Professional Development Update

Through the second year of funds for building early childhood professional development statewide, Community Empowerment consulted and partnered with field experts to fund and support the statewide system for professional development through specific mechanisms. The support provided by these professional development funds allowed professionals in early care, health and education an opportunity to participate in activities that would support their specific needs. Funds for statewide professional development supported programs across the state that impacted children and families in Iowa.

Below are descriptions for the various projects supported.

Establishment of a Statewide Early Care, Health and Education Professional Development System

Through the work of Early Childhood Iowa and building a comprehensive early, care, health, and education system, the professional development component group was charged with establishing a statewide early care, health and education professional development system. Stakeholders from across the early care, health, and education domain met several times over the past year. Dr. Dan Haggard, the Director of the New Mexico Office for Child Development, was hired as an expert consultant to help facilitated this challenging work in creating a system which would meet the professional development training needs for all individuals providing early care, health, and education for Iowa’s children and families.

The following common definitions were provided in order to provide clarity for professional development system building efforts:

1) A Professional Development System is a system of licensure/certification based on a pre-determined set of knowledge, skills and dispositions.
2) A System of Professional Recognition is a record and recognition of an individual’s accomplishments and status in a profession, combining years of experience, level of professional development (usually a combination of pre-service and in-service) with a level of licensure/certification.
3) System-Specific Training is in-service training provided by a system of service delivery regarding the regulations, policies and work required for those working within the system.

The focus areas were developed around two key aspects:

1. The positive aspects of the professional development system currently in place.
2. The diversity of systems (Head Start, Early ACCESS, child care, family support, special needs and health).

It was agreed to develop a system of systems that is strengths-based and embraces the reality of diversity.

The group identified delivery services that currently exist. The intent of this work was not to create three different silos of people working in the early care, health, and education field especially since many of the competencies are integrated into the roles of all professionals in all delivery systems.
Stakeholders also felt it was important to remember that professional development is ongoing and occurs in a variety of ways. To create success for professionals in the early care, health, and education field; all of the systems must work together. Shifting the professional development focus from in-service training to pre-service education may increase positive professional regard and provide proof of competency as evidenced by a diploma or certificate. This shift may ultimately result in higher compensation for the Early Care, Health and Education System.

**The Vision**

Iowa’s Early Care, Health and Education Professional Development System provides multiple pathways of learning and skill building for all individuals working in various roles to support young children, prenatal through age eight, and their families.

This professional development system:
- Provides leadership and coordination to ensure accountability, communication and efficient use of resources.
- Consists of multiple levels with standards-based competencies at increasing levels of complexity. Each level articulates with the next and has corresponding professional recognition.
- Includes both formal (credit) and informal (non-credit) learning opportunities.
- Each system maintains responsibility for its own role-specific training.

**Priorities**

The priorities identified by stakeholders include:
- Continuation of discussion about the professional development system
- Identification of a professional development coordinator
- Development of workgroups around specific issues – articulation, family support, communication plan, core competencies, certificates and licensing, and evaluation mechanism for the system.

The work of establishing an Early Care, Health and Education Professional Development System continues. Workgroups based on the priorities have been established and with that a clear path for the future efforts of the professional development system.

**Program: T.E.A.C.H. Early Childhood® IOWA and Quality Improvement Meetings for Administrators**, funded through the Iowa Association for the Education of Young Children.

**Goal:** To support an increase in numbers of child care providers who seek to improve the quality of their care and programming by attaining formal education towards Child Development Associate (CDA) credentials and Early Childhood Education Associate or Bachelors’ degrees, using nationally acclaimed T.E.A.C.H Early Childhood® scholarships.

**Outcomes/Results:** This funding allowed an increase in counseling staff by 1.5 FTE, adding a specialist working with the four-year colleges and universities and an increase in capacity to do recruitment. It also allowed a significant increase in T.E.A.C.H recipients. The table below specifies the educational attainment reach by child care profession type supported by these funds.
Every child, beginning at birth, will be healthy and successful.

