Developing a Statewide Network of Infant and Toddler Specialists

TECHNICAL ASSISTANCE MANUAL FOR STATES AND TERRITORIES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Office of Child Care

Administration for Children and Families

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This document was prepared to provide information to early care and education leaders who may be interested in supporting the quality of their infant/toddler care through the establishment of an infant/toddler specialist network. This document was a joint effort between the National Infant & Toddler Child Care Initiative (NITCCI) and the Early Head Start National Resource Center (EHSNRC) at ZERO TO THREE. Many thanks go out to infant/toddler specialists and network coordinators across the country for their contributions. Evelyn Efinger, coordinator of the New York State Infant and Toddler Resource Centers, provided significant input to the manual through the ZERO TO THREE fellowship program.

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INTRODUCTION

Since the mid 1990s, there have been two significant efforts at the national and State* level to improve the quality and supply of infant/toddler care and education. The 1994 reauthorization of the Head Start Act established the Early Head Start program for infants and toddlers in low-income families, and, in fiscal year 1995, the Early Head Start program was established to serve children from birth to 3 years of age in recognition of the mounting evidence that the earliest years matter a great deal to children's growth and development. In 1998, Congress designated a portion of the Child Care and Development Fund (CCDF) for infants and toddlers. These Federal initiatives allowed States to make significant investments in the following[1]:

- comprehensive services to low-income infants, toddlers, and their families
- technical assistance and consultation
- professional development of the infant/toddler workforce[2]
- improvements in infant/toddler early care and education settings
- infant/toddler early learning guidelines
- enhanced subsidy rates
- infant/toddler credentials
- infant/toddler specialists

This publication focuses on the last item in this list: developing statewide networks of infant/toddler specialists (I/T specialists), professionals who can work directly with the infant/toddler workforce to increase their skills and knowledge. An infant/toddler specialist network (ITSN) is a State-based system that coordinates the work of I/T specialists and is primarily funded through the CCDF. The I/T specialist can be a key support for State-based professional development systems by collaborating with the extensive training and technical assistance resources of Early Head Start and providing services to the infant/toddler workforce, including education and training, technical assistance, mentoring, and coaching. In addition, I/T specialists can link the workforce to other quality programs and initiatives such as licensing, quality rating improvement systems (QRIS), Early Head Start, and other consultant networks. The overall goal of the ITSN is to improve caregiver practices and increase the quality of each infant's and toddler's developmental experience. To date, 27 States have established ITSNs.[3] This publication:

- explores the issues that have contributed to the interest in ITSNs;
- provides a framework for a step-by-step approach to create a network;
- emphasizes the importance of linking the network to other programs, quality initiatives, and consultant networks; and
- provides examples and resources for States that are developing, implementing, and evaluating an ITSN.

Information for this document was gathered from States that are developing and implementing ITSNs, particularly the States that participated in NITCCI's ITSN 2006 – 2007 learning community. In addition, ITSN coordinators and I/T specialists from across the country have shared their knowledge and experience; we are grateful for their contributions.

* In this manual, "State(s)" refers to States and Territories.

1. For more information on how States and Territories are using CCDF funds for infants and toddlers, see National Infant & Toddler Child Care Initiative. (2010). Keys to high quality child care for infants and toddlers: State and territory 2010–2011 CCDF targeted funds for infants and toddlers. Retrieved from http://nitcci.nccic.acf.hhs.gov/resources/CCDF_fact_sheet_2010.pdf
2. For the purpose of this paper, NITCCI defines the infant/toddler workforce as individuals providing direct or indirect services to infants, toddlers, and their families in early care and education settings.
3. For more information on States with ITSNs, see National Infant & Toddler Child Care Initiative. (2010). Infant/toddler specialist network factsheet. Retrieved from http://nitcci.nccic.acf.hhs.gov/resources/it_specialist_factsheet.pdf

SECTION I

THE CONTEXT FOR DEVELOPMENT OF INFANT/TODDLER SPECIALIST NETWORKS

Over the last 15 years, important developments have contributed to the focus on infants and toddlers in out-of-home child care:

- research on infant/toddler development
- families' increased need for out-of-home child care for children under 3 years of age
- growing concerns with the quality of infant/toddler child care settings
- increasing need for a qualified infant/toddler workforce

Research on Infant/Toddler Development

Research in the mid-1990s about early brain development and the critical importance of the early years for later development provided information that emphasized the importance of quality care for infants and toddlers. The first 3 years of life are now recognized in scientific and education communities as critically formative years. Parents have the most important role in their child's development, but research also unequivocally supports that the quality of child care has a substantial impact. According to Shonkoff and Phillips[4] the positive relation between child care quality and virtually every facet of children's development that has been studied is one of the most consistent findings in developmental science. We now understand that the caregivers through the first years of life have a significant effect on children that predisposes (though does not determine) the trajectory of learning and development through the life cycle.

Research also shows that young children's learning and development takes place in the context of relationships, and that a positive, nurturing, predictable relationship with a caregiver helps an infant to form a secure attachment.[5] When relationships with family and caregivers are responsive, nurturing, and consistent, children will be both better prepared for school and more resilient. These relationships can even have a mitigating effect on adverse health and environmental issues.

Taking a Closer Look:

Virginia's interest in an ITSN was influenced by research showing that financial stress puts parents more at risk for depression, substance abuse, domestic violence, and poor relationships with their children. Lack of income is also associated with impeded cognitive, emotional, and social development and with poor health for children.[a] Poverty that is persistent and deep when children are young has proven to be a potent indicator of risk. According to research conducted on previous recessions, 30 percent of children pushed into poverty by a recession will likely remain in poverty for years, and an additional 30 percent will experience poverty of shorter duration but still long enough to impede development.[b]

a National Center for Children in Poverty. (2008). Improving the odds for young children: The research case for improving state early childhood policy [PowerPoint presentation]. Retrieved from http://www.nccp.org/downloads/ResearchCaseSept08.pdf
b The Commonwealth Institute and Voices for Virginia's Children. (2009). Predicting poverty in the Commonwealth. Retrieved from http://www.vakids.org/pubs/FES/unemployment_poverty.link.3.19.pdf

4. Shonkoff, J.P., & Phillips, D.A. (Eds.). (2000). From neurons to neighborhoods: The science of early development. Washington, DC: National Academy Press.
5. Virginia Infant & Toddler Specialist Network. (2009). Achieving Excellence in Early Care for Virginia's Infants and Toddlers (Issue Brief). Voices for Virginia's Children

Infants and Toddlers in Child Care

In U.S. society, most infants and toddlers are in nonparental care at least once a week. A wide-reaching study conducted by the National Households Education Surveys Program in 2005 found that 42 percent of children under 1 year, 53 percent of 1-year-olds, and 73 percent of 2-year-olds spend some time each week in care outside of their homes.[6] These children are spending an average of 31 hours per week in child care arrangements.[7] About one-third of these children are in family, friend, and neighbor care—informal arrangements in which a relative or friend provides child care. Family, friend, and neighbor care may or may not be paid but is generally unregulated or license exempt.

Quality of Infant/Toddler Child Care

Research has shown that high-quality early childhood development programs help low- income children achieve better outcomes, both in school and in their communities.[8] Longitudinal data show that these programs lead to more participants staying in school, going to college, needing less remediation, being arrested less, and committing fewer violent crimes than their peers who do not participate in high-quality programs.

However, a multistate study led by Susan Helburn in 1995 found that infant and toddler care was generally poor to mediocre.[9] Using the Infant/Toddler Environment Rating Scale (ITERS), the study reported that interactions between caregivers and children were, on average, mediocre (a score of 4 out of 7). Activities for infants and toddlers were not appropriate, receiving a "poor" score (3 out of 7), and the average scores for health and safety were 2.5 out of 7, reflecting a "minimal quality of care."

