECE caregivers serving children from birth to age 5 (or school entry), we highlight issues related to ages 0 to 3 and to social and emotional development where possible. This report is intended to help UCI and the larger Shelby County community understand where current gaps might exist and what strengths can be built on to foster continuous learning among ECE caregivers to improve their knowledge and practices in their classrooms. In this report, we use the term *classroom* to represent the group of children with which an individual caregiver works, which can be either an age-based classroom in a center or an FCCH with mixed ages.

In Chapter Two, we provide background on the research related to ECE caregiver–child interactions and ECE professional development supports. Chapter Three presents an overview of minimum ECE licensing requirements and quality rating efforts in Shelby County, particularly as they relate to caregivers' professional development. Chapter Four describes the various forms of professional development opportunities available in the county, and Chapter Five presents some recommendations for fostering professional development for the workforce.

Chapter Two. Research Evidence on Caregiver–Child Interactions and Professional Development Supports

In this chapter, we review literature on caregiver–child interactions and professional development supports in ECE. We begin with an overview of the findings regarding the importance of high-quality caregiver–child interactions in ECE during the early childhood years (ages 0 to 5) and then highlight how these interactions are specifically related to infant and toddler development. We conclude by describing the primary types of professional development supports available to ECE caregivers and the research on the effectiveness of the supports.

Caregiver–Child Interactions

A large body of evidence points to the importance of ECE for children's short- and long-term development (e.g., Elango et al., 2015; Karoly, Kilburn, and Cannon, 2005; Phillips and Lowenstein, 2011). However, not all ECE providers produce similar results, a fact that likely stems from differences in quality. ECE quality is commonly categorized into two dimensions: structural and process (Eunice Kennedy Shriver National Institute of Child Health and Human Development Early Child Care Research Network, 2002; Vandell and Wolfe, 2000). *Structural quality* pertains to features that are easily changed or are dictated by policy, such as caregiver education, caregiver–child ratio, and provider licensing (Burchinal, Howes, and Kontos, 2002). *Process quality* involves dimensions of the ECE settings that are harder to change, such as the type and richness of interactions between caregivers and children (Côté et al., 2013; Phillipsen et al., 1997). Although process quality is more challenging than structural quality to measure (Auger et al., 2014), research demonstrates process quality's importance for children's school readiness (Howes et al., 2008; Mashburn, Pianta, et al., 2008; Ruzek et al., 2014). The majority of the research on ECE quality—specifically, caregiver–child interactions—and children's development comes from the preschool years (ages 3 to 5). In this section, we summarize research from the preschool years and across the 0-to-5 age range. We then focus explicitly on the research surrounding caregiver interactions and infant and toddler development.

Caregiver–child interactions can be categorized into two broad domains—instructional practices and emotional support—that encompass several aspects of interactions.[3] *Instructional practices* pertains to the types of teaching methods used, such as engaging in language-rich interactions with children and reading to children, providing appropriate sequencing of academic activities, and allowing opportunities for children to engage in developmentally appropriate

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[3] Other dimensions of process ECE quality exist and are important for children's development, such as the interactions that children have with each other in the ECE setting; however, in this report, we focus solely on caregiver–child interactions.

experiences (Howes et al., 2008). *Emotional support*, on the other hand, involves a caregiver's responsivity to a child's emotional needs, how warm and positive the classroom environment is, and whether children are allowed to express negative emotions without harsh punishment (e.g., La Paro, Pianta, and Stuhlman, 2004). The majority of measures typically used to assess ECE quality across all age groups (infants, toddlers, and preschoolers) capture these two dimensions to some extent (e.g., Halle et al., 2011; La Paro, Williamson, and Hatfield, 2014). One example of a quality measure that captures the two dimensions is the Classroom Assessment Scoring System (CLASS) (Pianta, La Paro, and Hamre, 2008). The CLASS is frequently used in ECE settings and is predictive of children's academic and social development (Howes et al., 2008; Mashburn, Pianta, et al., 2008; Sabol et al., 2013). State and local quality rating and improvement systems (QRISs) recognize the importance of the dimensions in supporting children's positive development and incorporate into the rating-scale measures that capture both domains, including the CLASS and other quality assessments (Sabol et al., 2013). In a recent review of 12 available QRIS validation studies, all of the QRISs contained a quality assessment that included measurement of caregiver–child interactions (Karoly, 2014).

Both dimensions of caregiver–child interactions—instructional practices and emotional support—are positively related, albeit modestly, to children's school readiness. Instructional support is most related to children's academic development, such as early literacy and math skills, and emotional support is related to children's behavior (Howes et al., 2008; Mashburn, Pianta, et al., 2008); more emotional support is associated with increased social skills and competence and fewer problem behaviors (Burchinal, Vandergrift, et al., 2010; Curby, Brock, and Hamre, 2013; Howes et al., 2008; Mashburn, Pianta, et al., 2008). Although the majority of research finds a small to modest association between caregiver–child interactions and children's development, some studies indicate that there is not a significant relationship (e.g., Weiland et al., 2013). Many questions remain about the relationship between caregiver–child interactions and children's development, such as whether existing measures adequately capture interactions and how many observations are needed to accurately assess the quality of interactions or ECE settings (Auger et al., 2014).

Infant and Toddler Caregiver–Child Interactions

Empirical research that has focused on infant or toddler ECE quality (including dimensions of caregiver interactions) indicates that higher-quality care is related to children's cognitive and language development, including beginning communication skills (e.g., Burchinal, Roberts, et al., 1996; Mortensen and Barnett, 2015; Ruzek et al., 2014). These research findings are similar to those found with preschool-age children; however, few studies break out elements of caregiver–child interactions to understand what components are related to which dimensions of infant and toddler development. In one study that does examine specific dimensions, La Paro, Williamson, and Hatfield, 2014, investigates the quality of toddler classrooms in North Carolina and how the quality of caregiver care is related to children's social and emotional development.

Findings indicate that higher-quality emotional support as measured by the CLASS—Toddler Version, particularly the domains of positive climate and behavior guidance, was related to reduced behavior problems, including impulsivity and withdrawnness (La Paro, Williamson, and Hatfield, 2014). More studies like this one are needed in order to better understand the specific elements of caregiver–child interactions that are related to infant and toddler development.

Although empirical evidence on the specific dimensions of caregiver–child interactions is limited, a research base of conceptually important elements of caregiver–child interactions is available. In a recent literature review, Halle et al., 2011, pp. 4 and 11, notes multiple characteristics of caregiver interactions with children that are associated with infant and toddler development:

- sensitivity and responsivity
- language and cognitive stimulation
- positive regard and warmth
- behavior guidance
- support for peer interaction
- detachment
- intrusiveness
- negative regard
- positive and negative affect
- reciprocity
- mutuality
- joint attention.

Conceptually, these characteristics are similar to those included in measures of ECE quality, such as the CLASS, and are aligned with the two dimensions (instructional practices and emotional support) of caregiver interactions described above. Given the age of the children, it is not surprising that the majority of characteristics focus on the emotionally supportive dimensions of interactions. Halle et al., 2011, reports that the majority of caregiver–child interaction measures were designed for parent–child pairs and that few measures attempted to understand the interaction (or various elements of interactions) between ECE caregivers and children and instead focus on the global quality of the care setting. The lack of specificity in ECE quality measures has potential implications for the professional development field because it is difficult to know which elements of caregiver interactions should be targeted to improve infant and toddler development without measures that capture interactions in detail.

Professional Development Supports

Caregivers play an integral role in the quality of ECE classrooms, so an important means for improving classroom quality is to support ECE caregivers in the acquisition and reinforcement of knowledge and skills needed for their professional roles. Professional preparation can be classified into two broad types occurring at different time points: preservice and in-service.

Preservice training takes place before a caregiver enters the ECE workforce, typically through participation in a higher-education ECE degree, such as an associate's or bachelor's degree. In-service, or ongoing, professional development "is intended for early childhood practitioners who are already employed in an early childhood provider, with the precise goal of enhancing their knowledge and expertise in working with young children and their families" (Gomez, Kagan, and Fox, 2015, p. 173). Ongoing professional development can have multiple purposes, including supporting the core competencies of ECE caregivers, introducing new concepts and instructional strategies, training staff in new evidence-based research or instructional tools related to early care and learning, and improving or sustaining ECE professional practice quality (Institute of Medicine and National Research Council, 2015).

We focus this report on the ongoing professional development of ECE caregivers. Many caregivers enter the workforce without degrees in ECE (Whitebook, 2014), and in-service or ongoing professional development is especially important for those staff so they can receive training in current evidence-based practice and meet licensing requirements and higher quality standards for the field. Even for those caregivers with ECE degrees, ongoing professional development will help reinforce knowledge as it is applied in practice and keep caregivers up to date on best-practice discussions, which can evolve over time.

The movement of most states toward the creation of an ECE QRIS has strengthened the national focus on quality-improvement efforts. A major aspect of quality improvement is supporting ECE caregivers in professional development in order to meet the requirements for rating elements. Most state or regional QRISs include specific professional development indicators, such as training requirements and use of a professional development plan (BUILD Initiative and Child Trends, 2015). Though QRISs include this component, the research is not definitive on the best ways to provide professional development supports. Much of the current structure of ECE professional development might be considered logic-based at this point, based more on theory and promising practices and less on rigorous empirical research.

In this section, we provide a brief overview of what is known from the research literature about ongoing professional development efforts that are potentially promising for improving classroom quality and child outcomes. We organize this discussion around four types of activities supporting professional development: credit-bearing courses, non–credit-bearing training, peer support, and coaching or mentoring.

Credit-Bearing Coursework

Professional development can be supported through pursuit of formal education, which we define for this report as credit-bearing courses at academic institutions, typically for the purpose of pursuing a college or university degree or to complete a competency-based credential. Overall, the evidence base supports the promise of credit-bearing coursework to improve the quality of care in ECE providers, though the evidence is mixed, and current research does not strongly support a relationship between obtaining a degree and classroom quality or child

outcomes (Early et al., 2007; Zaslow et al., 2010). The lack of experimental studies to evaluate the causal impact of credit-bearing coursework and degree attainment clouds our understanding of the relationships between coursework and caregiver effectiveness or provider quality (American Institutes for Research and RAND Corporation, 2013). The mixed evidence regarding the impact that coursework or degree completion can have on quality measures might arise from a variety of factors, including the quality of the course or degree program, ECE provider structures that support or hinder educated caregivers in implementing their knowledge in practice, and the loss of the most-effective ECE caregivers to teaching in elementary schools with higher compensation (American Institutes for Research and RAND Corporation, 2013).

Non–Credit-Bearing Workshops

Other professional development supports include non–credit-bearing workshops, seminars, and training, labeled here as noncredit workshops. This category includes workshops offered as one-time offerings or as part of a series of sequenced offerings, typically less formal or intense than credit-bearing courses, and a wide variety of content areas and structures exist. These noncredit activities are the most common form of professional development, but there is a growing consensus that there is little to no evidence that these brief workshops are associated with actual changes in classroom behavior, such as improved caregiver–child interactions (Schachter, 2015; Zaslow et al., 2010). However, it should be noted that much of the research in this area is descriptive, and, although some research of specific, well-designed programs might produce positive results, the wide variation in the specifics of noncredit workshops makes understanding the effective characteristics of these professional development activities difficult (American Institutes for Research and RAND Corporation, 2013).

Schachter, 2015, notes that there seems to be an increase in interest in using workshops in conjunction with other professional development efforts. Workshop training followed by coaching or mentoring has shown mixed results at improving quality, but this combination approach is considered promising (American Institutes for Research and RAND Corporation, 2013; Zaslow et al., 2010). Zaslow et al., 2010, notes that the field needs to move toward focusing not merely on the content of training and caregiver knowledge but the need to more closely tie training to strengthening caregiver practice. The report suggests that providing individualized, practice-focused feedback onsite following training is one method to consider, which the Institute of Medicine and National Research Council, 2015, findings also support.

Peer Support

Formal peer support differs from the informal conversations ECE caregivers might have with colleagues, and limited research suggests that these formal mechanisms can provide benefits. Formal peer support groups or networks can be either caregiver-led or independently staffed, and they are designed to provide opportunities for ECE caregivers to offer support and training to each other to engage in learning opportunities to improve ECE practice (Bromer et al., 2009;

Snyder et al., 2012). These networks might also be referred to as peer-to-peer technical assistance (TA), professional learning communities, or communities of practice for groups that have a more targeted focus on specific practices. American Institutes for Research and RAND Corporation, 2013, notes that limited research on peer support networks for family child care providers has found higher provider quality for caregivers in the networks. Other researchers also describe another type of peer support, reciprocal peer coaching, in which two caregivers or members of a small group observe each other and provide feedback with the aim of jointly improving practice (Donegan, Ostrosky, and Fowler, 2000). Although reciprocal peer coaching is more common in K–12 settings, in which research has found positive effects on teaching practices, it is less common in ECE settings and thus has a limited evidence base that relies on positive formative evaluations (American Institutes for Research and RAND Corporation, 2013). That said, a recent report on the status of the ECE workforce states that one characteristic of high-quality professional learning is "leveraging collaborative learning models (e.g., peer-to-peer learning and cohort models)" (Institute of Medicine and National Research Council, 2015, p. 503).

A joint project of two national ECE organizations (NAEYC and National Association of Child Care Resource and Referral Agencies, 2011, p. 14) suggests the following best practices for peer support: peers maintain a respectful and trusting relationship; participants are on equal footing (e.g., supervisors do not engage with employees); peers come together around a shared interest, challenge, or goal; each participant offers knowledge and strengths to increase peers' capacity; and the support system provides ongoing partnerships for reflection and support that continue over time.

