

Northwest Infant/Toddler Regional Service Model (RSM)

SECTION 1: Brief summary description of the I/T Child Care Consultation Regional Service Model

Please give a brief (< 150 words) description of your overall service model, including the following elements in your description:

- Your regional funding focus
- Your consultant pool
- The duration and quantity of consultation services and any key details about the content of planned consultation services (e.g., a specific approach or curriculum).

There will be opportunities to describe more details in later sections.

Northwest Educational Service District 189, in partnership with Northwest Early Learning, will provide professional consultation services to infant/toddler childcare providers, in centers and home-based programs in an effort to improve the quality of child care and caregiver attachment for vulnerable children. The focus will be those providers serving a high percentage of vulnerable children as determined by children receiving child care subsidy or scholarship, eligibility for CACFP, FRPL and/or facilities located within Title I school boundaries. Our interdisciplinary consultant pool includes “Primary Consultants” representing the content areas of Education/Care giving/Teaching, Social-Emotional/Behavioral and Health. Locally-based consultants will meet with each provider for an average of 90 minutes per month, providing strengths-based support in a continuous cycle of Joining, Assessment/Observation, Planning, and Implementing/Training. Consultants will meet monthly as a group to jointly review action plans for providers and share expertise. The regional steering committee will join consultants four times over the project year.

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SECTION 2: Service Delivery Strategy

PART A: Provider Funding Focus Strategies

Please briefly describe the providers that will be your focus.

Providers that will be the focus of our funding will be those that serve a high percentage of vulnerable children as determined by the number of families qualifying for child care subsidy or scholarship, eligible for CACFP or FRPL, and/or facilities located within the boundaries of Title I schools. From this base category, we will work with a subset of 50-55 providers. The number of providers served in each region will be based on the percentage of children under the age of 3 in each county, weighted to provide significant distribution between center and home-based programs as well as specific target populations (see below). Additionally, weighted-distribution will mitigate the isolation in some smaller communities with poor access to other services.

The following chart indicates the percentage and number of providers served by county*:

County	# Children under 3	% of Total	# Providers
Island County	2,644	5.6%	15
San Juan County	353	.07%	12
Skagit County	4,580	9.7%	11
Snohomish County	31,968	68.4%	9
Whatcom County	7,153	15.3%	8
Total	46,698	99.07%	55

Participating providers will be selected according to the proportionate distribution of licensed center and in-home programs existing within each county.

*Data from NW Region's Infant Toddler Needs Assessment

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- 1. Funding Focus Component #1:** Please describe why you believe this focus will reach providers that serve a high percentage of vulnerable children (based on DEL's definition outlined in the accompanying Overview document)?¹

We will direct resources to programs that serve high numbers of families receiving child care subsidies or scholarships and families who are eligible for CACFP (Child and Adult Care Food Program) or FRPL (Free and Reduced Priced Lunch). Additionally, we will screen by geographic area for facilities located within Title I school boundaries. By using subsidies and food program eligibility as a proxy for low-income status, and low-income status as an indicator of possible risk factors, we feel that we will have a strong likelihood of reaching vulnerable infants and toddlers.

- 2. Funding Focus Component #2:** Please describe how your service delivery model will allow you to achieve your expected outputs for the year within your funding focus. What strategies will help you deliver efficient and high quality consultation to providers that serve vulnerable children?

We are focusing on identifying a representative distribution of licensed center and in-home childcare providers across the five-county region. Each type of child care program requires a slightly different approach and we feel that it is important for us to continue to develop a network of consultants with the skills to work effectively across both settings. By choosing to select programs in proportion to distribution, we are allowing for variation within each county. From this criteria framework we intend to work directly with 55-60 providers. During the application process we intend to screen for 3 characteristics:

- 1) Providers serving Spanish speaking families
- 2) Newly licensed and/or new teachers (within last three years)
- 3) Providers serving infants and toddlers with special needs

Selecting providers who meet these characteristics will allow us to address a range of provider challenges, as well as recruit and screen for targeted populations. It will also enable us to ensure consultants have the knowledge and skill sets to serve vulnerable populations, preparing us to serve a greater number of high risk groups.