Taking a Closer Look:

North Carolina's development of its ITSN was influenced by concerns raised in a review of Infant/Toddler Environment Rating Scale–Revised (ITERS-R) and Family Day Care Rating Scale (FDCRS) assessment scores during the first 6 years of its star-rated license system. ITERS R scores were particularly low for health and safety practices, with ratings of "inadequate" to "minimal."[a]

a Cassidy, D., Hestenes, L., Hestenes, S., & Mimms, S. (2005). The North Carolina rated license assessment project: Executive summary. Greensboro, NC: UNC. Retrieved from http://ncrlap.org/Resources/Uploaded_Files/Uploaded_Resources/Executive_Summary_05%20%28iFileID_1%2012-2-2007%206-24-52%20PM%29.pdf

The Infant/Toddler Workforce

Understanding of the importance of these early years, combined with the knowledge that so many children are experiencing out-of-home child care, raise the question of who is employed in these critical positions. According to the Bureau of Labor Statistics (BLS), the workforce of people who care for children under the age of 6 tends to make less than $10.00 per hour, with an average of just over $8.00 per hour.[10] Educational requirements vary by State, with some States allowing less than a high school

6. Halle, T., Hair, M. N., Weinstein, D., Vick, J., Forry, N., Kinukawa, A. (2009). Primary child care arrangements of U.S. infants: Patterns of utilization by poverty status, family structure, maternal work status, maternal work schedule, and child care assistance. (OPRE 2009-17). Washington, D.C.: Office of planning, research, and development. Retrieved August 3, 2010 from: http://www.researchconnections.org/files/childcare/pdf/OPREResearchBrief1Exec_FINAL.pdf
7. Mulligan, G. M., Brimhall, D., and West, J. (2005). Child care and early education arrangements of infants, toddlers, and preschoolers: 2001. (NCES–039) U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government printing office. Retrieved August 5, 2010 from: http://nces.ed.gov/pubs2006/2006039.pdf
8. National Center for Children in Poverty. (2008). "Improving the odds for young children: The research case for improving state early childhood policy [PowerPoint presentation]. Retrieved from http://www.nccp.org/downloads/ResearchCaseSept08.pdf
9. Helburn, S.W. (Ed.). (1995). Cost, quality, and child care outcomes in child care centers: Technical report. Denver, CO: Denver Department of Economics, Center for Research in Economic and Social Policy, University of Colorado at Denver. Retrieved August 5, 2010, from: http://www.eric.ed.gov/PDFS/ED386297.pdf
10. Bureau of Labor Statistics, U.S. Department of Labor. (2009). Occupational outlook handbook, 2010–11 edition: Child care workers. Retrieved August 4, 2010, from http://www.bls.gov/oco/ocos170.htm

diploma. The BLS also states that caregivers do not tend to stay employed in one place for very long. As a result of high turnover rates within early care and education programs, the BLS categorizes the caregiver workforce as having "good employment prospects." But the combination of high turnover and lack of knowledge and skills leaves a workforce that may not have a solid understanding of child development, the time to build relationships, or the capacity to meet the needs of very young children and their families.

State-Level Impetus for Infant/Toddler Specialist Networks

Research on infant/toddler development, infants and toddlers in child care, the quality of infant/toddler child care settings, and the infant/toddler workforce all provided impetus to States to develop initiatives to improve the quality of infant/toddler child care. Their ability to invest in these initiatives was greatly influenced by CCDF infant/toddler targeted funds. In particular, the interest in I/T specialists and networks to improve quality of care was influenced by several factors:

- concern with the quality of infant/toddler settings despite progress to improve preschool settings
- lack of qualified infant/toddler professionals to teach, mentor, and coach the infant/toddler workforce
- growing interest in relationship-based professional development[11]

States have shared several influences on their development of ITSNs:

- North Carolina's development of its ITSN was influenced by concerns raised in a review of ITERS-R and FDCRS assessment scores.
- Virginia began the process with the belief that achieving positive outcomes for children begin with providing quality experiences in the earliest years of life.
- New Jersey was seeking to improve the quality of early care and education by starting with the youngest residents of the State.
- Tennessee's concerns about low health and safety scores on environment rating scales, as well as a lack of appropriate, affordable, and available quality environments for infants and toddlers, supported the need for an ITSN.
- Illinois was able to implement an ITSN in its Child Care Resource and Referral System (CCR&R) system with American Recovery and Reinvestment Act of 2009 (ARRA) funds, building on several years of investing CCDF and State funds to improve infant/toddler child care.
- Ohio began its ITSN through a partnership with the Ohio Child Care Resource and Referral Association to promote the school readiness of infants and toddlers by strengthening the knowledge and practices of caregivers.

11. "Relationship-based professional development is a broad term used to refer to four types of professional assistance that use relationships as a foundation: mentoring, coaching, consultation, and technical assistance.". NCCIC, RBPD TA Approaches and Research. Retrieved September 21, 2010, from http://nccic.acf.hhs.gov/poptopics/ta_initiatives.html.

Importance of Links to Related Systems

The introduction of an ITSN into a State early childhood system provides opportunities and challenges. An ITSN can share mutually beneficial relationships with multiple systems, including Head Start, health, education, child care, early intervention, mental health, and social services, as well as with state initiatives such as QRIS and the early childhood professional development system. Given the diversity of agencies and systems involved, integrating the ITSN can be challenging. However, embedded in this challenge are multiple opportunities for integrating the ITSN with these established systems. In both planning and implementation, coordination with existing early childhood systems will help ensure the development of an effective ITSN and can help strengthen other parts of the existing system. State Head Start Collaboration Offices may be helpful in establishing links with Early Head Start programs and State-based Head Start technical assistance services. Some States have also begun to build collaborative, multidisciplinary systems that coordinate specialists from several disciplines and programs to improve the quality of services to infants and toddlers.[12] The "Taking a Closer Look: System Linkages" box below shows a few possible questions to consider about the many potential system links. Additional examples of how States have addressed impacts on and connections within systems are provided throughout this manual.

Taking a Closer Look: System Linkages

How will the ITSN relate to Early Head Start, the Head Start technical assistance system, and the State Head Start Collaboration Office?
How will the ITSN relate to other consultant networks? • Early intervention • Early mental health • Health • Others
How will the ITSN relate to child care licensing?
How will the ITSN relate to QRIS?
How will the ITSN relate to the professional development system and higher education?

12. For more information on multidisciplinary consultant networks, see Child Care Bureau, U.S. Department of Health and Human Services, & National Infant & Toddler Child Care Initiative. (2010). Coordinating child care consultants: Combining multiple disciplines and improving quality in infant/toddler care settings. Retrieved from http://nitcci.nccic.acf.hhs.gov/resources/consultation_brief.pdf

STEPS TO CREATE AN INFANT/TODDLER SPECIALIST NETWORK

Step 1: Assess Needs and Readiness
a. Collect and review information.
b. Analyze system readiness.
c. Define the issues and determine whether an ITSN is the appropriate strategy.

Step 2: Develop a Vision of the Network: The Scope and Focus of the Work
a. Identify and invite key stakeholders and partners.
b. Develop vision, mission, and goals.
c. Develop the logic model.
d. Determine strategies that will produce the outcomes.
e. Develop an action plan.
f. Determine the resources needed to accomplish the outcomes.

Step 3: Find and Secure Funding
a. Develop a budget.
b. Explore funding sources and secure commitment.

Step 4: Select an Organization to Administer the ITSN
a. Determine the selection criteria and review system possibilities.
b. Select the organization and develop the contract/agreement.

Step 5: Build an Administrative Structure
a. Design the network structure.
b. Determine roles and responsibilities.
1. The network manager
2. The I/T specialist: An emerging role

c. Determine data needs and develop an information system.

Step 6: Design an Evaluation
a. Determine the criteria for the evaluation design.
b. Secure funding for the evaluation.
c. Draft the evaluation RFP and select the evaluator.

Step 7: Support the Network
a. Support the infant/toddler specialists.
b. Strengthen the network.
c. Build partnerships.

SECTION II

CREATING AN INFANT/TODDLER SPECIALIST NETWORK

States that have invested an ITSN strongly suggest that the network be developed in a thoughtful and systematic manner. This section offers a suggested step-by-step process informed by States' experiences. Key to each step is a focus on what the ITSN will be designed to accomplish (outcomes) and how progress will be measured (indicators). Keep in mind that the steps outlined here may occur in a different order or some of the steps may be completed at the same time. Regardless of the order, each step is important to take.