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Child Care Profession Type</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Teachers/Assistant Teachers, (child care and preschool)</td>
<td>Child Development Home Providers</td>
</tr>
<tr>
<td>Associate degree work, including for-credit CDA coursework</td>
<td>80</td>
<td>35</td>
</tr>
<tr>
<td>Bachelors degree work, including early childhood endorsements (only includes those who have already completed associate degree or equivalent)</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>CDA assessment scholarships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
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In FY 2007, including the funding for T.E.A.C.H. that came from Community Empowerment Professional Development funds, local Empowerment areas, United Way of Central Iowa, and the Department of Human Services, a total of 300 providers and teachers completed 2100 college credits, averaging 14 credits per person per year while continuing to provide full-time child care. Grade point averages of T.E.A.C.H. recipients averaged 3.6 out of 4.0. Compensation increases averaged 6-7%, with some recipients getting raises as high as 40%, and others receiving only the 4% mandated increase.

T.E.A.C.H. funding is available to providers throughout the state, regardless of where a provider/teacher works in Iowa. Unlike other training that requires a provider to attend a specific workshop or class, T.E.A.C.H. is an investment mechanism that allows our workforce to earn CDA credentials and early childhood degrees and endorsements at their college of choice following the prescribed required course of study from that college.

**Program: Developmental Assessment of Young Children Evaluation Tool Training (DAYC) Training**

**Goal:** With the intent to provide consistency in Early ACCESS evaluation tools and processes used across the state and among partners, training was developed and delivered on The Developmental Assessment of Young Children Evaluation Tool (DAYC).

**Outcomes/Results:** The Early ACCESS System is moving towards administering global evaluation tools such as the Development of Young Children (DAYC) that evaluate at the all of the federally required domains of development rather than using multiple tools to cover the required domains. By using global tools to determine eligibility, the process will move quicker for families and the state will be able to meet the indicators around timely provision of services.

The DAYC tool assesses five areas of child development: cognition, communication, social-emotional development, physical development, and adaptive behavior. The DAYC tool is used by Early ACCESS service providers to identify the current level of developmental functioning.
Based on a child’s score, appropriate early intervention services will be provided to the child and family.

A total of 60 individuals attended and participated in the DAYC trainings. The trainings were provided to nurses, other health professionals, and Area Education Agency staff who are serving as Service Providers under Iowa’s Early ACCESS system. All participants were given an evaluation form to be completed after the presentation. A total of 53 evaluations have been received and reviewed.

- 98% of respondents felt that the course provided training needed to administer the DAYC Evaluation Tool.
- 92% of respondents felt that the exercises were useful and valuable.

The Developmental Assessment of Young Children training achieved a statewide presence by being offered at 2 locations in the state. Individual’s who will be serving children in all 99 of Iowa’s counties attended the training, thus providing consistency across the state on the tool that will be used to evaluate children’s development.

Program: Newborn Academy

Goal: The Newborn Academy program was held to provide information to early care, health, and education providers across the state to increase participant’s knowledge on health conditions and developmental consequences of infants born prematurely and infants born with congenital and inherited disorders.

Outcomes/Results: The Newborn Academy was held via ICN and was broadcast to 22 communities across Iowa with 294 individuals attending. The audience was made up of public health nurses, teachers, community family support workers and Area Education Agency staff who work with and provide services to infants born prematurely or with congenital and inherited disorders.

All participants were given an evaluation form to be completed after the presentation. A total of 242 evaluations have been received and reviewed. Based on the evaluations, it appears that:

- 81% of respondents felt that the course objectives were definitely met.
- 93% of respondents felt that the presenters were knowledgeable and provided valuable information.

Program: Iowa Preschool Positive Behavior Supports (PBS) Initiative

Goal: The Project’s overall goal is to strengthen the capacity of Iowa’s early care and education providers to support children’s social-emotional development and prevent challenging behaviors. The Project’s activities include training three cohorts of early childhood leaders (e.g., child care center directors, child care resource and referral staff, early childhood consultants) who will be able to provide training and technical assistance to staff members with whom they work, as well as providing on-site technical assistance to selected programs.