Coaching or Mentoring

The field uses various terms to describe this personalized type of ongoing professional development support, such as *coaching*, *mentoring*, *onsite consultation*, and *TA*. Zaslow et al., 2010, notes the need for further clarification of terminology used in research studies to describe onsite support. In this report, we use the terms *coaching* and *mentoring* to describe individualized support services that an experienced expert provides to an individual or small group onsite at the ECE provider, and this includes TA and consultation. This is an increasingly popular professional development approach, in part because of the recognition of the importance of applying knowledge directly in practice, which is considered consistent with promising adult learning-style research (Institute of Medicine and National Research Council, 2015; Schachter, 2015; Zaslow et al., 2010).

Although research evidence provides support for coaching's association with improved quality, the evidence is not definitive about its effect on classroom quality or teaching practices, in part because coaching is often studied within a broader professional development effort and effects are not isolated (Aikens and Akers, 2011; American Institutes for Research et al., 2014; Schachter, 2015). This is compounded by the lack of guidelines in research to date for coaching

dosage, such as hours per visit and number of visits, or other critical aspects of effective coaching (Aikens and Akers, 2011; American Institutes for Research et al., 2014; Zaslow et al., 2010). Zaslow et al., 2010, notes that coaching might not be as effective at lower levels of intensity and might require higher levels of intensity, such as longer visits, more often, and over a longer period of time. However, a high-intensity program might be difficult to sustain on a large scale: Coaching is costly because of the time investment of expert coaches (Schachter, 2015).

In a 2011 review of coaching research, Aikens and Akers highlighted several factors that could affect coaching efficacy. They noted as important factors the availability of adequate time devoted to coaching; provision of consistent support across caregivers; development of positive, respectful caregiver–coach relationships, which require strong interpersonal skills; active caregiver engagement in the coaching process; attunement to the caregiver's mental health and stress; and provision of specific and focused coaching.

Two illustrative examples of evidence-based coaching models are Partnerships for Inclusion (PFI) and MyTeachingPartner (MTP). The PFI model includes individualized, assessment-based, onsite consultation for ECE caregivers to improve classroom and FCCH quality. The random-assignment evaluation of the model included 24 agencies in five states, with the treatment group of teachers and providers receiving PFI onsite consultation services and members of the comparison group receiving the typical quality-enhancement programs delivered by their agencies (Bryant et al., 2009). The quality-assessment tools included the Infant/Toddler Environment Rating Scale, Revised Edition; the Early Childhood Environment Rating Scale—Revised; and the Family Day Care Rating Scale. Results from the study showed that family child care providers made significantly higher gains in quality than the comparison group, and these gains were maintained six months after the intervention ended (Bryant et al., 2009). However, evaluators did not observe similar differences in classroom quality between groups for center-based classrooms; quality outcomes improved similarly for both treatment and comparison groups. For child outcomes, the study found significant and positive PFI effects on receptive language skills for children in center-based classrooms but not for family child care providers (Bryant et al., 2009).

As another example, MTP is a web-based coaching model that includes use of exemplar videos that caregivers watch and web-mediated consultation with a trained consultant over the course of a year (University of Virginia Center for Advanced Study of Teaching and Learning, undated). The goal of the program is to improve ECE caregiver–child interactions and child outcomes related to MTP activities. Researchers at the University of Virginia Curry School of Education conducted an experimental study in preschools to test the effectiveness of the model. Teachers in the treatment group received the MTP video exemplars, as well as individualized consultation to support their implementation of classroom language and literacy activities. Teachers in the comparison group received only the video exemplars. All teachers were asked to provide videotapes of their instructional practice with children every two weeks, and the

treatment group received specific feedback from the consultant on their practices. Teachers' interactions with children were measured using the CLASS, based on the videos they submitted. Receptive language skills of children were also measured. Results from the evaluation indicated that MTP teachers receiving consultation support had greater gains in the quality of their interactions with children over the year than the comparison group did (Pianta, Mashburn, et al., 2008). Additionally, children in classrooms with teachers receiving the consultation model experienced greater gains in receptive language skills over the year than children did whose teachers received no consultation (Mashburn, Downer, et al., 2010).

Professional Development for Infant and Toddler Caregivers

Several studies have examined professional development specifically for caregivers of infants and toddlers; however, the vast majority of research on professional development and training opportunities for ECE caregivers is conducted with center-based preschool caregivers, and very little is known about what is needed to best support infant and toddler caregivers in center and home-based care settings (Zaslow et al., 2010). In one study that focused on infant and toddler caregivers, researchers evaluated a 16-week course on infant and toddler development and practice that also included a coaching component (Moreno, Green, and Koehn, 2015). Coaching sessions were one hour long and consisted of observations and a coaching conversation. Results from a nonexperimental evaluation of the coaching and coursework indicate that participants who received the most substantial intervention (the full course and the most coaching) demonstrated the most improvement on key quality and caregiver self-efficacy and knowledge measures (Moreno, Green, and Koehn, 2015). Another study that examined a professional development program that incorporated three consultation visits found that it was effective at boosting quality in infant and toddler classrooms (Campbell and Milbourne, 2005). The results of these studies demonstrate that coaching either onsite or offsite can be an effective method of professional development for infant and toddler caregivers. However, it is not known what information provided during coaching or consultation is related to improving quality scores or whether the coaching has a direct effect on infant and toddler development.

In likely the largest and most rigorous evaluation of a professional development program for infant and toddler caregivers—Program for Infant/Toddler Care—researchers found no significant effect of the program on child or classroom quality outcomes (Weinstock et al., 2012). Authors caution against generalizing findings to the general population and suggest that more work is needed to better understand professional development and specific trainings and their relation to child and classroom outcomes.

Features of Effective Professional Development

Overall, studies to date highlight the importance of caregiver–child interactions in the classroom; yet, at the same time, the ECE field needs more guidance on the components of successful professional development supports to promote these positive interactions. Recently,

an Institute of Medicine and National Research Council report (Institute of Medicine and National Research Council, 2015, pp. 398–399), *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*, identified the following key features of effective professional development for instructional practices:

- develops specific content and conceptual knowledge of the subject to be taught
- provides attention to specific pedagogical content knowledge, including aspects of learning trajectories
- promotes active learning to set up, conduct, and formatively evaluate activities for children, including a review of children's work
- focuses on common actions and problems of practice in the classroom
- grounds experiences in a specific curriculum and allows caregivers to learn, reflect, implement, and discuss the curriculum materials
- includes in-classroom coaching, with well-trained, knowledgeable coaches being a critical factor
- employs peer support groups or networks for joint participation by ECE staff who work together
- incorporates sustained and intensive professional learning experiences rather than stand-alone activities
- ensures consistency and interconnectedness of content and approach for all professional learning activities
- links professional learning to knowledge about adult learning
- addresses concerns regarding equity in access to and participation in activities
- addresses barriers to implementation, including economic, institutional, and regulatory barriers.

In sum, the existing research base provides suggestive evidence about the benefits of several types of professional development, but it is too limited to provide concrete guidelines about the most-effective types of professional development and in which circumstances they are more effective. More research could improve understanding of such aspects as the intensity needed, for which types of support, for which caregivers, and in what settings to improve teaching practices and child outcomes.

Chapter Three. Shelby County Early Care and Education Licensing and Quality Rating Requirements

This chapter provides an overview of the minimum educational and professional experience requirements for the ECE workforce employed by licensed providers, as well as additional requirements to participate in quality initiatives, such as the Star-Quality rating system. We begin with a brief orientation to the different state licensing entities and the types of providers covered under licensing regulations. To set the context for possible drivers for investment in professional development activities, we then provide further detail about requirements for ECE caregivers and directors with a specific focus on training, experience, and education requirements.

Early Care and Education Licensing Requirements

State licensing of ECE providers is generally intended to provide a minimum threshold for the health and safety of children in group care settings. The stated primary purpose for Tennessee licensing is the protection of children; a secondary purpose is to promote developmentally appropriate child care (Tennessee Department of Human Services [DHS], 2009b; Tennessee State Board of Education, 2012). Specific types of ECE providers must be licensed or regulated by DHS or the Tennessee Department of Education (TDOE) in order to care for children. Licensed providers include center-based and family and group home providers, which the state defines as follows:

- **A child care center** provides child care for three or more hours per day for at least 13 children who are not related to the primary caregiver.
- **An FCCH** provides child care for three or more hours per day for at least five children but not more than seven children who are not related to the primary caregiver.
- **A group child care home** provides child care for three or more hours per day for at least eight children who are not related to the primary caregiver, and the maximum number of children present must not exceed 12 children (DHS, 2009b).[4]

DHS licenses all three types of providers, and the TDOE regulates centers, particularly those administered through schools. Additionally, providers for which the state requires no license (i.e., license exempt) and thus have no minimum standards to meet care for many children, including

- nonparental care provided in the child's own home or by relatives

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[4] Because there are only three group homes in Shelby County and requirements and professional development opportunities are very similar to those for FCCHs, we focus the remainder of the report on all homes combined (labeled *FCCHs*) and note the few differences in requirements for group homes, where applicable.

- providers that care for fewer than five unrelated children
- providers operating for fewer than three hours per day. (See DHS, undated [g].)

We recognize that these license-exempt providers are an important, and potentially large, group of caregivers in Shelby County, especially for infants and toddlers. However, this category of providers is beyond the scope of the present study, in which we focus on licensed providers only.

Neither the TDOE nor DHS routinely collects information on the number of ECE caregivers working for licensed providers, so we cannot estimate the total size of the current workforce. More-precise information is available for the number of licensed providers, however. As of August 2015, Shelby County had 721 licensed centers and FCCHs serving children ages 0 to 5: 491 centers and 230 FCCHs (see Table 3.1).[5] Of all providers, 556 (77 percent) are licensed to serve infants and toddlers—327 centers and 229 FCCHs—and most of these providers are also licensed to serve preschool-age children. In total, these providers are licensed to serve just over 50,000 children ages 0 to 5.[6] The vast majority (97 percent) of licensed spaces are with center-based providers. For context, approximately 80,700 children under age 6 live in Shelby County (U.S. Census Bureau, 2013a), so the licensed capacity can accommodate roughly 62 percent of children under age 6.[7] At the same time, just over 29,000 children (36 percent) under age 6 live with families with household incomes below the federal poverty line (U.S. Census Bureau, 2013b). Issues related to cost and accessibility are factors in the use of and choice of ECE providers.

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[5] To be included in the count of providers serving children 0 to 5, providers must be licensed to serve children with a minimum age ranging from six weeks to four years. We exclude from the count providers that begin serving children at 5 years of age or older. We classify providers serving children with a minimum age between 6 weeks and 2 years (35 months or less) as serving infants and toddlers. We classify providers serving children with a minimum or maximum age requirement that includes ages 3 or 4 as preschool providers. We include in both counts providers that are licensed to serve both infants and toddlers and preschoolers.

[6] This is the maximum capacity licensed to serve, not the actual number of children enrolled at a given time. The Office of Research and Policy at the TDOE reported to us that approximately 8,500 children ages 0 to 5 (prior to kindergarten) were enrolled in TDOE-supported centers in October 2015. We could not collect similar information on numbers enrolled in DHS-funded programs.

[7] Note that this number might include children age 5 who are enrolled in kindergarten, so this count is not an exact match to the 0-to-5 age range for which we report capacity. Thus the percentage might be an underestimate.

Table 3.1. Number of Licensed Providers Serving Children Ages 0 to 5, by Type of Care, Age Served, and Capacity

Provider Type	Licensed Providers			Total Licensed Capacity (Spaces)
	Total	Licensed to Serve Infants and Toddlers	Licensed to Serve Preschoolers	
Center	491	327	479	48,553
FCCH	230	229	230	1,635
All	721	556	709	50,188

SOURCES: Data from the Tennessee Child Care Management System for August 2015, provided by Child Care Resource and Referral (CCR&R) and Le Bonheur Community Health and Well-Being; minimum and maximum ages from DHS, undated (a), for Shelby County.
NOTE: Numbers include providers regulated through DHS and the TDOE. A provider can serve both age groups, so the numbers of providers serving infants and toddlers and preschoolers are not mutually exclusive and do not sum to the total number of providers. Licensed capacity numbers are not available by specific age group, and some providers licensed to serve ages 0 to 5 can also serve school-age children. We include three group child care homes with licensed total capacity of 36 in the FCCH counts.

Every DHS-licensed child care agency open for one year or more must undergo an annual evaluation for licensing renewal and post a report card of its results where parents can see it. This is intended to provide more information to parents to help them make informed choices and to improve the quality of child care in the state (see DHS, undated [b]). Licensing regulations differ somewhat for centers and family and group homes, with centers being evaluated on seven areas and family and group homes evaluated on five areas (Table 3.2). The report card is also used as the basis for the Star-Quality ratings described further below, so multiple levels of standards are assessed during evaluation visits beyond the minimum licensing standards. Several evaluation areas have no minimum licensing standard, but all areas have higher standards established for differing report-card levels. See DHS, undated (c), and DHS, undated (d), for specific details of the report-card requirements.