Step 1: Assess Needs and Readiness

The first step to consider is an assessment of the need for an ITSN and the readiness of the existing early care and education system to support it. The initial work should include three kinds of activities.

1a. Collect and review information.

States should begin with a review of the existing information about infants and toddlers and the early care and education system that serves them. Data sources can include the census, CCDF information systems, Head Start community needs assessments (including local program assessments and State Head Start collaboration assessments), home visiting program needs assessments, child care resource and referral services, the licensing system, the professional development system, and QRIS. Review this information to answer these key questions.

Key Questions

- How many children from birth to 3 years old live in the State? How many live in poverty?
- What percentages of these children have their only parent or both parents in the workforce?
- Is there adequate licensed care available for the infants and toddlers who need it?
- How many infants and toddlers are in centers, Early Head Start, and family child care homes? How many are in family, friend, and neighbor care?
- What is the quality of these settings and the knowledge and skills of the infant/toddler workforce?
- What collaborations, partnerships, or alignments already exist?
- What training is made available to programs through the Head Start or the home visiting training and technical assistance system?

1b. Analyze system readiness.

The next phase of Step 1 is determining the readiness of the early care and education system to support an ITSN. Understanding how the early care and education system currently supports infants, toddlers, and the workforce that serves them can be challenging, but it can provide valuable information. States can assess the strengths and challenges of the entire system or select key elements, such as the following:

Key Elements: System Readiness

Licensing	How is quality care for infants and toddlers supported through current licensing regulations? • ratios • group size • health and safety • training/education requirements Are infant/toddler settings meeting licensing regulations?
Child Care Resource and Referral	How do CCR&R services support quality in infant/toddler settings? • training • technical assistance • other
Professional Development	What professional development opportunities exist for the infant/toddler workforce? Have recommended core knowledge and competencies been established for the infant/toddler workforce? Who does training and education on infant/toddler development and care? What are their qualifications? Is there a qualified workforce that could become infant/toddler specialists? If not, what do they need? Do Early Head Start and home visiting programs make their professional development opportunities available to programs in their communities?
Infant/Toddler Early Learning Guidelines (I/T ELG)	Does the State have I/T ELG? Does the infant/toddler workforce use the I/T ELG?
Program Standards	Is there a QRIS system? How are infant/toddler settings rated? Are Early Head Start programs meeting their program standards?
Financing	Is there funding to support an ITSN? Is the state providing funding to child care programs to meet the Head Start Program Performance Standards or QRIS standards?

The National Infant & Toddler Child Care Initiative offers several resources to help States analyze their early care and education systems, available on the project Website (http://nitcci.nccic.acf.hhs.gov).

State Assessment of Needs and Readiness
North Carolina and New Jersey developed their ITSN after conducting a comprehensive strategic planning process supported by the National Infant & Toddler Child Care Initiative, a project of the Office of Child Care, Administration for Children and Families.

1c. Define the issues and determine whether an ITSN is the appropriate strategy.
Once the State has collected and reviewed information about infants, toddlers, and the early care and education system that serves them, it is important to define the needs or issues that need improvement. Possible issues include:

- lack of infant/toddler settings
- inadequate licensing standards
- serious licensing violations in infant/toddler settings
- low assessment scores of infant/toddler settings
- low qualifications and high turnover rates of the infant/toddler workforce

This step will require thoughtful discussion with representatives from the relevant programs and services in the early childhood system and may benefit from technical assistance support. Key considerations about whether an ITSN is the best strategy to address the State's most pressing issues can include whether resolving them requires the following:

- focused, sustained, and statewide effort
- professional and specialized infant/toddler child care knowledge and competencies
- relationship-based approaches (coaching, mentoring, consulting, technical assistance)

Step 2: Develop a Vision of the Network: The Scope and Focus of the Work

Developing a common understanding among stakeholders of why an ITSN is being created, what outcomes will be expected, and what strategies will be used to achieve the outcomes is important to the success of the network.

2a. Identify and involve key stakeholders and partners.
Involving stakeholders in developing the vision, scope, and focus of the work can build support and coordination with other early childhood system initiatives. Possible stakeholder groups are listed in the "Key Stakeholders and Partners" box.

Key Stakeholders and Partners

- Infant/toddler child care programs
- Part C/early intervention
- CCR&R
- Professional development system
- Health/mental health consultants
- Education/higher education
- Home visiting programs
- Head Start/Early Head Start
- State Head Start Collaboration Office
- State Advisory Councils
- Licensing staff
- QRIS
- CCDF Administrators

Several additional steps can help clarify the focus of the ITSN.

2b. Develop vision, mission, and goals.

Understanding the system's needs and strengths provides the basis for creating the vision, mission, and goals of the ITSN. The vision may be the same as the overall vision of the State's early childhood comprehensive system plan or the State advisory council on early childhood education and care, or it could be specific to the ITSN. The mission should relate directly to the ITSN, and the goals should reflect the issues identified during Step 1.

Taking a Closer Look:
Virginia's ITSN Goals

Virginia's ITSN has the following goals:

1. Improve the quality of care and education that infants and toddlers receive while away from their parents.

2. Increase the educational level and competencies of infant/toddler caregivers, teachers, and directors.

3. Promote community connections to increase awareness and use of available resources and services that support healthy, safe, and nurturing care for infants and toddlers.

4. Implement an effective, efficient, and accountable infant/toddler specialist system.

5. Increase its capacity to offer services.

2c. Develop the logic model.

A logic model, which can also be the foundation of an evaluation design, could be helpful during the ITSN planning process. (For an example of an ITSN logic model, see Appendix A.) The logic model process can involve stakeholders in defining the long-term, intermediate, and immediate outcomes that the ITSN should produce and then lead to a discussion of strategies.

2d. Determine strategies that will produce the outcomes.

Strategies should be evidence-based and relate directly to the identified issues, goals, and outcomes. This will be the scope of the work of the ITSN. (For an example of an ITSN scope of work, see Appendix B.) Strategies may be different for networks, depending on whether they are intended to—

- increase the number of caregivers serving infants and toddlers
- improve the skills and knowledge of the existing workforce
- work only with programs serving children receiving child care subsidy
- work with all infant/toddler programs
- help caregivers meet the criteria of a QRIS
- implement the Program for Infant Toddler Caregivers (PITC) in every setting
- provide specific infant/toddler training to the workforce
- offer individualized coaching and consultation
- assist in partnerships between programs such as Early Head Start and family child care.

2e. Develop an action plan.

Once you have chosen your strategies, you can develop an action plan that will guide the State through the ITSN development and implementation process. Action plans are often layered; for example, there can be an action plan that guides the development process while another plan is created for implementation. The plan should include concrete actions, deadlines, and responsibilities and should be updated frequently. (For an example of an ITSN action plan, see Appendix C.) The process of developing an action plan leads to a discussion of resources.

2f. Determine the resources needed to accomplish the outcomes.

The scope and focus of the work detailed in the logic model and the action plan will help determine how many specialists are needed in any one area, the nature of their work, and the required skills. The resource analysis is also supported by the needs assessment completed in Step 1. Now is a good time to consider the support that will be needed to plan and implement the ITSN (stakeholders, support staff, technical assistance providers, and so forth). Determining the needed resources will help to develop a budget and secure funding.

Step 3: Find and Secure Funding

Funding an ITSN network requires significant investment. The work that has been done so far (compile and review information, identify issues and strategies, and develop the vision, mission, goals, and logic model) provides information to potential funders about the focus and intent of the ITSN. The information also directly helps to develop a budget.

3a. Develop a budget.