Outcomes/Results: Two cohorts were held during FY 2007. Cohort one included individuals that represented 14 programs, and all participants are actively engaged in providing training and technical assistance to staff members in their programs. Participants have trained 141 staff members who serve 850 children including 41 with individual education plans (IEPs).

The second cohort includes individuals that represent 20 programs. The second cohort finished initial training in November 2007 and represent programs that serve 2019 children.
Family Story: A three-year-old boy that has displayed multiple behavioral concerns this past year, has shown great gains since we have implemented consistent PBS from all staff members. He has now made himself the number one conflict resolver for everyone in the room. Many times he has been observed ushering other children with conflicts to the thinking spot. He has really grasped the importance of communication and cooperation, it is great to see and hear him model this to the other children.

Program: Train the Trainer: Maternal Depression Screening
Goal: Maternal Depression Screening is a program to disseminate maternal depression screening throughout programs across Iowa to develop a cadre of social service professionals who are knowledgeable about maternal depression and can provide trainings in their communities.

Outcomes/Results: Training and consultation was provided to 17 representatives from 14 maternal health programs across the state, who in turn, trained their staff and implemented depression screening in their programs in Train the Trainer 2 (TTT 2). The program educated trainees about maternal depression, taught trainees how to teach, and developed a tailored Screening Protocol. The purpose of the workshop was to prepare trainees for the implementation phase of this program by preparing them for (1) the logistics of training and (2) the challenges of implementing maternal depression screening.

Summary of Performance Outcomes:
1. Seventeen trainees were certified in TTT 2; there are 31 certified trainers across Iowa located in 18 different Iowa counties.
2. To date, 31 certified trainers from both TTT 1 and TTT 2 have implemented depression screening in their own programs.
3. To date, the 31 certified trainers have provided 48 trainings on maternal depression to their community.

Evaluations of the Training of 6 Certified Trainers
(92 workshop participants)

<table>
<thead>
<tr>
<th>Item</th>
<th>Pre-workshop</th>
<th>Post-workshop</th>
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<tbody>
<tr>
<td>Knowledge of postpartum depression (PPD)</td>
<td>28.2%</td>
<td>95.7%</td>
</tr>
<tr>
<td>Knowledge of the negative effects of PPD</td>
<td>46.7%</td>
<td>98.9%</td>
</tr>
<tr>
<td>Knowledge of depression screening and referral</td>
<td>18.5%</td>
<td>86.8%</td>
</tr>
<tr>
<td>Knowledge of psychological and medical treatments of PPD</td>
<td>30.4%</td>
<td>98.0%</td>
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Program: New Staff Orientation for Child Care Center Programs
Goal: The New Staff Orientation program conducted by ISU Extension provides preschool and child care center programs with a comprehensive 16-hour curriculum for new staff that can be delivered immediately upon hiring, within the worksite setting. Each of the 30 lessons includes a
video demonstrating best practice and a written activity that reinforces the video-based learning and assesses learning outcomes.

Directors receive 6 hours of training in implementation of the program. Director’s training emphasizes coaching and mentoring of staff and seeks to improve direct supervision and communication.

Outcomes/Results: Short term goals and objectives for directors:
1. Implement a new staff orientation program that is both comprehensive and specific to the center program policies and practices
2. Make the most effective use of director’s time to adequately train new staff
3. Organize orientation training so directors can provide consistent content for each new staff member
4. Schedule regular communication with staff about learning new skills and knowledge
5. Learn how to effectively identify a staff member’s lack of understanding about a practice or procedure.
6. Learn how to respond to staff in a positive, supportive manner about their developing skills

Director’s Training
- 37 NSO Director’s trainings were conducted across Iowa in 2007.
- 1230 DVD’s and workbooks were distributed to center programs (including preschools, child care centers, Head Start and Shared Visions)
- 615 individuals participated in Director’s Trainings.
- Training was conducted in 21 counties during 2007.