Table 3.2. Tennessee Department of Human Services Early Care and Education Provider Report-Card Evaluation Areas

Area Evaluated	Centers	Family and Group Child Care Homes
Professional development (qualifications of caregivers)	x	x
Developmental learning	x[a]	x[a]
Parent and family involvement	x	x
Program assessment	x[a]	x[a]
Director qualifications	x	
Ratios and group size	x	
Staff compensation	x[a]	
Business management		x

SOURCES: DHS, undated (c); DHS, undated (d).
NOTE: This is a summary of key areas as reported in the DHS report-card form; additional requirements related to such areas as health and safety also apply. See DHS, 2009b, and DHS, 2009c, for further details.
[a] There is no minimum licensing standard for this provider type in this evaluation area.

Although they are not licensed in the same way as DHS providers, providers regulated through the TDOE have minimum requirements very similar to those for DHS-licensed providers (Tennessee State Board of Education, 2012). They also have an annual review process, though they do not undergo the same annual report-card process that DHS-licensed providers do. Notably, centers regulated through the TDOE serve primarily preschool-age children rather than infants and toddlers. A major preschool program funded through the TDOE is the Voluntary Pre-K program for four-year-olds, and we note that caregiver requirements for this program include the presence of a licensed teacher with certification to work in a prekindergarten (pre-K) setting (TDOE, undated [a]).

These minimum licensing standards focus primarily on structural inputs for ECE providers and do not include minimum standards for the quality of caregiver–child interactions or classroom processes. The program-assessment process relies on observations by trained assessors using the environment rating scales (ERSs), nationally recognized ECE quality-assessment tools used in many states. Providers are currently assessed based on the ERS for the age group served (infants, toddlers, and preschoolers). The ERSs include observations of indoor and outdoor spaces, activities, materials, and the interactions among children and between children and adults. However, no minimum standard related to the ERS ratings is noted among the licensing requirements. Likewise, although developmental learning is included in the evaluation areas covered, no minimum standard is noted for DHS-licensed providers.

Among providers licensed through the TDOE, any school-administered pre-K provider must have an educational curriculum aligned with the Tennessee Early Learning Developmental Standards (TN-ELDS). These standards provide guidelines for social and emotional development for specific age groups and include self-awareness, self-regulation, cooperation, relationship with

adults and peers, and understanding and following rules and routines.[8] The standards are based on research on the processes and consequences of early learning and development (DHS, 2015).

More specifically, given that we are interested in professional development and training of ECE caregivers, Tables 3.3 and 3.4 provide details of licensing requirements related to education and training for caregivers and directors after their first year of employment.[9] Education and ongoing training hours are mechanisms to ensure that ECE staff have core competencies needed to provide high-quality care in support of children's health and development. Minimum education requirements for both centers and FCCHs are low: Only one caregiver in a group must have at least a high school education.[10] Similarly, although a director must have some combination of education level and work experience with a group of young children, a director can work with only a high school diploma.

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[8] For further details on the standards for four-year-olds and ages 0 to 4, see TDOE, undated (b).

[9] Caregivers and directors might have extra requirements related to training hours in their first year of employment, but we focus here on ongoing requirements for staff after the first year.

[10] Any lead teacher in the TDOE's Voluntary Pre-K classrooms must have a bachelor's degree and hold a teacher certification to teach prekindergarten.

Table 3.3. Minimum Tennessee Licensing Requirements Related to Training and Education: Caregivers

Requirement	DHS Center	TDOE Center	DHS FCCH
Education	Each group must have at least one caregiver present who has a high school diploma or equivalent credential as recognized by DHS.	Each group needs to have at least one caregiver present who has a high school diploma or equivalent credential.	Each group shall have at least one caregiver present who has a high school diploma or equivalent credential as recognized by DHS.
Training	Complete at least 12 hours annually of DHS-recognized, competency-based training: • A maximum of 4 hours of training credit annually can be earned by conducting training. • At least 6 hours of the required training needs to be obtained outside of the center. • A maximum of 2 hours of training credit can be credited for Child and Adult Care Food Program training. Credit for TECTA orientation training completion of a 30-hour orientation class satisfies a caregiver's minimum annual training requirements for 2 years.	Complete at least 12 hours annually of TDOE-recognized, competency-based training: • A maximum of 4 hours of training credit annually can be earned by conducting training. • At least 6 hours of the required training needs to be obtained outside of provider. • A maximum of 2 hours of training credit can be credited for Child and Adult Care Food Program training or U.S. Department of Agriculture free and reduced-price meal program training. Credit for TECTA orientation training completion of a 30-hour orientation class satisfies a caregiver's minimum annual training requirements for 2 years.	A primary caregiver must • annually complete at least 4 hours of workshops or other training *or* • present evidence of 4 hours of consultation or of personal study (one-time only). *Also*, the primary caregiver must complete a DHS-sponsored child care orientation class within 3 months of licensure. Every caregiver must • complete training in detection, reporting, and prevention of child abuse • have a minimum of 2 hours training annually, in addition to other required training in specific subject areas.

SOURCES: DHS, 2009b; DHS, 2009c; Tennessee State Board of Education, 2012.
NOTE: TECTA = Tennessee Early Childhood Training Alliance. These are requirements for caregivers after the first year of employment. First-year requirements might differ slightly (see sources above for further details). The DHS regulations for FCCHs define the primary caregiver as the adult who is responsible for direct care and supervision of children in the home and the daily operation of a home; for an FCCH not operated by a central operator, the primary caregiver is the licensee.

Table 3.4. Minimum Tennessee Licensing Requirements Related to Training and Education: Directors

Requirement	DHS Center	TDOE Center	DHS FCCH
Education	Must meet one of the following requirements: • high school diploma (or DHS-recognized equivalent) and TECTA certificate for completing 30 hours of orientation training (or the equivalent as recognized by DHS) *and* 4 years full-time work experience in group setting *or* • 60 semester hours (2 years) of college training with at least 30 hours in business or management, child or youth development, or early childhood education, or related field, *and* 2 years of full-time experience in a group setting *or* • graduated from an accredited four-year college and have 1 year of full-time work experience in a group setting *or* • continuously employed as a director since July 1, 2000.	Must meet one of the following education requirements: • High school diploma (or its equivalent) and TECTA certificate for completing 30 hours of orientation training *and* have 4 years of full-time documented work experience in group setting *or* • 60 semester hours (2 years) of college training with at least 30 hours in business or management, child or youth development, early childhood education, or related field *and* have 2 years of full-time documented work experience in a group setting *or* • graduated from an accredited four-year college and completed 1 year of full-time work experience in a group setting *or* • continuously employed as an onsite provider director or child care agency owner since July 1, 2000.	The central operator shall have • graduated from a four-year college or university and completed 1 year of full-time work experience with a group of young children *or* • completed some formal college training in early childhood education or child development (or related field) or received a CDA credential or NAFCC accreditation and completed 1 year of full-time work experience with a group of young children *or* • a high school diploma or its equivalent and two years of full-time work experience with a group of young children.
Training	*Either* • complete at least 18 hours annually in DHS-recognized workshops, competency-based training, or one-to-one consulting sessions (6 hours of which shall be in administration, management, or supervisory training, and 4 hours of the required 18 can be earned by conducting training) *or* • earn credit during the year in one academic course in administration, child development, early childhood education, health and safety, or other related field.	*Either* • complete at least 18 hours annually in workshops, competency-based training, or one-to-one consulting sessions (6 hours of which shall be in administration, management, or supervisory training, and 4 hours of the required 18 can be earned by conducting training) *or* • earn credit during the year in one academic course in administration, child development, early childhood education, health and safety, or other related field.	The central operator or person in charge of the child care system must complete a DHS-sponsored child care orientation class within 3 months of licensure.

Requirement	DHS Center	TDOE Center	DHS FCCH

NOTE: CDA = Child Development Associate. NAFCC = National Association for Family Child Care. These are requirements for directors after the first year of employment. First-year requirements might differ slightly (see sources above for further details). The DHS regulations for FCCHs define the central operator as the licensee who owns, administers, or operates a child care system.

In addition to basic education requirements, caregivers must complete annual training as part of continued program licensure. Center-based staff must complete a minimum of 12 hours annually of competency-based training; FCCH primary caregivers are required to complete four hours of training annually.[11] Notably, at least six hours of center staff training must be received outside the center, suggesting that up to six hours can be received via training provided through the caregiver's center and not an external trainer. Center directors have somewhat higher requirements at 18 hours annually, and they have the option to complete one academic course in lieu of the hours.

Importantly, Tennessee is currently proposing a phased-in increase in the number of required annual training hours as part of its federally funded 2016–2018 Child Care and Development Fund (CCDF) plan. The state proposes that, effective July 1, 2018, center directors and caregivers working in DHS-licensed providers, as well as FCCH primary caregivers, have 30 hours of training in DHS-recognized workshops, training, or one-on-one consulting sessions (DHS, 2015). If this proposal is finalized, it will represent a dramatic increase in hours at all staff levels—more than doubling what center caregivers are currently required to have and more than a seven-fold increase in hours for FCCH primary caregivers.

Although all ECE caregivers are required to engage in some professional development activity each year, and many caregivers must attain minimum education levels, neither Shelby County nor the state currently has a comprehensive professional registry data system to understand the education and training patterns of ECE caregivers to help inform future workforce training needs. At this time, comprehensive data are not available on the education levels of the current ECE workforce, such as how many ECE caregivers have completed bachelor's degrees or received specific ECE credentials (whether through local programs or elsewhere). Furthermore, no county-level data system currently collects information on individual-level professional development coursework or training activities of caregivers and directors. The TECTA database includes voluntary, self-reported information about participants' training history, education, and employment (DHS, 2015), though it does not include all ECE caregivers nor a complete record of their non–TECTA-supported training, credentials, and education. Likewise, the Shelby County CCR&R agency provides a quarterly calendar of

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[11] A primary caregiver in a group child care home is required to have eight hours of annual training rather than four hours and to have a high school diploma; otherwise, minimum requirements are the same for group homes and FCCHs.

training activities and monitors the number of training sessions provided, but this is not linked to unique caregivers (Signal Centers, 2012).

Karoly, 2012, notes that professional workforce and training registries can help states monitor their professional development systems to ensure that they are achieving their objectives of supporting professional development to enhance caregiver effectiveness. Typically, states have used registries "to monitor the size and professional qualifications of the ECE workforce, which practitioners participate in various professional development opportunities, how professional development advances over time, and who is retained in the field" (Karoly, 2012, p. 31). Nationally, as of 2012, at least 38 states had implemented workforce registries (National Registry Alliance, 2013a), and at least 30 states had a trainer or training registry in place (National Registry Alliance, 2013b).

Registries can furthermore be used to help monitor ECE caregivers' progress through a career lattice (or ladder), which is a pathway by which caregivers can acquire more training and education in order to advance their careers. Karoly, 2012, notes that a common feature of a state professional development system is "a well-specified career ladder with defined research-based competencies and associated credentials at each level" (p. 5). In Tennessee, the lattice concept is described as starting with the TECTA 30-hour orientation training as a gateway to academic training, leading to an articulated academic pathway for earning ECE credentials, such as the CDA credential and pursuit of higher-education degrees (Mietlicki, 2010; DHS, 2015). However, this lattice does not define in detail the core competencies for each level or how the levels link to specific professional roles and associated compensation.

Quality Ratings

Tennessee Star-Quality Rating System

As noted, the DHS report card also serves as a basis for assessing higher levels of quality standards for licensed providers. Tennessee initiated the Star-Quality Child Care Program with the goal of improving child care quality and informing parents about child care providers who achieve standards exceeding minimum licensing requirements (DHS, 2009a). A licensed provider in operation for more than one year can volunteer to participate in the rating system and receive from one to three stars to indicate achieving standards above licensing requirements.[12] This QRIS is analogous to QRISs in other states across the country (BUILD Initiative and Child Trends, 2015). These systems are common in states as a step toward establishing quality

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[12] For further details about the Star-Quality program, see "Safe, Smart, and Happy Kids," 2014. TDOE-licensed providers are not automatically evaluated based on the rating level because they are not required to participate in the report-card process, though they can elect to voluntarily participate in the rating system. Very few TDOE-licensed providers currently participate, and they are predominantly center-based providers serving preschool-age children. It is possible that the nonrated providers could meet standards for star levels 1 to 3, but we do not have that information.

guidelines and monitoring ECE provider progress on improving quality of care, although research to date is limited as to whether a QRIS leads to improvements in program quality or child outcomes that would not have occurred in the absence of the QRIS (Karoly, 2014).

The Star-Quality rating system evaluates the same five to seven areas found in the licensing report card described above for centers and FCCHs. Minimum licensing requirements are the equivalent of a star rating of 0, and star ratings 1 through 3 have increasingly rigorous standards as levels advance (for details, see DHS, undated [e]; DHS, undated [f]). For example, a three-star rating requires lower child-to-adult ratios for children ages 1 through 3 in centers, additional hours of annual staff training that includes training in developmental learning standards, monthly written communication to parents, and an overall program assessment (i.e., ERS) score equal to "good" or higher.

These higher standards appear to incorporate more elements that might be related to caregiver–child interactions or classroom processes that promote positive child development. However, measures of caregiver–child interactions are incorporated within broader evaluation measures—specifically, the ERS overall score—and are not rated separately.

In addition to providing informational cues for parents, higher ratings mean higher reimbursement rates to ECE providers accepting "certificate" children (i.e., children receiving publicly subsidized ECE through the CCDF program) (DHS, 2015). These additional reimbursement dollars could serve as an incentive for some providers to pursue higher ratings.