The budget for the network must be realistic for the scope of work, the experience and education of the specialists to be hired, and support the chosen strategies. Beyond the obvious salaries and operating costs, a budget may include incentives for the infant/toddler workforce to participate and complete training. It may be helpful to contact existing early childhood consultant networks in your State, such as health and early mental health networks, for information about the costs of operating a network. Requests for proposals (RFPs) developed by States to implement their ITSNs can also be a source of information.[13]

13. For an example of an RFP, see Virginia's May 2, 2008, RFP # CCD-08-069. Retrieved from http://www.dss.virginia.gov/files/forms/grants/ccd-08-069/rfp.pdf

3b. Explore funding sources and secure commitment.
ITSNs are supported by an array of funding sources, but States primarily allocate CCDF infant/toddler targeted funds to finance networks. A few States allocated ARRA funds or additional local and private funds to support the work of their ITSNs.

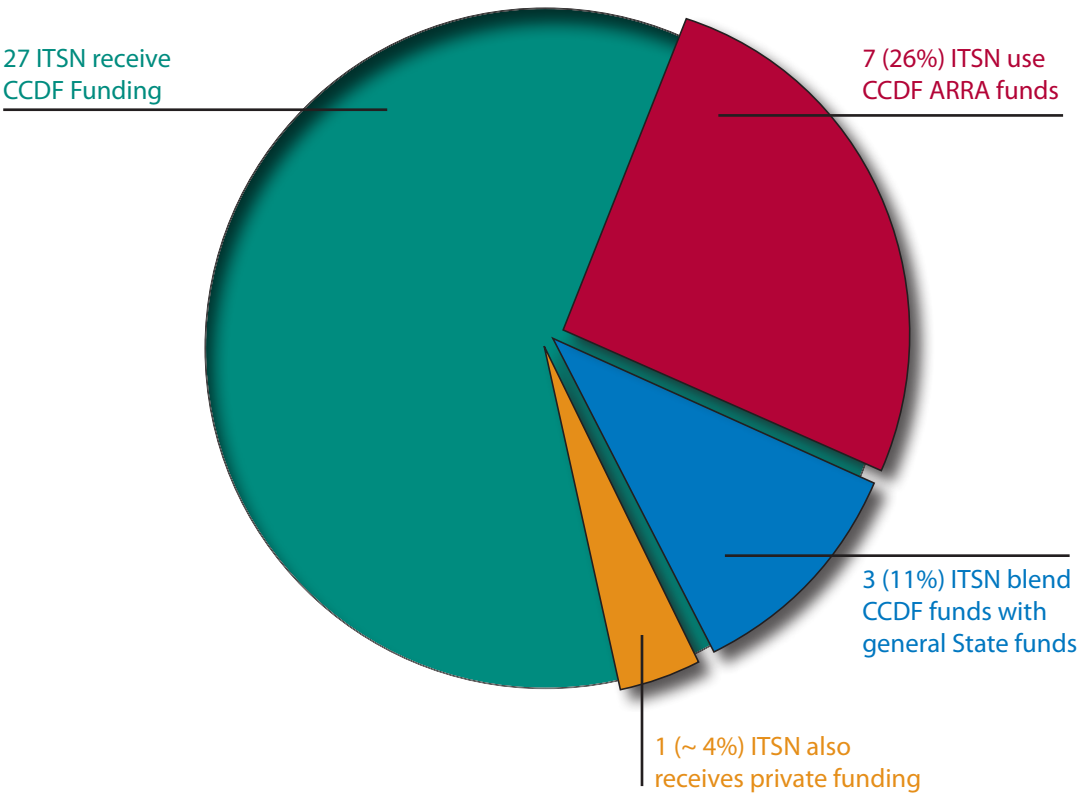
- CCDF funds: Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Montana, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, and West Virginia

- CCDF ARRA funds: Arizona, Georgia, Illinois, Maryland, Montana, New York, and North Carolina

- CCDF and general State funds: North Carolina, North Dakota, and Oklahoma

- Private funding: California

Infant Toddler Specialist Network Funding Sources



Source: National Infant & Toddler Child Care Initiative. (2010). Infant/toddler specialist network factsheet. Retrieved from: http://nitcci.nccic.acf.hhs.gov/resources/Infant_Toddler_Specialist_Network.pdf
The State and Territory ITSN known at the time of this publication are AR, CA, CO, FL, GA, IA, IL, IN, KS, KY, MD, ME, MT, NC, ND, NJ, NY, OH, OK, PA, SC, SD, TN, UT, VA, WA, WV.

Sometimes funders may be interested in supporting particular initiatives of the network, such as evaluation or training. Kansas previously received funding from a private foundation for an evaluation, and Tennessee receives other funding to provide training on sudden infant death syndrome and safe sleep.

States can consider the following funding sources for ITSN networks:

- CCDF
- Temporary Assistance for Needy Families
- Early Intervention Program for Infants and Toddlers with Disabilities (Part C)
- Early Head Start/Head Start
- State Head Start Collaboration Offices
- Maternal and Child Health Bureau
- Substance Abuse and Mental Health Services Administration
- local and State government
- private foundations
- service organizations

Once the funding commitment is secured through inclusion in a CCDF plan or other State plan, a State legislative appropriation, grant award notices, or letters of commitment from private funders, work can begin to select an organization to administer the ITSN.

Step 4: Select an Organization to Administer the ITSN

Once funding is secured for the ITSN, the next step is a review of the existing systems to help determine the most likely "home" for the network. Possible homes within the existing early care and education infrastructure might include CCR&R networks, health departments, higher education, or professional organizations. Currently, State governments and State CCR&R networks have administrative oversight for the largest number of ITSNs. A few ITSNs are administered by higher education or other organizations. Some are located within other organizations or shared across multiple agencies.

ITSN Administrative Oversight and Operation Statewide

	Statewide Oversight (number of states)	Local Implementation (number of states)
CCR&R	8	17
State Government	11	1
State Government and State CCR&R Networks	4	0
Higher Education	1	1
Local/Regional Agency	0	5
Shared Across Multiple Level Agencies	0	1
Other	2	4

Source: National Infant & Toddler Child Care Initiative. (2010). Infant/toddler specialist network factsheet.

The box below lists key questions to consider:

Key Questions: Considering a Network Home

- Is there an existing organization that provides services throughout the State?
- Can the organization work collaboratively with all child care settings, the infant/toddler workforce, and the early care and education community?
- Does the organization have expertise in infant/toddler child care?
- Is the management system of the organization capable of coordinating a statewide project?
- Is there enough flexibility in the organization to allow for growth and change?
- Does the organization have a strong commitment to the ITSN?

4a. Determine the selection criteria and review system possibilities.
A network home should provide the structure for service delivery and sustainability to achieve the outcomes identified in Step 2.

As you consider an organization's capacity, include questions about its experience with the following:

- a centralized structure for oversight with a record of successful implementation of projects
- established community-based partners for collaboration of service delivery
- financial stability and fiscal management
- service delivery with positive outcomes for early childhood programs
- qualified and knowledgeable staff to meet established goals
- data collection and analysis of needs capabilities
- establishment, monitoring, and expansion of infant/toddler initiatives and infrastructure
- evaluation of activities and measurement of outcomes

4b. Select the organization and develop the contract/agreement.
Some States will be required to issue an RFP for the ITSN, but other States may allow a sole-source contract or cooperative agreement. Factors that may be important to consider if your State allows a choice between an RFP and other agreements include the following:

- Is there an organization that is clearly ready and able to implement the ITSN?
- Is there a deadline to allocate the funds that would prohibit an RFP?
- Is the organization strongly committed to the ITSN initiative?
- Will the organization work closely with the State?

If the State chooses to contract out the network, a checklist developed by the Quality in Linking Together Early Education Partnerships project may be helpful to reference when developing the agreement/contract (http://nccic.acf.hhs.gov/quilt/checklist.html) (For an example of a State ITSN agreement, see Appendix D.)

Step 5: Build an Administrative Structure

Once an organizational home is found for the ITSN, creating an efficient and effective administrative structure is vital. Key decisions include establishing the line of authority, roles and responsibilities, data needs, and information system requirements.

5a. Design the network structure.
The State has options when creating the administrative structure for the ITSN. Determining the line of authority is key to administrative and programmatic functioning. The State may—

- choose to hire the network manager and the specialists as employees;
- select a State employee to work collaboratively with a contracted agency; or
- contract all network administration to another entity.