Staff Training
- 1042 center staff have completed workbooks and received certificates of completion.

Collaboration for the program includes local Empowerment funds to purchase DVD players for programs to participate in the program. Child Care Resource and Referral has assisted in marketing and recruitment of NSO in some areas.

Program: Early ACCESS Service Coordinator Trainer Stipends
Goal: The stipends provided support to trainers in the Early ACCESS system who delivered evidence-based professional development to Service Coordinators statewide. The Service Coordinator Training Modules were offered to improve the skills of Service Coordinators to increase access of needed services to families in the Early ACCESS system and improve both family and child outcomes. Ongoing support was provided to trainers of the ABC Matrix Assessment Tool, to implement the tool statewide. Information is gathered through conversations with parents, as well as through interactions with and observations of the child in natural environments. The ABC Matrix yields a rich array of information about a child’s everyday life that is useful for intervention planning.

Outcomes/Results: These trainings blanketed the state in the last year. The data collected over this last year indicates this professional development has influenced the system and ultimately families and children in a very positive way. One hundred percent of all infants and toddlers with Individualized Family Service Plans (IFSP) have received their early intervention services in a timely manner. 98% of all infants and toddlers who receive early intervention services get them in the home or in programs for typically developing children. When families
responded to the Part C Family Survey, 95.9% reported that early intervention services helped their family to effectively communicate their child’s needs and 95.8% reported that early intervention services helped their child develop and learn. The intent of this work was not to create three different silos of people working in the early care, health, and education field especially since many of the competencies are integrated into the roles of all professionals in all delivery systems.

Program: Iowa Healthy Development Health Provider Training Initiative
Goal: This initiative intends to increase the identification and referral of young Iowa children with or at risk of developmental or behavioral problems.
- Development of an education/training curriculum for primary health care providers.
- Development and implementation of a marketing and recruitment plan to convince practices and practitioners to initiate practice change.
- Implementation of the training within pre-service training programs and with current practices.
- Development and implementation of training for mental health personnel in health clinics, AEA’s, community mental health centers, early childhood programs and private practice on identification of child and parent mental health issues and use of “crosswalks” to make mental health diagnoses more appropriate for young children.

Outcomes/Results:
Performance Outcomes achieved:
- Curriculum Development: Developed a 5 module, 4-5 hour training curriculum for primary health care providers and their staff that can be delivered through face-to-face training, distance learning venues or online self-instruction.
- Technical assistance component: Recruited, hired and trained a nurse coordinator and a practice to offer ongoing consultation/technical assistance with implementation to practices that have completed the training.
- Training has taken place in communities across the state, with 154 practitioners trained.

Project: Family Development Specialist Scholarships
Goal: The family development specialist scholarships provide reimbursement to family support providers that have family support workers that complete family development certification. This certification is offered through University of Iowa – National Resource Center or ISU –Extension. The two providers are the only approved family development certification providers by the Family Development and Self-Sufficiency (FaDSS) Council. The funding is for a minimum of 200 persons and pays for up to $1000 per scholarship.

Outcomes/Results:
- Received and approved 203 applications for scholarships.
- Reimbursed 113 scholarships to agencies.
- Funding used to date (11/1/07) $106,355.
- Scholarships were provided to individuals in agencies across the state.

Project: Oral Health Care Initiative
The purpose of this initiative is clear; tooth decay is now the most common chronic disease of childhood. Untreated dental disease results in pain and impacts a child’s ability to eat, socialize, and pay attention and learn in school. On average, family physicians see a child a minimum of eight times by age one. This puts pediatricians in the best position to educate parents and refer patients to dentists if necessary. If physicians include a basic oral health check in the general check up of the child, tooth decay can be prevented or, at the very least, diagnosed early on.