Again, given our interest in professional development, Tables 3.5 through 3.7 summarize the differences in training and education requirements across rating levels for center caregivers and directors and FCCH primary caregivers. Education requirements for center caregivers at all rating levels call for a minimum of a high school degree for all caregivers, compared with minimum licensing standards requiring that at least one caregiver in the group (but not all caregivers) have this degree. Center directors can have a high school degree plus a certain number of years' experience, but an additional educational credential is necessary for three stars. FCCH primary caregivers can fulfill requirements for star levels 1 and 2 without additional specific formal education, but, at level 3, credit hours toward a credential are required.

Table 3.5. Star-Quality Program Training and Education Requirements, by Rating Level: Center Caregivers

Area	One Star	Two Stars	Three Stars
Education	Each caregiver has a high school diploma or equivalent.	Each caregiver has a high school diploma or equivalent.	Each caregiver has a high school diploma or equivalent.
Training and experience	Each caregiver receives a minimum of 3 annual hours in addition to 12 required hours. *and* 50% of caregivers participate in 3 hours of DHS-approved training on the applicable developmental learning standards. *and* 10% of caregivers have 30 hours training through TECTA, a Tennessee Technology Center, or equivalent training.	Each caregiver receives a minimum of 3 annual hours in addition to 12 required hours. *and* 75% of caregivers participate in 3 hours of DHS-approved training on the applicable developmental learning standards. Also, 25% of staff have one of following: • 3 years of experience in an ECE provider and 30 hours training through TECTA, a Tennessee Technology Center, or equivalent training on an approved standardized curriculum *or* • documentation of enrollment in CDA credential or Early Childhood Education Technical Certificate program.	Each caregiver receives at least 6 hours annual training in addition to 12 required hours. *and* 100% of caregivers participate in 3 hours of DHS-approved training on the applicable developmental learning standards. Also, 50% of caregivers must have one of the following: • 4 years of experience in an ECE provider and enrollment in TECTA orientation or equivalent training *or* • 3 years of experience in an ECE provider and enrollment in CDA credential or Early Childhood Education Technical Certificate program or equivalent *or* • 2 years of experience in an ECE provider and current CDA or Early Childhood Education Technical Certificate or equivalent *or* • 1 year of experience in an ECE provider and associate's degree and bachelor's degree or higher in relevant field.
Professional development plan	50% of caregivers have professional development plans that include training hours that support the goals of the plan.	75% of caregivers have annually updated professional development plans that includes training hours that support the goal of the plan.	Each caregiver has an annually updated professional development plan that includes training hours that support the goals of the plan.

SOURCE: DHS, 2009a.
NOTE: Additional requirements for rating levels can be found in DHS, 2009a.

Table 3.6. Star-Quality Program Training and Education Requirements, by Rating Level: Center Directors

Area	One Star	Two Stars	Three Stars
Education	High school diploma or its equivalent plus one of the following: • 5 years of experience in ECE with 4 years of experience administering an ECE program *or* • program administrator credential.	High school diploma or its equivalent plus one of the following: • 8 years of experience in ECE with 4 years of experience administering an ECE program *or* • bachelor's degree or higher in relevant area and 5 years of experience in ECE *or* • program administrator credential.	One of the following: • high school diploma (or equivalent) with a CDA or Early Childhood Education Technical Certificate (or equivalent) and 7 years of experience administering an ECE program *or* • associate's degree in relevant area and 4 years of experience administering an ECE program *or* • bachelor's degree or higher in a relevant area with 2 years of experience administering an ECE program *or* • program administrator credential.
Training and experience	30 hours preservice orientation training, including age-specific training, inclusion of children with special needs, and business management and administration *and* participation in 3 hours of DHS-approved training on the applicable developmental learning standards.	30 hours preservice orientation training, including age-specific training, inclusion of children with special needs, and business management and administration *and* participation in 3 hours of DHS-approved training on the applicable developmental learning standards.	20 hours annual training *and* participation in 3 hours of DHS-approved training on the applicable developmental learning standards.
Professional development plan	Annually updated professional development plan	Annually updated professional development plan	Annually updated professional development plan

SOURCE: DHS, 2009a.
NOTE: Additional requirements for rating levels can be found in DHS, 2009a.

Table 3.7. Star-Quality Program Training and Education Requirements, by Rating Level: Family and Group Care Homes' Primary Caregivers

Area	One Star	Two Stars	Three Stars
Education	Primary caregiver completes the following: • 10 hours of annual training in addition to the 30 hours of FCCH training required and the minimum training hours required by DHS licensing requirements *or* • 30 cumulative hours toward the CDA *or* • 6 cumulative hours toward an Early Childhood Education Technical Certificate.	Primary caregiver completes one of the following: • 90 cumulative classroom hours toward CDA credential *or* • 12 cumulative credit hours toward an Early Childhood Education Technical Certificate *or* • maintains membership in family care support group or local state or national association.	Primary caregiver complies with one of the following: • current CDA or Early Childhood Education Technical Certificate or equivalent; or an associate's degree or higher and 2 years of experience in ECE program *or* • completed all CDA credential course work and has applied for testing or is awaiting for results *or* • completed renewal requirements and is awaiting renewal from CDA credential council.
Training and experience	The primary caregiver shall have 30 hours of family child care training or documented enrollment through TECTA, Tennessee Technology Center, National Association for Family Child Care Foundation accreditation training, or other DHS-approved training *and* 50% of caregivers, including the primary caregiver, shall participate in 3 hours of DHS-approved training on the applicable developmental learning standards.	The primary caregiver shall have 30 hours of family child care training or documented enrollment through TECTA, Tennessee Technology Center, National Association for Family Child Care Foundation accreditation training, or other DHS-approved training *and* 75% of caregivers, including the primary caregiver, shall participate in 3 hours of DHS-approved training on the applicable developmental learning standards *or* primary caregivers must complete 10 hours of annual training in addition to the 30 hours of training required above and the minimum training hours required by DHS licensing requirements.	20 hours training each year in addition to annual training requirements (4 hours for FCCHs, 8 hours for group homes) *and* primary caregiver maintains membership and documented participation in family care support group or local, state, or national association *and* 100% of caregivers, including the primary caregiver, shall participate in 3 hours of DHS-approved training on the applicable developmental learning standards.
Professional development plan	Each primary caregiver and administrator has an annually updated professional plan that includes training hours that support the goals of the plan.	Each primary caregiver and administrator has an annually updated professional development plan that includes training hours that support the goals of the plan.	Each primary caregiver and administrator has an annually updated professional development plan that includes training hours that support the goals of the plan.

SOURCE: DHS, 2009a.
NOTE: There are no specific professional development requirements in Star-Quality program for nonprimary caregivers in family or group child care homes. Additional requirements for rating levels can be found in DHS, 2009a.

Furthermore, annual professional development and training hours increase across star levels compared with the minimum hours required for licensure. At the three-star level, each center caregiver must complete six additional training hours annually (18 hours total), each center director must complete two additional hours (20 hours total), and each FCCH primary caregiver must complete 20 additional hours (24 total).[13] Notably, even at the three-star level, the number of required annual hours is lower than the proposed 30 annual training hours discussed above.

As star-rating levels increase, a larger percentage of center caregivers are also required to have participated in a more intensive training program as part of their hours or be pursuing a credential or college degree. All rating levels for all providers have some form of requirement related to caregiver or director participation in three hours of training related to TN-ELDS, as well as maintaining professional development plans. These plans are intended to include long-term caregiver and director educational and career goals, identification of content areas in which additional knowledge is needed, short-term goals for improvement in those areas, and a plan of action to complete short-term goals (DHS, 2009a).

The difference across rating levels in the minimum education and training requirements is not very pronounced. Thus, it is not surprising that a large percentage of licensed providers are also rated at the highest three-star level. Table 3.8 provides a summary of the rating levels among those providers that have been rated. A rating of zero stars indicates that a provider meets the minimum child care licensing requirements. Although all providers must be evaluated as part of the report-card program, participation in the Star-Quality rating system is voluntary. Currently, 485 of the 721 (67 percent) Shelby County ECE providers serving children ages 0–5—both centers and FCCHs—have star ratings. Among those 485 providers, 81 percent are rated at the three-star level. Excluded from this count of rated providers are ECE providers operating for less than one year (who are not yet eligible to participate in the rating system) and providers that did not elect to participate in the Star-Quality system. Most of the TDOE-regulated providers do not participate in the Star-Quality ratings, which means that fewer centers serving preschool-age children have ratings, whereas most eligible FCCHs are rated. Without their participation in the report-card evaluation process, it is unclear how many TDOE-regulated providers currently meet higher standards or are three-star eligible.

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[13] The total is 28 hours for primary caregivers in group child care homes.

Table 3.8. Star-Quality Rating Levels Among Rated Providers Serving Ages 0–5, by Type of Care

Provider Type	Percentage of Providers			
	Zero Stars	One Star	Two Stars	Three Stars
Center (*N* = 279)	9	<1	7	83
FCCH (*N* = 206)	9	<1	11	79
All (*N* = 485)	9	<1	8	82

SOURCE: Data from the Tennessee Child Care Management System for August 2015, provided by CCR&R and Le Bonheur Community Health and Well-Being.
NOTE: There are a total of 491 licensed centers (279 of which participate in the Star-Quality system) and 230 licensed FCCHs (206 of which participate in Star-Quality). This table includes only those participating in the system. Several Head Start and Early Head Start centers were missing Star-Quality ratings in the data but were determined to be rated three stars based on information retrieved from Porter-Leath, undated.

National Association for the Education of Young Children and National Association for Family Child Care Accreditation

National accreditation systems are another form of quality assessment for ECE providers. Centers can be accredited through NAEYC, and FCCHs can be accredited through NAFCC. In this section, we provide a brief description of each accreditation process and note the number of Shelby County ECE providers with current accreditations.

NAEYC accreditation is a voluntary process that includes a self-study that the ECE provider conducts to assess progress against NAEYC quality standards and to initiate quality improvements to meet standards. The ten areas of standards are relationships, curriculum, teaching, assessment of child progress, health, teachers, families, community relationships, physical environment, and leadership and management (NAEYC, 2015). Additionally, there are multiple domains within each standard area. NAEYC updated the standards October 1, 2015. NAEYC accreditation has more-stringent education and experience requirements for ECE caregivers than the Star-Quality program does. NAEYC requires that all caregivers have a minimum of an associate's degree (or the equivalent); that 75 percent of caregivers have a college degree in ECE (or, if non-ECE degree, have ECE working experience), be working toward an ECE-related degree, or have a minimum of a CDA credential; and that 50 percent of assistant caregivers must meet those same requirements or have or be working toward a CDA credential (NAEYC, 2015) (see Chapter Four for discussion of the CDA credential). An emerging practice[14] for NAEYC is that all caregivers, including assistant teacher aides, have professional development in how to use the provider's child and quality assessments so the results can be used to inform classroom practices. When the provider is ready, an objective third party observes the provider. Providers that successfully meet the standards are then NAEYC

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[14] An emerging practice from NAEYC is one that is relatively new and not widespread; programs are expected to engage in the practice, but scores on the standard do not negatively affect accreditation.

accredited for five years. Nationwide, more than 7,000 providers are NAEYC accredited. As of September 2015, about 7 percent (or 34 of 491) of licensed center providers serving children ages 0 to 5 in Shelby County were NAEYC accredited.[15]

NAFCC accreditation is also a voluntary process that includes a self-study component, quality standards, and observations by a third-party assessor. Quality standards cover five content areas: relationships, environment, developmental learning activities, safety and health, and professional business practices (NAFCC Foundation, 2013). As part of the accreditation process, an independent observer visits the home to conduct an observation and collect documents related to the accreditation process. Education requirements for NAFCC can be met in one of two ways: A caregiver can have a current Family Child Care CDA Credential or must have 90 hours of family child care education. The hours can come in the form of workshops (up to 28 hours); classes or workshops that the provider teaches (up to 18 hours); a bachelor's or higher degree in child development, early childhood education, or related field (45 hours; an unrelated degree counts for 25 hours); an associate's degree in child development or related field (37.5 hours); or training from a recognized child care education organization (no maximum). NAFCC standards do require that caregivers seek education and professional development and participate in a network of FCCH providers or other professional network. NAFCC accreditation is valid for three years. As of December 2015, NAFCC listed only two FCCHs in Shelby County as accredited in search results using the NAFCC search for accredited providers (NAFCC, undated).

Accredited providers—whether accredited by NAEYC or NAFCC—can also participate in Star-Quality ratings. A provider receives extra points toward its overall score as a result of being accredited by a DHS-approved entity (Homer, McCutcheon, and Cunningham, 2014; DHS, 2015).

Conclusion

In sum, caregivers and directors in the 721 licensed centers and FCCHs in Shelby County generally need a minimal level of formal education to enter the ECE workforce. However, as they continue in the workforce, they are required to participate in several hours of annual training as part of ongoing professional development. This minimum annual training requirement ranges from four hours for FCCH caregivers to 18 hours for center directors. These education and training requirements increase for caregivers and providers that participate in the Star-Quality rating system or in a national accreditation program. The higher requirements for providers voluntarily participating in quality rating efforts can encourage staff, especially center directors, to pursue ECE credentials or academic degrees. However, not all providers currently participate

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[15] Based on our analysis of data reported in Table 3.1 in conjunction with a search of accreditation status through the NAEYC accredited-program search (NAEYC, undated [b]).

in these quality rating efforts. In Chapter Four, we describe the types of ongoing professional development activities available to Shelby County caregivers.