¹ Please reference the DEL Funding Focus for Regional I-T Consultation Efforts Memo, specifically page 4, for a description your regional funding focus.

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PART B: Recruitment

Please describe how your regions will recruit new family child care providers and child care centers and teachers into your consultation program.	
i. Who will primarily be involved in outreach and recruitment efforts (e.g. leads, steering committee members, community agencies)?	NWESD Regional Lead, Mari Taylor Child Care Aware at Whatcom Opportunity Council Consultant Team Steering Committee
ii. What is your primary strategy and anticipated activities to conduct outreach and recruitment?	Child Care Aware at Whatcom Opportunity Council will distribute applications and promotional materials to eligible providers. Our consultant team and steering committee members will engage in personally contacting providers within their service areas to encourage them to apply.
iii. What did you find particularly successful or an area you could improve upon from your recruitment in SFY 2012 and SFY 2013?	We had some challenges with organizational transitions and timing during the recruitment process for SFY 2013. As awareness of the Infant & Toddler Project has spread through the child care community, providers are reaching out to us to be included in the application process. We are confident that this year's recruitment will result in many more applications.

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PARTS C: Relationship Building and Goal Setting

	Description	Anticipated Outputs
<p>i. Please describe your strategy for building successful relationships with center directors and teachers prior to the start of consultation.</p>	<p>Consultants are reaching out to teachers and directors via telephone. Child Care Aware staff, consultant team, and steering committee members are utilizing existing relationships and networks to scaffold work with Early Achievers and other early learning efforts and build understanding and interest in the Infant & Toddler Project. After provider selection occurs, consultants will schedule an introductory orientation meeting with providers and directors.</p>	
<p>ii. What process is in place to establish consultation goals with the consultation recipients (please include name of assessment to establish goals)?</p> <p>List your expected hourly outputs on this task in the right hand column.</p>	<p>We will be utilizing components of ITERs and CLASS for assessment and goal setting that addresses a range of goals that ultimately leads to improved relationships and interactions between babies and their caregivers. Additionally, our consultant team will be adopting the Practice-Based Coaching methods to align the work including:</p> <ul style="list-style-type: none"> • Shared goals • Focused observation • Reflection • Expert feedback • Shared action plan 	<p>How many hours do you estimate your consultants and leads will dedicate towards provider assessment and goal setting activities:</p> <p>Average per teacher receiving consultation: <u> 12 </u></p> <p>Total for SFY 2014 <u> 720 </u></p> <p>Total for SFY 2015 <u> 720 </u></p>
<p>iii. How will your region track consultation goals and progress towards those goals?</p>	<p>Consultants complete visit records and goal sheets which are closely aligned with the Practice-Based Coaching Model. Data will be collected at monthly consultant meetings by regional lead, compiled and reported to ORS via periodic reports. Additionally, our consultation model and documentation will allow us to record and track specific strategies leading to provider outcomes.</p>	

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PART D: Service Delivery Strategy and Anticipated Outputs

<p>Strategies and Related Activities Please describe the service delivery strategies and related activities that will occur in your region. (e.g., initial meetings, classroom based consultation, provider assessments, classroom observations, modeling, culturally and linguistically relevant practices, parent meetings, proposed provider training, etc.) Please be sure that the description explains how your planned activities are related to your funding focus. <i>[See the DEL IT Consultation Hours Policy (Section 1, Part D) outlined in the accompanying “RSM Overview – Phase 2” document and its footnote.]</i></p>	<p>Estimated Outputs (e.g., provide a basic range for consultation hours, teachers/directors served and infant and toddlers reached)</p>
<p>Strategy #1</p> <p>We will direct resources to programs that serve high numbers of families receiving child care subsidies or scholarships and families who are eligible for CACFP or FRPL. Additionally, we will screen by geographic area for facilities located within Title I school boundaries. By using tuition subsidies and food program eligibility as a proxy for low-income status, and low-income status as an indicator of possible risk factors, we feel that we will have a strong likelihood of reaching vulnerable infants and toddlers.</p>	<p>Overall Consultation Hours in SFY 2014: 1026-1140</p>
	<p>Consultation Hours Per Teacher in SFY 2014: 15-19</p>
	<p>Consultation Hours Per Director in SFY 2014: 2-4</p>
	<p>Anticipated # of Infant and Toddlers Reached in SFY 2014: 360-380</p>
	<p>Overall Consultation Hours in SFY 2015: 1026-1140</p>
	<p>Consultation Hours Per Teacher in SFY 2015: 15-19</p>
	<p>Consultation Hours Per Director in SFY 2015: 2-4</p>
<p>How has your service delivery strategy evolved from SFY 2012 and SFY 2013? What informed those changes (feel free to look back at your previous RSMs)?</p>	
<p>Reductions in funding to WCCC (Working Connections Child Care) and other subsidies means that this proxy may no longer accurately represent families in need. In an effort to identify and reach more children at risk we have included scholarships, food program eligibility and Title I service areas as indicators for providers serving vulnerable children. Utilizing FRPL data and Title I designation is consistent with other regional strategies for identification and allocation of resources to high-risk populations. Our hope is that alignment of these strategies will enable us to build common data sets to support better resource distribution across our region. Additionally, we are adopting a Practice-Based Coaching methods to better capture and record the work that is being done with providers.</p>	