Whether it is a State agency or an independent entity, having the network manager and the I/T specialists all employed within the same organization allows for a direct line of supervision and the most control and consistency within the program.

5b. Determine roles and responsibilities.
Regardless of the structure or organizational home of the network, some elements are consistent. There is usually a network manager and I/T specialists, who provide training and support to programs. The roles and responsibilities of each of these positions illustrate the depth and variety of work the networks can perform. The ITSN manager and the I/T specialist are positions critical to the success of the network.

The Network Manager

The role and responsibilities of the statewide ITSN manager vary from State to State. In some States, the manager is responsible for the hiring, training, and supervision of the I/T specialists. In others, the ITSN manager acts more as a coordinator and support system, perhaps maximizing the resources available from the Head Start training and technical assistance system, local Early Head Start programs, and other early childhood programs and services. Some States began with a coordinated statewide plan implemented in every region. Others hired I/T specialists to work in communities across the State and then appointed a State-level manager to coordinate and report statewide results.

The network manager will need a solid foundation in infant/toddler development and group care; experience in adult learning, personnel management, leadership, program development, and evaluation; and knowledge of the State's professional development system.

Taking a Closer Look:
The Role of the Infant/Toddler Specialist Network Manager

- Coordinate and monitor program.
- Coordinate evaluation process.
- Support specialists.
- Facilitate regular ITSN meetings.
  - Schedule and arrange regular meetings for specialists.
  - Elicit agenda items from specialists to assure relevance.
  - Provide training and modeling in resolving conflict.
  - Provide the leadership to bring difficult issues up for discussion, including interpersonal issues within the group and sensitive issues from the field.
- Maintain statewide data through reporting systems.
- Ensure statewide consistency and accessibility of training and technical assistance.
- Secure resources to develop and maintain quality programs.
- Develop and maintain relationships with other local, State, and national programs.
- Develop and maintain close relationships with other consultant networks.
- Identify and disseminate information, resources, and research on effective practices.
- Engage in educational and public awareness campaigns statewide.

The Infant/Toddler Specialist: An Emerging Role

The I/T specialist is a relatively new and still emerging profession. I/T specialists are employed by State governments, State CCR&R networks, Early Head Start programs, early intervention programs, home visiting, higher education, professional development systems, and technical assistance networks. The Head Start training and technical assistance system employs I/T specialists, and Early Head Start programs each have an education manager who is required to have specialized training on infant and toddler development and learning.

In a statewide ITSN, the primary role of the I/T specialist is to work directly with the infant/toddler child care workforce to improve their knowledge, skills, and responsiveness in order to meet the unique needs of infants and toddlers in early care and education settings. Whether I/T specialists are working in child care, Early Head Start, or other systems, they need a common set of knowledge and skills.

Taking A Closer Look:
The Emergence of a New Role

Healthy Child Care America (HCCA), an initiative funded by the Child Care Bureau and the Bureau of Maternal and Child Health in 1995, developed a model of using health care consultants to improve health and safety practices in child care programs throughout the country. As one of the goals of HCCA participation, each State could establish a network of child care health consultants, whose primary purpose was to build strong connections between health care professionals, child care providers and families to support healthy and safe child care environments. The health care consultants could provide a variety of services: training, assessing or developing health policies and practices, consultation, and promoting quality child care. Their work often focused on infants and toddlers and, in some States, laid the foundation for the role of the I/T specialist.

Source: retrieved from http://www.healthychildcare.org/pdf/TellingHCCA.pdf

Infant/Toddler Specialist Knowledge and Skills

I/T specialists need wide, deep, and diverse knowledge and skills to be successful in their roles, including the following:

- experience and a deep knowledge of all aspects of development in the first 3 years of life
- knowledge of how infants and toddlers learn within the context of ongoing, meaningful relationships with important adults in their lives
- knowledge of how programs engage parents in partnerships
- a thorough understanding of the needs of infants and toddlers, their families, and those who work with them
- understanding and experience supporting the primacy of families, their home language, their culture, and how to engage them
- knowledge of how to best support the infant/toddler workforce in all settings
- effective techniques of adult learning

Taking a Closer Look:
The Skills of an Infant/Toddler Specialist

The I/T specialist has many roles and responsibilities that require diverse skills to meet the needs of infant/toddler care settings:

- Promote and support the development of new programs serving infants and toddlers.
- Promote and support quality enhancement initiatives in existing programs serving infants and toddlers.
- Provide training, onsite consultation, and technical assistance to administrative and program staff working in infant/toddler programs.
- Keep current on research, practice, and policy.
- Research grant opportunities designed to support, expand, and enhance programs serving infants and toddlers.
- Collaborate and communicate with government agencies and various community entities.
- Demonstrate flexibility in hours and days of service (i.e., offer nontraditional days and hours).
- Demonstrate effective outreach methods to meet the needs of infant/toddler programs and providers.
- Promote public awareness of the services through multiple media and methods.
- Assist with a resource library of infant/toddler materials, including professional development materials and curriculum.
- Work in cooperation with other consultation services.

Because of the unique combination of skills and education required for this position, prequalified candidates may be difficult to find. Ideally, minimum qualifications for I/T specialists would include a bachelor's degree in early childhood development or a related field, along with experience working with infants and toddlers and their families. A master's degree in early childhood would provide even greater personal resources to bring to the job of teaching and mentoring others.

Taking a Closer Look:

Infant/Toddler Specialist Educational Requirements

A bachelor's degree is required by 20 States as the minimum professional qualification. Maine requires a master's degree, and Colorado requires a master's degree for certain State I/T specialist positions. South Carolina requires the completion of South Carolina's infant/toddler credential.

ITSN Professional Qualification Requirements		
Bachelor's Degree	AR, CA, CO, FL, GA, IA, IL, KY, NC, NJ, NY, MD, MT, OH, OK, PA, TN, UT, VA, WV	20
Master's Degree	CO, ME	2
Nursing Degree	WA	1
State I/T Credential	GA, MT, SC	3

Source: National Infant & Toddler Child Care Initiative. (2010). Infant/Toddler specialist network factsheet.

Because the I/T specialist is an emerging role, States have responded by developing intensive in-service training opportunities specific to infant/toddler early education and care. These opportunities often lead to certification in specific training curricula and skill areas, such as PITC and ITERS-R, and provide for consistent service delivery throughout the State. The following box lists the topics that comprise the in-service training offered to the New York State I/T specialists.

Taking A Closer Look:

New York's Infant/Toddler Specialist In-Service Training Plan

Training and Technical Assistance Skills

- Providing Effective Technical Assistance
- Adult Learning (Train-The-Trainer Tips and Techniques)
- Public Speaking
- Mentoring/Coaching

Early Care and Education for Infants and Toddlers

- The Foundations of Brain Development and School Readiness
- Infant & Toddler Growth and Development
- Health and Safety in Infant and Toddler Care such as "Back to Sleep"
- SIDS
- Oral Health
- Nutrition

Using Community and Program Resources

- Creative Curriculum for Infant and Toddlers
- Parents As Teachers: Supporting Care Providers through Personal Visits
- PITC
- Healthy Child Care America
- Environmental Rating Scales (ITERS-R & Family Child Care Environment Rating Scale (FCCERS-R)
- Food Programs

Professional Development/Quality Initiatives

- T.E.A.C.H or Other Scholarship Programs
- Worthy Wage Efforts
- Quality Rating Systems

Source: Efinger, E. (2008). State ITSN Survey. Unpublished. ZERO TO THREE fellowship project.