Chapter Four. Shelby County Ongoing Professional Development Supports

This chapter provides an overview of the various professional development opportunities in Shelby County that can help caregivers meet the provider licensing and Star-Quality requirements or to further their own professional growth in the field. We orient the presentation of the county's professional development activities along the same four types of professional development supports described in Chapter Two. We conclude the chapter with a discussion of caregivers' perceptions of the opportunities in Shelby County based on information gathered from focus groups.

Credit-Bearing Coursework

As described in Chapter Three, a college or university degree (e.g., associate's or bachelor's) is not necessary to begin work as an ECE caregiver or to continue employment in a center or FCCH meeting minimal licensing requirements. However, credit-bearing coursework can help ECE caregivers achieve certain Star-Quality or accreditation requirements, such as a CDA credential or an associate's degree. In Shelby County, ECE caregivers have the opportunity to pursue credit-bearing coursework toward credentials or as part of degree program at several institutions. Table 4.1 provides a list of institutions and credentials or degrees offered through college or university programs in Shelby County.

Table 4.1. Degrees and Credentials Offered at Colleges and Universities in Shelby County

Institution	Degree or Credential Offered
Southwest Tennessee Community College	• CDA • TECPAC • Early Childhood Education Technical Certificate • A.A.S. in early childhood education
University of Memphis	• B.S.Ed. (bachelor of science in education) in human development and learning with an early childhood education concentration for pre-K–3 • M.A.T. in instruction and curriculum development with an early childhood education concentration for pre-K–3 • M.S. (master of science) in instruction and curriculum development with an early childhood education concentration • Ed.D. (doctor of education) in instruction and curriculum leadership with an early childhood education concentration
Christian Brothers University	• B.A. in early childhood education • M.A.T. in early childhood education for pre-K–4 • licensure-only program in early childhood education for pre-K–4
LeMoyne–Owen College	• B.S. in early childhood education for pre-K–3

NOTE: TECPAC = Tennessee Early Childhood Program Administrator Credential. A.A.S. = associate of applied science. M.A.T. = master of arts in teaching. B.A. = bachelor of arts. B.S. = bachelor of science.

In this section, we provide detailed information on Southwest Tennessee Community College because it is the only institution that provides academic coursework for in-service caregivers that does not require enrollment in a degree-bearing program. Southwest offers several credentials that help ECE caregivers meet specific licensing or Star-Quality requirements, and it offers a two-year associate's degree in early childhood education. The associate's degree is designed to meet the Head Start assistant-teacher requirements. The A.A.S. in early childhood education at Southwest is the only program in Shelby County to have earned the NAEYC early childhood associate's-degree accreditation (NAEYC, undated [a]). This accreditation indicates that the degree program meets the six core professional preparation standards that NAEYC sets forth (NAEYC, 2012). In the rest of this section, we provide brief descriptions of each competency-based credential that Southwest offers: CDA, TECPAC, and Early Childhood Education Technical Certificate.

The **CDA credential** is a nationally recognized entry-level credential in early childhood education issued by the Council for Professional Recognition. The CDA assessment process evaluates a caregiver's performance with children and families based on a set of competency standards. The credential is available for ECE caregivers working with infants and toddlers or preschoolers in centers and FCCHs.

The requirements for the center-based Infant/Toddler CDA credential include having a high school diploma or equivalent, completing 120 hours of formal early childhood education training, and documenting 480 hours of professional work experience with children ages 0 to 3 within the past three years. The full set of requirements can be found on the Council for Professional Recognition website (Council for Professional Recognition, undated). The CDA for

FCCH caregivers is the same as the infant and toddler credential, with the exception that training and work experience must involve children ages 0 to 5 rather than 0 to 3.

TECTA provides tuition assistance and textbooks for four Southwest credit-bearing courses that meet the training requirements for the CDA (Southwest Tennessee Community College, undated [a]). TECTA also supports students in completing the CDA process through mentoring partnerships and general assistance with the application. CDA credentials are valid for three years from award date and can be renewed with proof of continuing ECE-related training.

TECPAC is a credential awarded to ECE administrators who have exemplified competencies related to effective leadership and management, as demonstrated by experience, academic education, and a portfolio assessment. DHS supports this credential as a level of recognition that meets director education requirements for the Star-Quality rating system, and it can also help fulfill part of the requirements for the alternate pathway required for NAEYC accreditation standards (Southwest Tennessee Community College, undated [e]). Depending on the ECE caregiver's entry education level, experience, and prior ECE coursework, the caregiver is required to complete six to nine credit-hours of coursework in such content areas as administration, leadership, and management. TECTA covers credential expenses, including tuition assistance and advisement.

The **Early Childhood Education Technical Certificate** is a 21-credit-hour program that helps develop ECE caregivers' competencies in developmentally appropriate practice. The goal of the certificate is to signal that the caregiver has acquired knowledge of theory and practice necessary to implement an ECE program for children. In addition to fulfilling an education requirement for caregivers and directors within the Star-Quality rating system, credits from this program can be applied toward the A.A.S. degree with emphasis in early childhood education. Participants are required to complete seven Southwest courses on child development, safety and health, and family dynamics (Southwest Tennessee Community College, undated [b]). We note that one of the required courses—Infant, Toddler, Child Development—focuses on infants and toddlers in the course of study of the cognitive, physical, social, and emotional development of young children ages 0 to 8, and it includes laboratory observation and interaction (Southwest Tennessee Community College, undated [b]).

In addition to the credentials and associate's degree available through Southwest, three four-year colleges and universities in the county provide ECE coursework and ECE-related bachelor's and master's degrees—University of Memphis, Christian Brothers University, and LeMoyne–Owen College. All three institutions offer bachelor's degrees specific to early childhood, and the two universities also offer M.A.T. degrees. These degrees meet the requirements for eligibility for Tennessee ECE teacher licensure for pre-K through grade 3, which is required to teach in public schools. Christian Brothers University also offers a licensure-only program for those who already have a bachelor's degree but do not wish to obtain an ECE graduate degree in order to pursue Tennessee teacher licensure. The University of Memphis also offers a doctorate in early childhood education. Southwest Tennessee Community College and the University of Memphis

currently have an articulation agreement that guarantees university admission to any Southwest student who has completed an associate's degree (Southwest Tennessee Community College, undated [d]).

The National Council for Accreditation of Teacher Education (NCATE) has accredited all three four-year colleges and universities, which indicates that the education degrees meet the six NCATE standards that indicate effective teacher preparation (NCATE, undated [a]). Additionally, through NCATE, NAEYC acts as a specialized professional association and evaluates early childhood education programs in NCATE institutions. Through this review process, the University of Memphis's bachelor of science in education and M.A.T. early childhood education programs have received nationally recognized status (NCATE, undated [b]). Like the NAEYC recognition for associate's degrees, this accreditation signifies that the programs adequately meet the six core standards that NAEYC sets, thus indicating that the programs prepare high-quality early childhood teacher candidates (NAEYC, 2012).

Non–Credit-Bearing Workshops

One of the most-common forms of professional development for ECE caregivers is short workshops, courses, seminars, and other types of training that do not confer college or university credit. In the remainder of this report, we refer to this category of training as *noncredit workshops*. These activities serve as training that counts toward the annual requirements for professional development hours that DHS or TDOE licensing requires and to fulfill Star-Quality rating-level annual training requirements. Table 4.2 provides an exemplar list of 2015 noncredit workshops by sponsor, session title, targeted audience, enrollment cost, and session length.

Table 4.2. Examples of Shelby County Noncredit-Workshop Opportunities, 2015

Training Sponsor	Session Title	Target Audience[a]	Cost to Attend	Session Length, in Hours
Southwest Tennessee Community College TECTA	TECTA Orientation	I, P, F, A	None	30 (typically six Saturday sessions of five hours each)
CCR&R Infant and Toddler Specialist	Pathways to Excellence in Infant/Toddler Care: Social–Emotional Development of Infants and Toddlers *and* Guidance and Discipline with Infants and Toddlers	I, F	None	6 (two three-hour sessions in one day)
	Pathways to Excellence in Infant/Toddler Care: Brain Development in Infants and Toddlers *and* Intentional Planning Using the TN-ELDS	I, F	None	6 (two three-hour sessions in one day)

Training Sponsor	Session Title	Target Audience[a]	Cost to Attend	Session Length, in Hours
	Pathways to Excellence in Infant/Toddler Care: Engaging Environments (Part 1): Environments for Infants and Toddlers *and* Engaging Environments (Part 2): ITERS-R [Infant/Toddler Environment Rating Scale, revised edition]—Beyond the Basics	I, F	None	6 (two three-hour sessions in one day)
	Pathways to Excellence in Infant/Toddler Care: Risk of Injury/Supervision *and* Understanding the Spread of Germs *and* Safe Sleep	I, F	None	6 (three two-hour sessions in one day)
CCR&R	Social and Emotional Needs of Children: Toxic Stress and the Effects on Young Children	I, P, F	None	2
	Introduction to Strengthening Families: Protective Factors Build Strong Families	I, P, F	None	2
	Promoting Children's Success: Creating Positive Relationships and Supportive Environments	P, F	None	2
	Challenging Behavior: Evidence-Based Practices	I, P, F	None	2
	Infant and Toddler Care: More Than Just Routines	I, F	None	2
	Selecting the Best Tools for Informal Learning	I, P, F	None	2
	Developmental Standards: Infant and Toddlers	I, F	None	3
	Developmental Standards: Preschool	P, F	None	3
	Developmental Standards: School-Age	F	None	3
	Revised Introduction to the Infant Toddler Environment Rating Scale—Revised (ITERS-R)	I, A	None	2
	Revised Introduction to the Early Childhood Environment Rating Scale—Revised (ECERS-R)	P, A	None	2
	Revised Introduction to the Family Child Care Environment Rating Scale—Revised (FCCERS-R)	F	None	2
	Understanding the Whys Behind Developmental Standards	I, P, F	None	3
	Parental Resilience and Child Development in Strengthening Families: Partnering with Families to Promote Healthy Child Development	I, P, F	None	2
	Partnering with Families for Healthy Child Development Talking to Families of Infants and Toddlers About Developmental Delays	I, F	None	2
	Social and Emotional Needs of Children in Strengthening Families: Helping Children Play and Learn Together	P, F	None	2
	Responding to Families in Culturally Sensitive Ways	I, P, F	None	3

Training Sponsor	Session Title	Target Audience[a]	Cost to Attend	Session Length, in Hours
	Supervising Young Children in Childcare	I, P, F	None	2
	The Teacher's Role in the Preschool Classroom: The Learning Environment	P, F	None	2
	Understanding Child Development with Disabilities	I, P, F	None	2
	Revised TN-ELDS for 4-Year-Olds: Overview and Approaches to Learning	P, F	None	3
	Revised TN-ELDS for 4-Year-Olds: English Language Arts	P, F	None	3
	Social and Emotional Needs of Children in Strengthening Families: Relationships the Heart of Development and Learning	I, P, F	None	2
	Bullying Behavior: Why It Hurts So Bad	F	None	2
	How to Incorporate Technology into the Preschool Classroom	P, F	None	2
	Creative Curriculum: Theory and Research	I, F	None	2
	Creative Curriculum: Creating Interest Areas in the Preschool Classroom	P, F	None	3
	Connecting Children to Nature in Developmentally Appropriate Ways	I, P, F	None	2
	Music and Movement in the Preschool Classroom	P, F	None	2
	Physical Science	I, F	None	2
	Planning a Daily Schedule for Preschool Children	P, F	None	2
	Math Essentials for Ages 3–5: So Much More Than Counting	P, F	None	2
	Creating Opportunities for Learning Through Sand and Water	I, P, F	None	2
	Kindergarten Here We Come	P, F	None	2
	The Right Fit: How to Recruit and Keep Good Teachers	P, F, A	None	2
	Family-Centered Practice	I, P, F	None	2
	Parent Engagement in Strengthening Families: Engaging Hard-to-Reach Parents	I, P, F	None	2
	STEM [science, technology, engineering, and math]: It's All Child's Play	P, F	None	2
	Implementing Physical Science: Ramps and Pathways	P, F	None	2
DHS, Tennessee State University Center of Excellence for Learning Sciences	TN-ELDS Online Training	I, P, F, A	None	Self-paced (online)

Training Sponsor	Session Title	Target Audience[a]	Cost to Attend	Session Length, in Hours
MAEYC	MAEYC annual conference (infant and toddler track is available)	I, P, F, A	$65–$75	0.75–1 (multiple sessions offered during conference)
TAEYC	TAEYC conference	I, P, F, A	$99–$200	Multiple sessions
Appelbaum Training Institute	Onsite seminar (topics vary for each one-day training seminar; a recent seminar included "Lost Childhoods: Solutions for Stressed Children," "Beware, I Bite, Hit, and Talk Back!" "Bonanza of Great Discipline Strategies," and "Autism Spectrum Disorder: Must-Knows for Success")	I, P, F	$27–$33 per person depending on group size	7
Memphis Public Library	The Concept of Discipline and Redirecting Behavior	U	None	2
	Brain Development: Infants to Preschoolers	U	None	2
	Stewards of Children	U	None	2
	Knowledge of Child Development	U	None	2
	Building Self-Esteem Using Children's Literature	U	None	2
	Professionalism in a Work Environment	U	None	2
	Infant Development: Social and Emotional	U	None	2
	Creative Movement Storytelling	U	None	2
	Basic Spanish for Preschool Teachers	U	None	2
	Phonics	U	None	2
	Cooperative Learning Through Music	U	None	2
	3-D Art Critical Thinking and Problem Solving	U	None	2
	Quick Afterschool Activities	U	None	2
	Every Child Ready to Read	U	None	2
	STEAM [science, technology, engineering, art, and math]	U	None	2
	Effective Communication with Parents	U	None	2
	Multicultural Literature	U	None	2
	Learning Disabilities and Learning Styles	U	None	2
LEAD	Ages and Stages Questionnaire Training	I	None	U

SOURCES: Tennessee State University, undated; CCR&R Shelby County training schedules; Appelbaum Training Institute seminar flyers and website (Appelbaum Training Institute, undated); MAEYC conference program; TAEYC website (TAEYC, undated); Tennessee Child Care Online Training System (TCCOTS) website (TCCOTS, undated).
NOTE: MAEYC = Memphis Association for the Education of Young Children. TAEYC = Tennessee Association for the Education of Young Children. LEAD = Le Bonheur Early Intervention and Development.
[a] I = infant and toddler. P = preschool age. F = FCCH. A = administrator (such as a director). U = unspecified or unknown.