The oral health care initiative represents a collaborative effort between the Iowa Chapter of the American Academy of Pediatrics, the University of Iowa College of Dentistry, and the Iowa Department of Public Health. Statewide trainings will be held in order to educate healthcare professionals on the importance of basic oral health care. Faculty at the training sessions will educate health care professionals on the importance of oral health care in children. It is intended that this initiative/training will help change health care practice and policy to better meet the needs of Iowa’s children. A related goal will be to counsel parents effectively about nutrition and caries prevention.

Literature and materials about oral health background information, research, need or risks for special groups or conditions are made available to all participants of the trainings. State and regional specific resource lists are provided to all participants and will be posted on websites. Also, regional mentors are listed with their contact information so they may serve as a resource and provide ongoing support, answer questions, and direct referrals for the primary health care providers in their region. Participants are trained to identify children at risk and perform oral health assessments and apply fluoride varnish when needed.

Summary of Project/Funded Activity:
The statewide oral health care trainings have begun via the ICN. Iowa AAP has maintained primary oversight of this project on a day-to-day basis including planning and coordination of ICN sites, invitation to participants, etc. Iowa AAP has been responsible for website creation, design and maintenance for all of the educational materials distributed at the trainings. The Iowa AAP has also designed evaluation tools, handouts, and other educational materials and coordinated workshop sites for all oral health trainings. Iowa AAP has organized the delivery of materials to each site; hotel, travel and meeting expense reimbursement for trainers and participants, reservation of hotel rooms, arranging and coordinating with professional organizations to set up workshops for pediatricians, family physicians, nurse practitioners and physicians assistants. The Iowa AAP has contacted each participant directly to arrange workshop times and plan total numbers of trainees/site; and it is the goal to coordinate with local families to arrange for several toddlers to be present for fluoride varnish application training.

In order to expand access to quality oral health care for children, particularly children under the age of 3 years, Iowa AAP has begun to disseminate education and training through a “train-the-trainer” and mentor model. We have partnered with multiple organizations, agencies and individuals, including the University of Iowa, College of Dentistry, the IDPH Oral Health Bureau, the Iowa Chapter of the American Academy of Pediatric Dentists, the Child Health Specialty Clinics and individual family and pediatric dentists to provide one half-day training/workshop for primary health care providers in Iowa. So far, these providers have included pediatricians, family physicians, pediatric nurse practitioners, family nurse practitioners and physician assistants. Trainings have utilized the use of video-conferencing at ICN sites. It is the goal to have trainers at each site. This includes one pediatric or general dentist and one pediatrician or family practitioner at each of the on-site locations. The ICN sites have originated from Iowa City and have included one pediatric or general dentist and one pediatrician. Regional I-Smile
Coordinators have been identified to assist in the promotion of the trainings. Coordinators have also been asked to serve as hosts at each ICN site.

**Performance Outcomes achieved:**
In our first two trainings, we were able to achieve our educational outcomes for participants. Upon completion of the training, health care providers such as, pediatricians, family physicians, office nurses, nurse practitioners, were able to:

- Discuss the importance of oral health care in children.
- Describe the importance of early detection and assessment.
- Describe new research suggesting that the ramifications of poor oral health extend well beyond the mouth and play a role in several childhood and adult diseases.
- Explain the etiology of caries as an infectious, transmissible disease that may have implications for systemic health or disease, quality of life, and successful participation in school or social activities.
- Learn techniques for proper application of fluoride varnish to effectively prevent caries in young children.
- Evaluate how cooperation among pediatricians, dentists and parents can help to fight this preventable but often overlooked problem in the health care of children.
- Learn to appropriately refer children with dental pathology to local dentists providing pediatric dental care and/or to the Regional Dental Coordinator.

**Program: Quality Preschool Program Standards**

This project expanded the number of facilitators for the Department of Education's Quality Preschool Program Standards. By doing so, 65 early childhood programs and 2,223 children were impacted by this support to the system.

This funding was added to already existing funding efforts for this program. They include the State Improvement Grant, Community Empowerment local funding and support from the local education agency funding support. From the combined efforts 517 programs were impacted and 114,400 children.