The Work of the Infant/Toddler Specialist

While the network manager may work on a State level, the I/T specialist's work occurs at a regional or community level. Typically, the I/T specialist has five main responsibilities:

1. offering professional development events

2. performing program assessment

3. providing technical assistance and consultation

4. coordinating resources

5. providing community education and support

(See sample job descriptions at http://nitcci.nccic.acf.hhs.gov/resources/final_compiled_job_descriptions.pdf)

Taking A Closer Look:
A Survey of State ITSN Networks (2008)

The 2008 survey identified the following roles played by I/T specialists:

- Training and technical assistance for child care programs – 100%
- Onsite consultation/coaching in child care classrooms and homes – 100%
- Onsite consultation/coaching with child care center directors and owners – 100%
- Community outreach/public education about broad infancy issues – 78%
- Community outreach/public education about infant and toddler child care – 72%
- Best practice information for CCR&R staff – 72%
- Best practice information for other professionals who work with infants and toddlers – 72%
- Best practice information for child care licensing staff – 56%
- Advocacy/public policy recommendations on broad infancy issues – 39%
- Consultation/mental health observations for individual children – 33%

Other roles mentioned by survey participants included overall assistance in quality improvement, lending library selection and distribution, recruitment of infant/toddler caregivers, and team leader for infant/toddler initiative.

Source: Efinger, E. (2008). State ITSN Survey. Unpublished. ZERO TO THREE fellowship project.

I/T specialists deliver services in diverse settings, including child care centers, family child care homes, Early Head Start, and family, friend, and neighbor care. All 27 ITSNs provide services in child care centers; 26 ITSNs serve family child care homes; 21 serve Early Head Start; and 11 provide I/T specialists to support family, friend, and neighbor care.[14]

14. For more information on States with ITSNs, see National Infant & Toddler Child Care Initiative. (2010). Infant/toddler specialist network factsheet. Retrieved from http://nitcci.nccic.acf.hhs.gov/resources/it_specialist_factsheet.pdf

Increasingly, I/T specialists are working closely with their State's QRIS to help infant/toddler settings improve quality and achieve higher ratings or accreditation. I/T specialists may work independently or in teams of specialists from multiple disciplines. They often begin with a formal assessment of the setting, using tools such as the ITERS-R and the FCCERS-R as a way of helping caregivers see the strengths and needs of their programs. They may use other observational tools and respond to questions and concerns raised by the caregiver or director. Together, the program staff or family child care provider and the I/T specialist may develop an improvement plan with certain goals and strategies identified and agreed upon.

Taking a Closer Look:
The Work of the Infant/Toddler Specialist

New Jersey requires its I/T specialists to "provide comprehensive services, which shall include, but are not limited to, child care program assessment; promoting and supporting the development of new programs serving infants and toddlers; promoting and supporting quality enhancement initiatives in existing programs that serve infants and toddlers; providing training; on-site consultation and technical assistance to administrative and program staff working in infant/toddler programs; and, through researching and soliciting grant opportunities designed to support, expand and enhance programs serving infants and toddlers."

Source: First Steps New Jersey Infant/Toddler Specialist Initiative. (2008). Request For Proposals Issued by Department of Human Services, Division of Family Development, April 21, 2008.

Tennessee's CCR&R infant/toddler coordinator and I/T specialists are completing work on the Infant/Toddler Credential Pilot, which began on August 1, 2009, and ended September 30, 2010. Eleven Tennessee I/T specialists provided the 30-plus hours of mentoring to the participants. I/T specialists performed pre- and post-ITERS-R assessments, the Arnett Scale, and other evaluation tools in the care setting of the 14 family child care providers and 52 child care center teachers who participated in the pilot.

Source: G. Crawford, Tennessee Department of Human Services, Infant Toddler Coordinator. Personal communication September 12, 2010.

5c. Determine data needs and develop an information system.

The work of the ITSN will also benefit from a solid data collection and information system, requiring thoughtful consideration of what data will be most useful. It will be critical to determine early in the development of the ITSN what data should be collected to track activity and measure progress. The data collected in Step 1 may be a valuable start. If information is available that describes the infant/toddler population in care, the quality of the care settings, and the workforce, it will be easier to establish a baseline measurement. If such information is not available, it may become the work of the ITSN to collect it. It may be helpful to refer once again to the logic model to help determine what data will be needed to track progress towards the identified outcomes. This is also a good time to involve an evaluator in the data discussion.

Data collection options include the following:

- Explore existing data systems and those in development to determine opportunities for capturing data on infant/toddler settings.

- Explore adding additional data elements to forms already completed by the infant/toddler workforce, such as licensing applications and registries.

- Conduct a workforce study (qualifications, training, salary, benefits, and so forth) of all settings that serve infant and toddlers. (Unless repeated on a regular basis, these data will only capture a point in time.)

- Identify data collected by other consultation agencies that measure quality indicators.

Taking a Closer Look:
North Carolina's ITSN Data Collection

North Carolina used the county census data, child care subsidy counts, Kids Count data, CCR&R's child care data, and other county-specific information to determine the baseline needs for the I/T specialists' scope of work. The data and analysis of need helped determine how many I/T specialists would provide services to regions ranging in size from one to eight counties. The baseline data were updated after a year of service delivery, and the scope of work was adjusted.

Step 6: Design an Evaluation

A Message from a State CCDF Administrator
"I cannot stress enough that the research piece can't be an afterthought in designing your quality initiatives."

Development and implementation of an ITSN requires significant funding and human resources. The funders will want to know through project evaluation that their investment is worthwhile. An evaluation of the ITSN should be central to the discussion, from the initial planning phase through development and implementation. The evaluation needs to be designed to measure project impact and the effectiveness of strategies and to allow for adjustments to the ITSN design as needed.

6a. Determine the criteria for the evaluation design.

If a logic model was created during Step 2, it can serve as the beginning point for the evaluation design. It will be important as soon as possible to begin identifying what process and outcome measures are important to the funding sources. Decisions will need to be made about whether the evaluation will measure any of the following:

- delivery of service and participation of the workforce
- impact on workforce practice
- workforce professional advancement
- impact on program/setting assessment scores
- collaboration with other disciplines and consultation networks
- impact on the early childhood system

Depending on the chosen focus, measures might include the following:

- number of participants
- satisfaction with services
- number of credentials awarded
- pre- and post-ITERS-R or FDCERS scores
- number of infant/toddler settings receiving a higher QRIS level
- increase in resources and services provided by collaborative partners

There may be other state-specific measures that can be used to track gains in knowledge, improvements in settings, and changes in caregiver practice, or measurement tools may need to be developed. A resource that may be helpful is the Institute for a Child Care Continuum's *A Toolkit for Evaluating Initiatives to Improve Child Care Quality.*[15] Once you have some clarity about what is important to measure, it may be easier to secure funding for the evaluation.

6b. Secure funding for the evaluation.

Funding for the evaluation should be part of the resource discussion during the logic model and action planning process and—if possible—can be built into the initial funding request for the ITSN. If evaluation funding is not part of the ITSN budget, there may be opportunities for other sources of funding and resources, including private foundations and governmental institutions like the Office of Planning Research, and Evaluation of the Administration for Children and Families (http://www.acf.hhs.gov/programs/opre). It also may be helpful to partner with your higher education system to secure resources.

15. Institute for a Child Care Continuum. (2003). A toolkit for evaluating initiatives to improve child care quality. New York: Bank Street College of Education. Retrieved from http://www.bankstreet.edu/gems/ICCC/QualityStudy03.pdf

6c. Draft the evaluation RFP and select the evaluator.
An initial decision will need to be made about whether the State or the ITSN will have the responsibility to draft and conduct the evaluation RFP. Regardless of who eventually has the responsibility, there are common considerations. Does the potential evaluator have any of the following?

- experience with the early childhood field
- knowledge of standard assessment tools used in the early childhood field
- the ability to help develop new measurement tools if needed
- willingness to work closely with the funding source and stakeholders

Taking a Closer Look:
Ohio ITSN Report

For an example of a report about the activity and impact of an ITSN, see First Steps: Ohio's Infant and Toddler Initiative at http://jfs.ohio.gov/cdc/docs/FirstStepsReport3-2010.pdf.

Step 7: Support the Network

In order to be effective, the ITSN needs support, not only from the network manager but also from the broad range of organizations within the early care and education field.

7a. Support the infant/toddler specialists.
The manager, as the direct provider of daily support, is a personnel administrator, defining the requirements and work of the I/T specialist. The manager may design a consistent orientation and preservice training agenda for all new I/T specialists and, in a process parallel to that of the I/T specialist in the community, perform needs assessments of the staff to ensure that appropriate professional development opportunities are available to support their skills and knowledge.