In Shelby County, the primary publicly funded sponsors of these noncredit workshops include Southwest Tennessee Community College, the regional DHS-sponsored CCR&R agency, and the Memphis Public Library. Private training organizations also provide noncredit workshops, including the Appelbaum Training Institute, a for-profit organization. Together, these workshops are offered year-round and on weekends and evenings, so ECE caregivers have the opportunity to participate on their own schedules to fulfill their required professional development hours. Some noncredit workshops are also available online. The topic areas for the courses also span a wide range of content, and several courses are aimed at infant and toddler caregivers and focus on social and emotional development topics.

Notably, many of these noncredit workshops are provided at no cost to ECE caregivers—that is true of all CCR&R and Memphis Public Library training opportunities. These are workshops offered throughout the community year-round and typically last for two hours per session. In most cases, staff attend training offsite from their centers or FCCHs, but, in some cases, such as the Appelbaum day-long training, the courses are offered at the provider site if a group has enrolled. ECE caregivers can also receive professional development hours to fulfill their requirements by attending sessions of approximately one hour each at the annual MAEYC or TAEYC conference, though a conference registration fee is required.

Tennessee Early Childhood Training Alliance Orientation

The 30-hour TECTA orientation is a distinct case of professional training in the community. TECTA orientation focuses on the development of professional core competencies of the CDA credential and aligns with NAEYC standards for professional preparation; as such, it serves as a "gateway" to higher education in the early childhood education field (DHS, 2015). The orientation is free to anyone employed by a DHS- or TDOE-licensed provider. Orientations are offered based on five areas related to the type of caregiver: infant and toddler (caregivers of children ages 0 to 3 only), family child care (owners and caregivers), administrators (owners, directors, program coordinators, and administrative staff), and center based (caregivers of children ages 3 to 5 only) (Southwest Tennessee Community College, undated [c]). They are typically offered across five Saturdays for six-hour sessions. FCCH orientation is offered as an online course. Completion of TECTA orientation fulfills the ECE caregiver's minimum annual training requirements for licensure for two years, and orientation also fulfills, in part, the Star-Quality rating-level requirements for staff. However, space is limited in a given year, and, as necessary, TECTA might prioritize enrollment for staff who have not previously completed a TECTA orientation.

Child Care Resource and Referral Workshops

The Shelby County CCR&R agency is a major provider of noncredit workshops. This agency is part of a statewide network of resource and referral agencies that Signal Centers manages under contract with DHS, intended to provide training and TA to help improve ECE quality

(DHS, 2015). CCR&R is a major Shelby County sponsor of noncredit workshops that help ECE caregivers working in licensed providers meet their annual training-hour requirements. A goal of the statewide network is to provide consistent services to ECE caregivers, and local agencies must follow the approved Tennessee Child Care Provider Training (TN-CCPT) system in their training efforts (DHS, 2015; Signal Centers, 2012). The Shelby County CCR&R is contracted to schedule and deliver 240 TN-CCPT hours each year, with some training sessions offered every month and a master training calendar made available online (Cannon, 2015; Signal Centers, 2012). TN-CCPT includes statewide train-the-trainer institutes that all CCR&R specialists must attend before they can deliver a specific training session to ECE caregivers as part of their quarterly training calendar (Signal Centers, 2012). The quarterly training topics are determined by DHS priorities and local agencies in consultation with statewide administrators to address the needs of the ECE community, and, each quarter, the training opportunities must cover five curriculum areas: administration, child development, developmentally appropriate behavior management, early childhood and childhood education, and health and safety (Signal Centers, 2012).

The CCR&R training sessions consist of either workshops ranging from two to eight hours within one day or a series institute ranging from six to 18 hours over multiple days. The series institutes include multiple modules that are intended to cover a content area in depth, and they are offered over an extended period of time so that ECE caregivers have an opportunity to apply what they are learning in their own provider settings (Signal Centers, 2012).

For ECE infant and toddler caregivers, the CCR&R Pathways to Excellence in Infant/Toddler Care training series provides 24 hours of specialized training for this age group, and completion confers a certificate of recognition from DHS (CCR&R, undated). This training series began as a pilot in 2015 with the goal of expanding infant and toddler ECE caregivers' expertise in four areas of learning: social and emotional wellness, health and safety, child development, and environment. A CCR&R Infant/Toddler Specialist leads this training over eight three-hour sessions occurring across four Saturdays that include two sessions each. Because this is the first year of the training series, it is unclear whether this training will be repeated for future infant and toddler caregiver cohorts.

Because Tennessee currently does not have a workforce registry (i.e., provision of unique caregiver identifiers), CCR&R cannot track exactly how many unique caregivers attend CCR&R trainings. According to data that Signal Centers provided, through the Tennessee CCR&R network database, Shelby County CCR&R provided training sessions for 3,933 caregivers in fiscal year 2014–2015, though that figure includes duplicated numbers for caregivers who attended more than one session.

Online Training

Besides in-person training, online training opportunities are available through the TCCOTS. According to the TCCOTS website (TCCOTS, undated), the system is designed to provide

flexible training options for ECE caregivers working in DHS-licensed providers with limited time to attend in-person training. DHS funds this online system through a contract with the Tennessee State University. Each training module is approved for both licensing and Star-Quality training hours. The online training modules include ECE content aligned with NAEYC standards for professional preparation (DHS, 2015). One specific TCCOTS training program focuses on TN-ELDS, which is a specific training requirement through Star-Quality.

Other Targeted Training Opportunities

In addition to the training opportunities discussed above, a few other programs serve a specific population or content goal. One important example is the training program for staff in Head Start centers (serving three- and four-year-olds) and Early Head Start centers (serving ages 0 to 3). This training is limited to staff working in these specific programs and is driven in part by national Head Start mandates, as well as local needs. Training topics can be tailored to reflect the Head Start Program Performance Standards and specific curricula.

Several other examples relate to training addressing social and emotional development. LEAD provides training for small groups of ECE caregivers on the Ages and Stages Questionnaires, third edition, and the Ages and Stages Questionnaires: Social–Emotional, second edition, which are tools to screen young children between one month and 5.5 years of age for developmental delays. Ages and Stages Questionnaires, third edition, addresses development within the areas of communication, gross motor, fine motor, personal–social, and problem-solving, and Ages and Stages Questionnaires: Social–Emotional, second edition, addresses more-specific components of social–emotional development, including self-regulation, communication, compliance, adaptive behaviors, autonomy, affect, and interaction with people (Ages and Stages Questionnaires, undated). The goal of the training is to provide ECE caregivers with the ability to offer two screenings that can provide a quick, efficient way to identify children who might need further evaluation and monitoring or referral to additional resources (Cannon, 2015). As of December 2015, inclusion facilitators had trained ECE caregivers at 53 providers within Shelby County that were selected based on expressed caregiver interest (Cannon, 2016a). Each caregiver receives two hours of training in a group setting that covers the purpose of the tools, how to implement and interpret the screenings using hands-on practice, and the available resources for referrals and follow-up. The caregivers additionally receive periodic follow-up and TA in either group settings or one-on-one meetings.

Although the program is no longer in operation, Shelby County had a grant-funded program through the Shelby County Office of Early Childhood and Youth to offer training on social and emotional development to ECE caregivers through the Vanderbilt University Center on the Social and Emotional Foundations for Early Learning (CSEFEL) Pyramid Model. Shelby County CSEFEL specialists were trained in CSEFEL modules 1 through 3 at a training in Lexington,

Tennessee.[16] The evidence-based modules covered the social and emotional development of children from ages 0 to 5, including general knowledge of social and emotional development and individualized instruction for specific children to help address behavior issues.[17] Shelby County CSEFEL specialists targeted select ZIP Codes in the county to offer social and emotional development training to both center-based and FCCH caregivers. Each caregiver received three hours of onsite training for each of the three modules, which counted toward professional development hour requirements. Additionally, CSEFEL specialists conducted observations of caregivers as they implemented what they had learned. Specialists trained 2,305 caregivers between November 2012 and September 2014.[18] These specific CSEFEL services ended upon completion of the grant period. However, CCR&R and TECTA currently incorporate components of the Pyramid Model and the work of the Technical Assistance Center on Social Emotional Intervention for Young Children in workshops, such as those addressing challenging behaviors, in TECTA orientation, and online through TCCOTS (DHS, 2015).

The Early Success Coalition is currently piloting a child mental health program through a federal grant from the Substance Abuse and Mental Health Services Administration. This pilot partners an ECE center with a child mental health consultant to build ECE caregivers' capacity through assessment, training, and coaching to promote and support positive behavioral health for the children in the center.

Coaching, Mentoring, and Peer Support

Several examples of coaching, mentoring, and peer support opportunities exist in Shelby County, though sustained coaching for ECE caregivers is not prevalent. The major countywide coaching initiative is administered through the TA arm of the Shelby County CCR&R. TA is defined as "any service that fulfills the individual needs of child care providers" and has the goal of promoting ECE quality (Signal Centers, 2012, p. 32). This individualized, onsite assistance from CCR&R specialists is available at no cost to all DHS-licensed providers and TDOE providers participating in the Star-Quality program. Each specialist is required to have at least a bachelor's degree, as well as training in content areas; one of Shelby County's specialists is an infant and toddler specialist who provides both TA and workshop training. TA can include a range of content areas based on provider and caregiver needs, including advising on the ERS assessment; inclusion of children with special needs; health and safety issues; and developmentally appropriate practices for all age groups, including interactions with children (Signal Centers, 2012). How much time a caregiver spends with CCR&R specialists depends on

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[16] Information on the Shelby County CSEFEL implementation was provided by T'Challa Pollard, trained CSEFEL specialist, personal communication with permission to cite, Memphis, Tenn., May 29, 2015.

[17] For further details on the CSEFEL modules, see CSEFEL, undated.

[18] Information on the number of providers trained during the grant period was provided by Karen Thompson, CCR&R specialist, personal communication with permission to cite, February 29, 2016.

the needs of the provider and caregivers, and regular visits are available if deemed necessary, which could include targeted TA from CCR&R for providers scoring low on the ERS assessment or with other quality concerns. In calendar year 2015, CCR&R conducted 162 TA and 1,025 targeted TA visits for a total of about 3,025 hours of assistance (Cannon, 2016b), though data are unavailable on the average number of TA hours per individual caregiver. In addition to the onsite coaching, TA services include telephone consultation, responding to requests for information, and lending materials (Signal Centers, 2012).

A current small-scale example of specialized coaching is the pilot child mental health project noted above, which seeks to provide individualized coaching to each center. However, this program currently reaches very few ECE providers.

Ready, Set, Grow is a project through the University of Memphis that, for more than a decade, has provided direct assistance to ECE centers in Shelby County to achieve NAEYC accreditation. Ready, Set, Grow provides mentoring services and assists with the NAEYC accreditation fees, which can be up to $1,000 per year. This mentoring is provided in several different forms: guiding the centers to follow the accreditation process accurately, such as knowing which accreditation steps to complete first; helping centers understand how to meet accreditation standards and the specifics of each criterion, such as professional development requirements; and acquiring mentoring support for the ECE staff from another accredited center. As of the end of 2015, the program had assisted 56 centers in attaining accreditation or reaccreditation.[19]

Many ECE caregivers rely on colleagues, either within their centers or in other FCCHs, to informally discuss ideas with and learn new information. Yet formal peer learning opportunities, such as peer learning communities or communities of practice, do not appear to be widespread among the Shelby County ECE workforce. TOPSTAR (Tennessee's Outstanding Providers Supported Through Available Resources) is one formal peer support opportunity that includes mentoring for FCCH providers and caregivers. It is a DHS-funded mentoring support system sponsored by the Tennessee Family Child Care Alliance. Experienced FCCH mentors are paired with less experienced FCCH providers to establish one-on-one supportive relationships and help caregivers identify up to three goals. Mentors can offer peer mentoring, TA, and professional development support on such topics as licensing, assessment, training, using materials, and business practices (DHS, 2015; Tennessee Family Child Care Alliance, undated). Because this is an individualized process to meet specific caregiver needs, it is not clear how much of the peer support might focus on such issues as caregiver–child interactions or social and emotional development versus such topics as business practices.

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[19] Information about this program was provided by Sandra Guntharp, director of Ready, Set, Grow, personal communication with permission to cite, Memphis, Tenn., December 14, 2015, and February 23, 2016.

Early Care and Education Caregivers' Perceptions of Professional Development Opportunities

To learn how the ECE workforce perceives the usefulness of the professional development opportunities available to it, we convened focus groups of ECE caregivers. In total, we conducted five focus groups with 46 Shelby County ECE caregivers to gain a clearer understanding of the professional development opportunities offered to and attended by local caregivers. To examine the strengths and possible areas of improvement of the professional development system, we also gathered feedback related to ECE caregivers' perceptions of the quality of the available training and workshops. Because we are specifically interested in experiences related to training on social and emotional development, we asked caregivers whether any training they attended focus on this topic and whether they assess children's social–emotional skills in their programs. Latter parts of the discussions included such topics as barriers to participating in professional development activities, benefits of participation, and ways in which professional development affects classroom practices. In the appendix, we provide the focus-group questions asked in all sessions.

In this section, we provide a summary of key themes related to professional development in Shelby County that emerged across focus-group participant responses. We organize the themes into broad categories related to general perceptions of community professional development activities, social and emotional content, barriers, facilitators, and opportunities for improvement. An important note regarding the focus-group results is that we convened relatively few focus groups with selected caregivers. The small sample of caregivers and their self-reported information limits generalizations that can be made to the caregiver population of Shelby County.

General Perceptions of Professional Development Activities

Focus-group participants spoke of attending professional development primarily in the form of noncredit workshops rather than receiving coaching or mentoring, TA, credit-bearing coursework, or engaging in peer support networks. The participants largely viewed professional development activities provided to them as helpful. One caregiver noted that the information provided in workshops is applicable such that, after attending, "you actually have something to take back to the center that you can implement." Although the majority of ECE caregivers regarded the available trainings and workshops with overall positive attitudes, they also noted redundancy in the topics covered. Caregivers acknowledged that, although the system has improved throughout the years, the lack of new and updated information is limiting. Caregivers who have been in the ECE workforce for many years especially feel that they are exposed to the same information again and again. Although hearing topics more than once reinforces key points, they noted that, because ECE knowledge and information change over time, it would be helpful for new research to be incorporated into training activities.

Participants also raised the issue of the quality of the trainers. If the trainers are not familiar with recent research or a newer component of a licensing requirement or they do not convey the messages in clear and concise ways, the caregivers might miss out on opportunities to enhance their interactions or classroom environments. Caregivers perceive trainers who have a clear understanding of the skills and knowledge that are needed in the classroom as more helpful.

Exposure to Training on Social–Emotional Development

Caregivers noted that various trainings, including CSEFEL, Pathways to Excellence in Infant/Toddler Care, TN-ELDS, and TECTA, incorporate social–emotional components. However, further discussions on this topic highlighted that many caregivers might have a different working knowledge of social–emotional development from the definition provided in the focus-group protocol (see the appendix). In response to whether they attend trainings on social–emotional development, a few of the participants discussed trainings that focus on behavior management, such as online trainings that address "how to deal with children when they have temper tantrums." Overall, the issue of behavior management came up in several focus groups as a key area for more training support.

Although the majority of caregivers use some kind of assessment to measure children's social and emotional skills, no one tool is commonly used across all providers. One caregiver even mentioned that her center was interested in tracking social–emotional skills but could not find an assessment to do so, so it created its own tool that consists of skills that children should know before entering kindergarten. The social and emotional assessments are usually shared with parents, although this process is often challenging for caregivers (see "Opportunities for Improvement" later in this section for a more in-depth discussion). Caregivers further noted their interest in accessing more training on both the topics of communicating with parents and of receiving more social- and emotional-focused content, as evidenced by one caregiver stating that, "if we get more training on social–emotional development, we can know what to do to improve the bond between the parent and the child."

Facilitators and Barriers to Engaging in Professional Development

The focus-group participants spoke of many factors that could prevent them from attending or taking full advantage of professional development opportunities. The main issue that came up throughout all focus groups involves the lack of supply. Caregivers reported that they are required to attend trainings that are specifically relevant for the age groups for which they care. However, finding trainings that fit both their interest and the age group with whom they work is very challenging. They noted that sudden and unexpected changes in classroom assignments are not uncommon (i.e., switching to work with a different age group), so building knowledge of how to work with different age groups would be beneficial. Furthermore, a handful of caregivers lamented the lack of trainings devoted to infant-specific content, and several others seemed to agree with this concern. Additionally, participants mentioned that trainings fill up quickly,

especially CCR&R trainings and the 30-hour TECTA orientation, which can be attended only every five years for space and funding reasons.

Caregivers also referred to time constraints, location, and cost as barriers. They emphasized time as a significant constraint. As one caregiver stated, "It's really difficult to work all day and then find the energy to want to go to training at night or spend all day Saturday at a conference." Caregivers in all groups agreed that, although the details would have to be sorted out, offering training onsite during work hours (e.g., morning meetings, lunch) would lessen the burden on them to go on their own time. Even onsite training after hours seemed to entice caregivers: Many commented that the opportunities are often far away and hard to get to. FCCH participants discussed how they would pull together caregivers from a few nearby FCCHs in order to get a trainer to come in and deliver training. Although online classes are available, some caregivers relayed that they either do not get the same quality of information out of these trainings or they "seem to take more time than if you go in person."

In addition to time and location, caregivers consider the receipt of financial support to attend the professional development opportunities that require fees to be crucial. Although most trainings are offered free of cost, participants noted that they might attend the MAEYC conference if it were not for the fees. Those caregivers whose employers compensated them for attending the MAEYC conference or trainings hosted by for-profit companies, such as Appelbaum, expressed that this assistance made all the difference in being able to attend these professional development activities. For example, a Head Start caregiver mentioned that, if her employer "had not paid for me to go to NAEYC, I would not have attended."

Lastly, a few caregivers mentioned that the offering of multiple trainings in one day, such as Super Saturday trainings offered by CCR&R, make it easier to earn a significant number of hours in a short period of time.

Opportunities for Improvement

Caregivers shared a few other ways to enhance Shelby County professional development activities. Multiple caregivers pointed to the need to improve the level of interaction in workshops. One such caregiver explained that "early care and education educators are hands-on, so we need [the trainers] to be more hands-on with us." Caregivers mentioned that "more demonstrations and for trainers to actually come to the classroom so they can see what it is actually like" would help caregivers apply the new information to the classroom setting.

Additionally, caregivers spent significant time in the focus groups discussing the perception that the current trainings do not adequately address ways to effectively communicate with parents. They shared the challenge of talking with parents about ways to respond to certain behavior, specific difficulties their child might be having, or similar sensitive issues. One caregiver noted that she did not know how to talk about these topics with parents in ways that would not offend them. Participants acknowledged the potential benefit from attending trainings addressing how to build trust with and engage parents on a deeper level. Additionally, caregivers

emphasized the importance of requiring parents to attend some sort of training on child development as well. Caregivers mentioned inviting parents to observe their children in the classroom, "block parties" that focus on the importance of early childhood, and mandatory meetings as examples of ways to encourage greater involvement of parents.

Although participants noted that the ECE field is expanding, many perceive that training to enhance professionalism is virtually nonexistent. Although professional development directed toward center directors and FCCH owners might briefly touch on this topic, caregivers believe that they, too, would greatly benefit from training on this subject. One new caregiver noted that she wanted to learn more about career progression and was lacking both the support and the knowledge of available resources to get started. Enhancing the collaboration between caregivers through structured mentoring or coaching seemed to greatly interest participants. One caregiver asked whether an existing resource listed people whom she could call for one-on-one mentoring or coaching. The fact that several caregivers mentioned, at the end of their focus groups, that they appreciated the opportunity to talk with peers in their fields further supports this idea. One participant mentioned that this support group does not have to be formalized, but creating a more structured format can help to ensure that the information, knowledge, and practices discussed at such gatherings is up to date and aligned with research and established ECE standards.

Conclusion

From our review of professional development opportunities available in Shelby County and focus-group feedback, it is clear that many caregivers are meeting their professional development training requirements through noncredit workshops. These workshops are offered in a variety of ways, including through offsite group sessions, online courses, and at the caregiver's location. Still, other opportunities are also available in the county, such as onsite TA (or coaching) through CCR&R and credit-bearing coursework toward credentials or degrees through local colleges and universities. However, these forms of professional development might not be as widely accessed as workshops. It is important to note that these described professional development activities have generally not been formally evaluated, so we cannot characterize the quality or effectiveness of the activities.

Several key factors are related to caregivers' participation in specific professional development opportunities, including cost, timing, and location. No-cost activities are available, but they are often limited in space and the topics covered (e.g., infants and toddlers). Furthermore, the time needed to attend workshops can be difficult for caregivers, particularly because of caregivers' work schedules and the distant locations where the workshops are held.

We found several examples of noncredit workshops and academic courses that include social and emotional content, and this content could also be included in individualized coaching and mentoring. At the same time, caregivers noted a desire for more training around children's behavioral issues and their social development. This finding is aligned with new federal

regulations that promote the inclusion of more social and emotional development training for early childhood. Specifically, the U.S. Department of Health and Human Services has recently issued recommendations to states to adopt policies that promote the social, emotional, and behavioral health of young children in ECE providers as part of their new CCDF plans (Administration for Children and Families, 2015b). This includes requiring that these areas be covered in professional development opportunities, so it might be expected that the state will provide additional social and emotional development training opportunities in future years, whether through noncredit workshops or other types of professional development support.

In Chapter Five, we provide an overview of the study findings, their implications, and policy recommendations for the professional development system in Shelby County.

Chapter Five. Conclusions and Recommendations

The purpose of professional development is to help ECE caregivers build and maintain the knowledge and skills needed to provide high-quality care that supports children's development. This survey of professional development opportunities in Shelby County describes a system in which ECE caregivers working for licensed providers need only meet minimal formal education requirements to enter the workforce but are required to complete from four to 18 hours of annual competency-based training to accumulate knowledge and build competencies. These ongoing professional development training hours present an opportunity to ensure that all ECE caregivers are trained in core ECE skills needed for high-quality care, regardless of formal education levels. Professional development and education requirements for the higher Star-Quality rating levels are somewhat more rigorous than for licensure, and these requirements can encourage pursuit of ECE credentials or academic credit toward a degree, especially for center directors. However, the differentiation between rating levels is not greatly pronounced, and many TDOE-funded providers do not participate in the rating system at present.[20]

From our review of available information and focus groups with caregivers, it appears that the professional development requirements for continuing licensure and for star ratings are likely met primarily through completion of noncredit training through workshops. Some of these noncredit workshops are provided in a series of related courses over multiple hours (e.g., TECTA orientation, Pathways to Excellence in Infant/Toddler Care), but many of them are short, one-time offerings. TECTA and CCR&R, both supported through DHS, are major providers of workshops and courses at no cost to ECE caregivers, and caregivers with whom we spoke noted the importance of cost in accessing training. The cost of training is likely to influence the choice of how to fulfill professional development requirements. Although caregivers told us they generally found these workshops helpful, there is little evidence to suggest that this type of professional development significantly affects quality of care or children's outcomes, as noted in Chapter Two.

We also found that the training system includes several opportunities specific to infant and toddler caregivers and content related to social and emotional development within noncredit and credit-bearing courses. However, some caregivers perceived a lack of available training related to infants and toddlers or the ability to access such training if they work with older ages. It could be that the supply of training opportunities related specifically to infants and toddlers does not meet the demand for this type of information.

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[20] TDOE programs might meet similar or higher education standards, such as a bachelor's degree required for a certified teacher in a voluntary pre-K program.

Several other types of professional development are available but less utilized by caregivers at present, though these supports have some research evidence of potential benefits for classroom practice. We identified a few coaching and mentoring opportunities for ECE caregivers, though the number of hours of assistance for individual staff and the number of staff participating are unclear. Likewise, several opportunities to pursue credentials, such as the CDA, Early Childhood Education Technical Certificate, and TECPAC, through credit-bearing coursework are available, and several higher-education programs in the community offer ECE degrees. This can provide support for ECE caregivers to advance in their careers as they achieve more formal education. However, it is unknown how many caregivers currently hold or are pursuing ECE credentials and degrees. Although that information can be collected in part through sponsoring programs, comprehensive data are not available. Moreover, it appears that formal peer support networks are not commonly found in the county, so caregivers might be relying on more informal peer support, such as sharing information with other staff within their centers. At the same time, our focus-group participants expressed an interest in more-formal peer support arrangements, as well as mentoring and coaching.

Despite the broad range of information we could access, we note several limitations to acquiring a better understanding of the professional development for ECE caregivers at this time. Foremost, neither the state or the county operates a professional workforce or training registry system with unique identifiers for ECE caregivers and trainers, so neither can track which caregivers attend specific types of training, for how many hours, and in what settings and the age groups with which they work. State agencies could not provide us with the total number of caregivers currently working for licensed providers. Likewise, no data system tracks and links staff education levels or credential attainment, so decisionmakers cannot assess the education of the current workforce. This also limits the ability to understand how well ECE caregivers are progressing through a career lattice, or ultimately to assess whether training is related to improved classroom quality or child outcomes. Another important limitation is that we cannot assess the quality of the professional development opportunities described, although we would expect that quality varies, which would affect training effectiveness.

Policy Recommendations

Given this descriptive examination of professional development opportunities, we offer several recommendations for decisionmakers to consider as they move forward with ECE professional development and quality-improvement efforts. Underlying these recommendations is the need for a strong infrastructure at the state and county levels to support ongoing professional development, including financing of supports, training of trainers and coaches, data systems, and monitoring and assessment of activities. Although this report focuses on professional development opportunities in Shelby County, it is apparent that many, if not all, changes to the professional development system would need to be made in concert with state-

level decisionmakers. Therefore, we offer these recommendations with the expectation that the Shelby County ECE community would need to communicate and work with Tennessee ECE decisionmakers to enact changes that affect the opportunities available at the Shelby County level.