When an I/T specialist is working with a program or individual that provides poor quality care, the sense of urgency to change the situation may be combined with feelings of powerlessness and ineffectiveness. It is not unusual for a visit to an overcrowded, understaffed infant/toddler program to be an upsetting experience for the observer. An ITSN can provide reflective supervision to I/T specialists in many ways to help them improve their own practice while sorting out the variety of feelings it evokes. (See the box on Reflective Supervision for a definition.) Regularly scheduled meetings (at least some of them face-to-face), are useful for sharing information, planning, and ensuring consistency. Policies on the scope and manner of work help define boundaries in work that can be unclear, such as I/T specialists' relationships with licensing staff and child care providers when possible violations may need to be reported.

Reflective supervision is a method designed to encourage learning through thoughtful observation of yourself and others. It includes looking at ourselves, as well as others; listening to what is being said, not just hearing the words; and learning from the situation or staff person in order to provide your best response, rather than reacting. It is grounded in developing good relationships between the supervisor and staff.

Source quoted from: Parlakian, R. (2002). Look, listen, and learn: Reflective supervision and relationship-based work. Washington, DC: ZERO TO THREE.

7b. Strengthen the network.
I/T specialists are often working independently in local communities. A high level of communication, coordination, and support is needed to ensure that the network functions effectively throughout the State. Clear and consistent communication across all levels is basic to the healthy functioning of the network. Developing procedures for consistent service delivery provides guidelines for the I/T specialists and those receiving services. Guidelines may be necessary for the varied levels of technical assistance, training, and collaborative consultation with other agencies to support partnerships and avoid confusion for the infant/toddler workforce.

As networks mature, they may be involved in quality initiatives, such as QRIS, and may find that States are seeking to build more coordinated technical assistance and consultation systems. The ITSN may need to prepare for new roles, new partners, and increased responsibilities as time goes on. With the current interest in collaboration, partnerships with Early Head Start programs and the Head Start training and technical assistance system will be a significant part of ITSNs.

7c. Build partnerships.
ITSNs can gain the support of the broader early care and education community through partnerships at both the State and local levels. At the State level, alignment with the State advisory council's work can be important. At the local level, Early Head Start programs can become partners with local I/T specialists and child care programs. The recent expansion of Early Head Start provides an opportunity to work closely together to build the capacity of the infant/toddler workforce and improve the quality of infant/toddler child care settings. A new (2010) family child care initiative sponsored by the Office of Child Care and the Office of Head Start will add 22 local child care partnership coordinators to help family child care providers build their capacity to offer comprehensive services to both Early Head Start and other infants and toddlers in low-income families. In addition, there will be consultants in States to help new ARRA-funded Early Head Start programs implement their services. Both initiatives offer excellent opportunities to build partnerships between the ITSN, Early Head Start consultants, and new Early Head Start programs. The State Head Start Collaboration Office can be a strong partner for coordinating with the Head Start system.

Taking a Closer Look:
The Early Head Start for Family Child Care Project

The Office of Child Care and the Office of Head Start are partnering to develop a demonstration project that will increase quality for all eligible children in designated family child care homes. In 2011, 22 designated communities across the country will participate in the project, with the intent of strengthening family child care providers by building their capacity to provide sustainable, quality Early Head Start services. Each community will have a local child care partnership coordinator.

There are many other opportunities for building partnerships across services and disciplines that can strengthen the ITSN and its partners and bring additional resources to infant/toddler settings. For example, ITSNs have collaborated with the following partners:

- CCR&R networks
- early childhood education consultants
- family outreach/home visiting
- Head Start/Early Head Start
- mental health consultants
- health consultants
- Part C/early intervention
- higher education
- QRIS
- child welfare
- State licensing regulators

Increasingly, States are moving toward collaborative consultation models designed to coordinate consultants from the same or different disciplines in a formal system that improves consultants' efficiency in working directly with infant/toddler caregivers to improve the quality of care.[16] ITSNs are potential vehicles to coordinate consultation services and improve services to infants and toddlers, with the shared goal of improving the quality of care to our youngest children.

Taking A Closer Look:

Maine's Technical Assistance Network includes the I/T specialist, education specialists, the Maine Afterschool Network director, Head Start grantee support specialists, inclusion specialists, and the accreditation specialist. The members of the Technical Assistance Network meet quarterly to share information and work through field issues related to consultation. This group is also supported by an email listserv.

16. For more information on multidisciplinary consultant networks, see National Infant & Toddler Child Care Initiative. (2010). Coordinating child care consultants.

SECTION III

CONCLUSION

The process of developing and implementing an ITSN described in this manual was informed by the States that have chosen this strategy to improve access to and quality of child care for infants and toddlers. It emphasizes the States' suggestions that ITSNs develop with the participation of stakeholders in a logical, step-by-step process and connect to other quality initiatives and early childhood partners. Interest in evaluating the impact of ITSNs and in developing multidisciplinary consultation initiatives is growing and may help further knowledge in the field of how best to support the infant/toddler workforce in their efforts to provide high-quality care to our youngest children.

Appendix A: First Steps: Ohio's Infant Toddler Initiative

Given the importance of the first 3 years of life for laying the foundation of a child's future school and life success, and the fact that many of our youngest are in non-parental care on a full-time basis, focusing on the quality of care they receive during this critical period of time is essential.

Research-based professional development

Program for Infant Toddler Caregivers

Develop a shared philosophy among a network of infant toddler stakeholders across the state. Who you are is as important as what you do in infant toddler work.

1. Train 90 people across stakeholder groups including 12 infant toddler specialists by the West Ed faculty on the Program for Infant Toddler Caregivers

2. Modules 1 & 2 May 04

3. Modules 3 & 4 Oct. 04

Intensive and ongoing job-embedded coaching and mentoring

Infant/Toddler Specialists

Hire 12 infant toddler specialists who are managed by OCCRRA but housed in the Resource and Referral agencies. They will become certified by PITC and trained to inter-rater reliability on the ITERS and FDCERS. The specialists will assist infant toddler care teachers in understanding how infants and toddlers develop because only then can they understand how to facilitate their learning and development.

1. Hire 12 specialists (April 04)

2. Train the 12 specialists on PITC (May 04 & October 04)

3. Train on the ITERS and FDCERS (June 04)

4. Collect ITERS and FDCERS data (July 04 – May 05)

5. Train on Innovations Curriculum (August 04)

6. Train on targeted technical assistance (Sept 04)

7. Provide technical assistance (beginning Oct 04)

8. Provide community-based trainings (beginning Dec)

Evaluation

Use data to document, reflect, plan and implement

First Year Questions:

1. What is the quality of infant toddler care?

2. Are there demographic variables that influence the quality of infant toddler care?

3. What intervention (dosage) strategies yield increased quality outcomes?

1. Recruit a stratified demographic sample of 1,000 infant toddler environments.

2. Randomly assign the infant toddler environments into one of three intervention groups.

3. All 1,000 are assessed using either the ITERS or FDCERS.

4. In addition the high group receives on-site technical assistance, community based PITC training and training in the Innovations Curriculum; the medium group receives community-based training and the low group receives just the rating scales scores.

Data Driven Next Steps

Based on the preliminary findings from the rating scales:

1. Create standardized training focused on health, safety, early learning and diversity. The Infant Toddler Specialists will deliver this training to centers and the Ready To Learn Coordinators will deliver this training to family child care providers.

2. The Infant Toddler Specialists will target their technical assistance to centers and family child care homes that feed into elementary schools that are in academic emergency status.

3. Develop Infant Toddler Guidelines that are aligned to Ohio's Early Learning Content Standards to disseminate to parents, providers and policy makers.

Appendix B: North Carolina ITSN Scope of Work

Scope of Work
Infant/Toddler (I/T) Enhancement Project

Lead CCR&R Agency Commitment
As the Lead CCR&R Agency for Region ___, the Contractor accepts responsibility for delivering services in Region___ to ensure that statewide and regional project goals and outcomes are accomplished.

The Contractor will employ and supervise ___ FTE Infant/Toddler Specialist. For the purposes of this contract, an FTE position is defined as working between 37.5 and 40 hours per week on an annual basis. The Contractor will ensure that the Specialist spends time equitably among the counties in Region ___ and will provide daily supervision for and oversight of the Infant/Toddler Specialist. Furthermore, the Contractor will continue the collection and dissemination of data on quality/availability of I/T care in the region to improve equity of service.

Contractor further agrees to meet expected I/T outcomes and outputs (the outcomes and outputs identified below are defined as minimum and are to be met at the county and regional level unless otherwise specified):

Each Infant/Toddler Specialist will:

1. Deliver 12 infant toddler presentations regionally, including ITS-SIDS and four other standardized trainings;

2. Provide at least 15 technical assistance on-site visits in local child care settings per month to mentor and assist teachers to provide quality infant toddler care and use the Early Foundations;

3. Cooperate with other infant toddler specialists in nearby regions to provide Early Foundations train the trainer events and assist in follow-up activities including the collection and reporting of data on provider trainings conducted by the trainers in their regions;

4. Encourage infant and toddler teachers to continue their professional development and provide information about the Infant Toddler Care Certificate and T.E.A.C.H. Early Childhood® Scholarships;

5. Assist in the production of 25 articles to be used in county and regional newsletters;

6. assist with the development of two new standardized IT trainings;

7. Assist in the production of the Statewide Project Portfolio;

8. Work collaboratively with other consultants and technical assistance personnel in the region as well as the state team of infant toddler specialists and project manager to achieve goals of the project and ensure successful evaluation;

9. Cultivate partnerships with Early Childhood Departments of local community colleges, Local Planning and Coordinating Councils (LICCs) and other local agencies and groups working on infant toddler issues and systems to support quality infant toddler care;

10. Complete training in ITERS-R, FCCERS, and PITC, if not previously done within the constraints of the budget;

11. Participate in the NC CSEFEL Pyramid Model training, implementation and evaluation; and,

12. Participate in a project evaluation plan, including data collection and quarterly reporting.

Statewide Program Outcomes:

1. By June 30, 2009, 1,250 infant toddler spaces will show measurable improvement in quality on ITERS-R (or FCCERS) scores on post-assessments following technical assistance and training.

2. By June 30, 2009, 90% of participants in technical assistance will indicate that they used one or more strategy provided by the infant toddler specialist to improve the quality of care in the infant and/or toddler classroom.

3. By June 30, 2009, 90% of participants in all training events will report gaining new information/skills or increasing their knowledge as a result of the training received.

4. By June 30, 2009, 90% of standardized trainings will result in increased participant knowledge of the training topic.

Appendix C: Sample ITSN Action Plan

National Infant & Toddler Child Care Initiative
Strategic Planning: Action Plan

Planned Activities

Long-term outcome: Improve the quality of infant/toddler learning environments and increase the knowledge of the infant/toddler workforce specific to the care of infants and toddlers

Intermediate outcome: Improve the ITERS-R scores
Budget implications: Cost of assessment training, technical assistance, and training models

Activity/Strategy	Action Steps	Responsible Person(s)		Anticipated Completion Date
		Lead	Other Partners	
Provide onsite technical assistance training/consultation	• Establish criteria for consultation and program readiness: - Determine what is in place to fill in when specialist is not ready - Establish inter-rater reliability			Immediate
	• Monitor caseload and establish intake priority for ITERS-R assessment			Immediate
	• Determine training hours			Immediate
	• Define technical assistance and training		NITCCI	Immediate
Establish advisory group	• Plan for group dates, etc.			Immediate
Determine professional development needs for each specialist in each region	Consider • PITC • ITERS-R. • FCCERS • SIDS & shaken baby training/child care health consultation • Consultation model for infants and toddlers • State licensing regulations/ registration			Ongoing In planning Immediate Immediate Ongoing
Coordinate with other consultation systems	Contact: • Health consultation • Universities and colleges • Local quality programs • Early intervention • Infant/toddler credential • BUILD			Immediate Ongoing
Develop plan for assessment reliability and validity	• Achieve ITERS reliability			Immediate
Develop plan for I/T specialists and implementation of outputs: region vs. State	• Determine whether regions have some activities that are not a part of State plan			Review 3rd qtr

Activity/Strategy	Action Steps	Responsible Person(s)		Anticipated Completion Date
		Lead	Other Partners	
Evaluation and research planning Establish baseline	• Review lessons learned • Research cost and planning • Identify statewide quantitative reports in consistent use • Report on qualitative definitions		Advisory Group	End of Year Ongoing Immediate
Lending library	• Calculate replacement cost • Identify policy procedures for local R&Rs • Develop process for approved list			Ongoing
Personnel consistency	• Revisit at end of year			End of Year
Prepare for funding and expansion—sustainability	• Maintain network			Spring
Prepare for expansion of slots	• Present on transition of child care space at licensing regulations forum			Ongoing Awareness

Technical Assistance Needs:

a. Consultation from other states with ITSN

b. Research definitions of technical assistance

c. Facilitate lending library approved list process

Back Burner

Activity/Strategy	Action Steps	Responsible Person(s)		Anticipated Completion Date
		Lead	Other Partners	
Revisit Plan	• Review all activities of network			3rd Qtr
	• Make recommendation for contract renewal • Review evaluation • Review 1st year lessons learned			3rd Qtr
Professional development for I/T specialist	• Complete Infant/Toddler credential train the trainer—local model, environmental rating scale validity			End of Year

Completed Steps

Activity/Strategy	Action Steps	Responsible Person(s)		Anticipated Completion Date
		Lead	Other Partners	
Infant/Toddler Curriculum Resource Fair				Feb 25 North/ Central Feb 26 South
Professional Development for I/T specialist	• YCS mental health North/Central complete, South complete			March

Appendix D: First Steps New Jersey/CCR&R Contract Agreement

First Steps New Jersey Infant/Toddler Specialist Initiative
Through funding provided by the Department of Human Services, Division of Family Development the three CCR & R's awarded this contract will make the Infant Toddler Specialist initiative an integral part of their outreach to child care providers.

Please explain how each of these activities will be implemented.

Required activities/programs:
- Utilize the First Steps Model throughout each region.
- Keep the staffing models as outlined in your proposals
- One (1) statewide advisory group (members should consist of DFD, DHS, CITE, 2 regional representatives p/region as decided by the 3 grantees).
- Statewide Advisory group should meet 4 times p/year (1 p/quarter)
- One (1) I/T Curriculum and Resource Fair p/region
- One (1) Funding and Expansion Forum p/region (bring in funders to discuss expansion of centers, OOL to discuss licensing requirements and also BB, EDA and SBA). Purpose is to assist programs/ providers with funding options and expansion.
- Collaborate with CITE to support the CITE conference at a rate of $2,000 p/region
- Collaborate with CITE to promote the Infant Toddler Credential
- West Ed PITC training (may send staff or collaborate to bring West Ed to NJ)
- Assist/facilitate in partnership with DFD a training institute conducted by Zero to Three
- Conduct a minimum of 750 training hours p/region to infant toddler center based staff, administrators and home based child care providers. Training can be delivered by consultants and/or I/T Specialist
- The above training hours should be focused on but not limited to the following topics: mental health, SIDS, SBS, program assessment tools (ex: ITERS, FCCERS) PAS, classroom arrangement (space and furnishings), portfolio assessments, observing and recording and language development, infant toddler development and program structure.
- Provide on site consultation/interventions which consist of a pre/post ITERS or FCCERS, a minimum of 3 on-site training and technical assistance days (up to 5 hours each) and a program improvement plan.
- Provide a minimum of 15 center based interventions p/region p/year and a minimum of 10 FCC interventions p/region p/year
- Establish and maintain one (1) lending library p/region
- Purchase materials and supplies for a lending library
- Submit monthly/quarterly reports to DFD as required.

Disallowed:
- Purchase of cell phones
- Purchasing or leasing cars
- Fingerprinting
- Money for CITE scholarships

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National Infant & Toddler Child Care Initiative

http://nitcci.nccic.acf.hhs.gov/index.htm

http://www.ehsnrc.org

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