Improve the Noncredit Workshops and Other Training Offerings

Our review indicates that caregivers have available to them a wide range of free or low-cost workshop opportunities, but there are several areas in which these offerings might be strengthened. In particular, most of the workshops are short (one to three hours), one-time opportunities, and caregivers indicated that there is some redundancy in the content of available workshops from year to year. The notable exceptions are TECTA orientation, which offers 30 hours of comprehensive training, and the CCR&R training series that offer several sequenced workshops over a period of time. However, the availability of orientation and training series is limited, and caregivers noted that they could not always enroll in workshops they desired because of space constraints. Also, these training offerings have not yet been rigorously evaluated to assess their effectiveness at changing ECE practice in the county. It might take significant time to learn a particular content area and reflect, so sequenced workshops with experienced trainers that build on a content area and are sustained over time might be more likely than one-time workshops to support knowledge acquisition and competency (Institute of Medicine and National Research Council, 2015; Zaslow et al., 2010). This type of sequenced and more-intensive training model could be implemented and tested.

One possibility would be to build on the well-liked TECTA orientation and Pathways to Excellence in Infant/Toddler Care models to increase enrollment capacity and to provide more-advanced sessions that build on the initial orientation material and are tied to core competencies for ECE staff. This would also address the current caregiver concerns of limited access, redundancy, and need for more-advanced, research-based information. We recognize that noncredit workshops and training are the predominant professional development activities by which ECE caregivers meet their requirements for provider licensing. Decisionmakers should seek to assess the effectiveness of the current noncredit training model if it continues to serve this purpose. Another consideration is how to strategically take advantage of the proposed increase in required annual training to 30 hours. The demand for noncredit workshops will increase if the proposal is approved, and either TECTA and CCR&R will need to provide significantly more training hours, in which they can offer more-advanced or in-depth workshops, or other training providers will fill the gap. A concern will be to maintain and monitor levels of training quality as supply increases to enable ECE caregivers to meet their requirements. At the same time, this is an opportunity to think strategically about how to focus professional development training in the county as caregivers engage in more hours.

Support the Increased Availability of Coaching, Mentoring, and Peer Support Networks

As noted earlier, coaching and mentoring have a stronger research base to date that demonstrates that they are associated with improved classroom quality, though the exact components of successful coaching are undefined. That said, Institute of Medicine and National Research Council, 2015, includes in-classroom coaching with knowledgeable coaches as a key feature of effective professional development. Furthermore, caregivers indicated that they would appreciate having in-person coaching to support applying new knowledge in the classroom. Coaching provided onsite during the workday would help alleviate the barrier of time for after-hours or offsite professional development that caregivers noted.

Shelby County should consider means to strengthen the coaching and mentoring support it provides to individual staff or to classrooms to improve classroom practices, especially caregiver–child interactions. This would include well-trained coaches who work with caregivers on a regular basis over a period of time to address identified needs as part of their professional development plans. One option would be to build on the CCR&R TA model, which already reaches caregivers in the county, and to include coaching hours in counts toward annual training requirements. The quality of coaching or TA is a critical factor, however, and the county should consider use of evidence-based coaching models as it continues and expands this practice. Although research is still limited, some coaching models have been rigorously evaluated, as illustrated in Chapter Two. Shelby County can choose to replicate an existing evidence-based model or initiate evaluation of its own coaching (and other) activities to determine effectiveness of local models.

Similarly, formal peer support opportunities might hold promise in augmenting or reinforcing other professional development activities. Institute of Medicine and National Research Council, 2015, notes peer support groups or networks as another key feature of effective professional development, although, like with coaching, the exact components for successful peer support activities have not been established. That said, decisionmakers could consider mechanisms to encourage creation and use of these networks and to evaluate their effect on classroom practices. Peer support within a provider also provides the opportunity for ECE caregivers to work with colleagues across roles and age groups and develop and reinforce a common understanding of new information and application to practice (Zaslow et al., 2010; Institute of Medicine and National Research Council, 2015). Additionally, this form of professional development might prove less costly to public funders than coaching or mentoring provided through CCR&R if caregivers are supported in creating and maintaining their own networks of individualized support that do not rely entirely on publicly provided expert coaches (Schachter, 2015). However, these should be monitored and facilitated in order to ensure that the content is evidence-based and in alignment with TN-ELDS.

Furthermore, coaching that relates to the workshop content could reinforce the information in the applied setting. CCR&R, as the provider of both workshops and onsite TA, could consider

strategically linking workshops or sequenced workshops with coaching support to bring knowledge back to the provider and incorporated into classroom practice. Likewise, peer support networks might have a role in translating workshop knowledge into practice. The role of center directors is also important, and they should have a part in supporting the adaptation of classroom practices to incorporate new knowledge. Their own required professional development efforts could help provide information to support them in this role.

Reconsider Star-Quality Annual Training Content Requirements

The Star-Quality evaluation areas can serve as important incentives for staff to pursue specific types of annual training. For instance, staff will pursue training in the TN-ELDS because it is a requirement. Furthermore, the requirement to maintain professional development plans can encourage caregivers to think ahead to training they need or desire to improve their practice. Decisionmakers could consider other types of specific training to include in requirements that promote the competencies desired in the workforce, such as an increased focus on caregiver–child interactions and social and emotional development. The new CCDF requirements to promote social and emotional development training might also incentivize a shift to content in this specific area. Currently, it is not clear how much of the workshop and other training content focuses on applied practices for caregiver–child interactions or how this shapes ECE caregiver classroom practices. If rating requirements change, workshops and other training will adapt so that caregivers can meet them. This highlights an important opportunity for Star-Quality requirements to influence ECE workforce-development initiatives in Shelby County. Moreover, the proposed increase to 30 annual training hours will provide an opportunity to focus training on additional key areas while still allowing for health and safety topics to be addressed.

Establish Workforce and Training Registries

To assess which aspects of professional development have an effect on ECE quality, it is necessary to have information about specific characteristics of the workforce and professional development activities. Data systems, or professional registries, are an important step to gather comprehensive information to improve future workforce-development efforts, including professional development activities. As mentioned in Chapter Three, at least 38 states have implemented workforce registries and serve as examples of model systems on which Tennessee could draw in designing a comprehensive state system. Many states report using CCDF dollars to fund their registries and making participation mandatory in certain circumstances, such as when a caregiver receives financial supports or participates in state professional development initiatives or the QRIS (National Registry Alliance, 2013a). Examples of registry content include caregiver data on the age group served, type of provider, education level and credentials attained, employment history, retention in the field, professional development activities completed, and number of training hours. A training program registry might include the length of each training session in hours, the frequency of sessions (e.g., one time, monthly, five sessions over three

months), the content areas covered, and the qualifications of the trainer. The caregiver and training registries could be linked for a comprehensive data system, with a focus on data partnerships to incorporate data that could be housed in different databases across DHS and TDOE licensing divisions, CCR&R, TECTA, and Star-Quality. Use of this information could help policymakers implement a systematic monitoring and evaluation system and focus their professional development efforts according to empirical data on effectiveness or gaps that should be filled.

Evaluate Professional Development Quality and Effectiveness

The quality of professional development opportunities is an important factor in caregivers' acquisition of new knowledge and skills and their transfer into classroom practices. Another key factor in practice-centered professional learning is the level at which professional development focuses—individually or collectively within a provider—and the relationship that it has with classroom implementation and sustainable practices (Karoly, 2012). To better understand the role of quality and the effectiveness of activities at different levels, Shelby County should undertake monitoring and evaluation activities as part of its professional development system, which will help provide accountability and guide informed decisions. Institute of Medicine and National Research Council, 2015, calls out the need for policymakers and the ECE community to review and improve their current caregiver evaluation and assessment policies and systems. A data system as described above will provide key information in support of this review and improvement. Additionally, support for rigorous research studies on specific Shelby County initiatives, such as coaching or peer support efforts, will provide further guidance on what works and where modifications and improvements are warranted in order to achieve desired results for caregivers and children.

Appendix. Caregiver Focus-Group Protocol

This appendix presents the focus-group protocol without modification.

Opening Remarks and Consent

Hi everyone. Welcome. My name is [name] and I'm from [UCI/the RAND Corporation]. I am going to be leading our discussion [today/tonight]. Thank you for joining us. We really appreciate you taking the time to come here to share your views with us. Before we get started, I'd like to tell you about what we are doing.

The Urban Child Institute and its partners at the RAND Corporation are conducting a study of early care and education professional development efforts across Shelby County. For those who may not know us, the Urban Child Institute is a local nonprofit organization dedicated to the health and well-being of children from birth to age 3 in Memphis and Shelby County. The Urban Child Institute has partnered with the RAND Corporation. RAND is a nonprofit organization with the mission to help improve policy- and decisionmaking through research and analysis.

The purpose of this focus group is to gather information about the experiences and opinions of early care and education caregivers who have participated in professional development activities, such as workshops or trainings, in Shelby County. The focus group is not designed to study individual caregivers' experiences with professional development activities. Rather, it is meant to help UCI and RAND understand the strengths of local professional development efforts in early care and education and the areas for improvement. Our discussion will take about an hour.

Before we start, I want to make sure you understand that your participation is your choice; you can stop at any time. We will ask the group a lot of questions, but you do not have to answer them if you do not want to. As you talk, please do not use the name or other identifying information of anyone specific; instead, provide generic examples where possible, and do not repeat anything that is said here in a way that is attributable to particular people. We also ask that you do not discuss what you heard from other members of this group once you leave this room— we want to respect everyone's opinions and privacy and make sure everyone feels comfortable sharing their thoughts. However, we cannot guarantee that everything you say during this discussion will be kept confidential by all the participants, so please do not say anything that you do not want anyone else to know.

We would like to tape-record the discussions to help us with note-taking. Only members of the research team will listen to these recordings. You can ask us to turn off the tape recorder at any time during our discussion.

Do you have any questions? [If so, discuss.]

Do you agree to participate? [If yes, proceed.]

Ground Rules

As we talk today, we'd like you to give us your honest opinions, even if you disagree with someone else. There are no right or wrong answers. You may not agree with what others say, and they may not agree with you. That is okay. Please also try to talk only one person at a time. Because we have limited time, I may have to interrupt someone to move us to another question.

There is enough food and drinks for all of you, so please help yourself to them at any time. Make yourselves comfortable, and feel free to get up and get more to eat and drink or use the restrooms as needed. Our discussion will last about 1 hour and we will be finished by [time]. To thank you for your time [today/tonight], we would like to offer you a $25 gift card.

Introductions

Let's start with brief introductions of everyone here. I'll tell you a bit about us first. I am a [job title] and [other research team member] is a [job title].

Now, we'd like to hear about each of you. Please tell us your name, the age group you work with, and the type of program you work in (such as nonprofit center, Head Start, family child care home).

Great! Now that we all know each other, let's get started. [Turn on tape recorder.]

Caregiver Experiences with Professional Development System

So that we all have the same understanding of what we mean by *professional development* for today's conversation, I'd like to provide a brief description.

Professional development activities are generally offered directly to caregivers in order to help increase knowledge and skills for working with young children in order to improve the quality of child care classrooms and programs. Activities can include things like workshops or seminars, technical assistance or training sessions, coaching or mentoring at your site, peer support networks and learning communities, or taking college courses in early childhood education or child development. Professional development may be provided to you by your employer, or you may seek it out directly yourself. Sometimes professional development is also included under the broader umbrella of child care quality improvement efforts, such as being part of the Tennessee Star-Quality program.

Experience with Professional Development Generally (15 minutes)

1. Thinking about that description of professional development, what has been your experience with professional development opportunities in [Memphis/Shelby County]?

For example, have you taken workshops or college classes to help you in your job working with young children?

2. What are your impressions of the quality of the professional development activities provided in the community? For example, have you found the activities helpful for your work, or do you wish something was covered better in some way?

Exposure to Professional Development Around Social and Emotional Well-Being or Development (15 minutes)

3. Now I'd like to discuss one specific topic area that some professional development activities may focus on. What experience have you had with professional development activities that help you learn about children's social and emotional development? *Definition, if needed:* Social and emotional development is children's growing understanding of who they are, what they feel, and how they work together with others. This includes a child's ability to control his emotions, to get along with other children and adults, and the ways in which he reacts to new situations.

4. Do any of you assess or measure children's social and emotional skills in your programs? *If yes:* How do you assess or measure (for example, using certain tools)? *If no:* For those of you who do not do this currently, would you be interested in doing some type of assessment of social–emotional skills for children in your group?

Barriers and Facilitators to Engaging in Professional Development (15 minutes)

5. Thinking about the all the different professional development opportunities that you may have available, are there any reasons you would not participate in particular professional development activities? Please explain.

6. What do you think would help you to participate in more professional development activities, if you wanted to?

Beneficial Features of Professional Development (15 minutes)

7. In your view, what do [you] find most helpful about the professional development opportunities available to caregivers in Shelby County?

8. What do you believe is least helpful about professional development for caregivers or could be improved?

9. In your view, how has the professional development you received affected your classroom practice? For example, has it improved your teaching practices, interactions with individual children, classroom environment, or parent engagement?

Wrap Up

I don't have any other questions at this point, but I wanted to open it up to the group to see if any of you had questions or comments that you wanted to make that you didn't have a chance to share or that you thought of later. Does anyone have any last comments? [If so, discuss.]

Great! And we are here for a little while longer if you have additional thoughts or comments you'd like to share. Also, please feel free to send us an email at [email] if you think of something later.

Thank you so much for coming tonight. Have a good [night/afternoon].

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