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SECTION 3: Consultant Pool, Coordination and Data Collection

PART A: Consultant Pool

Please describe the background and process for building your interdisciplinary consultant pool.

Consultant Pool	DESCRIPTION Please answer the questions from the first column.
i. Please describe your outreach and process for recruiting consultants?	Our current consultant team was recruited through steering committee members' work with NWEL coalition partners with a priority of local consultants serving within their own communities and a representation of each of the three qualifying specialties. Since we are able to expand service this year to more providers, we will be able to expand Mari Taylor's role to include including direct consultation.
ii. Are the consultants you recruit meeting the qualifications outlined in the I/T Interdisciplinary Child Care Guidelines? To what degree?	Yes, every member of our consultant team meets the qualification guidelines. We have representation from the fields of Education/Care giving, Behavioral Health and Health.
iii. What other qualifications do you expect you will need from your consultant to successfully deliver consultation?	We will be training in Practice-Based Coaching methods and continue professional development in CLASS. Additionally, consultants will be coordinating with Early Achievers' Technical Assistant Specialists to align practices and build a peer community for consultation in our region and all consultants will be trained in ITERS-R
iv. What type of specialists will you use (e.g. mental health)? How will they be used?	Our consultant team is truly interdisciplinary. At monthly meetings and via technology we have direct access to each of the specialty areas and rely on the knowledge and skills of the entire team to provide high quality service to each of our providers. Additionally, we have utilized the support of a certified nutritionist at one of our sites and will continue to access this and other community resources as necessary.
Please list name, phone/e-mail and type (education/health/social emotional) of consultants you <i>already</i> know will be in your pool. (e.g. <i>John Smith, Health</i>)	<ol style="list-style-type: none"> 1. Linda Albert, (360) 419-3322, lindaa@co.skgit.ws.us, Health 2. Dianne Dyer, (360) 370-7504, dianned@sanjuanico.com, Health 3. Christi Louro, (360) 550-6085, christilouro007@gmail.com, Education 4. Angela Thatcher, (425) 259-5601 X2337, athatcher@voaww.org, Education 5. Bess Windecker-Nelson, (360) 320-0595, besswn@whidbey.com, Behavioral Health 6. Mari Taylor, (425) 314-1131, mtaylor@nwesd.org, Education

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PART B: Coordination and Data Collection – Staff and Partners

Please articulate how you will coordinate your resources, e.g. consultant pool, point of entry with your service delivery strategies. (This section relates to Core Strategy #2 in the Infant and Toddler Child Care Consultation Logic Model and to Table 7 in the Infant-Toddler Child Care Consultation Guidelines.) Who will be responsible for this, and how will they coordinate the process? Please add rows and columns for additional activities that your region intends to implement.

Category of Coordination	Activities: How will you coordinate this?	Responsibility: Agency and staff person responsible
Engaging Providers - communication, coordination and cross-referral (e.g., linking providers to consultants)	Marketing, recruitment and applications are sent to all licensed infant and toddler care givers in the region. Additional outreach via telephone will be completed by our current consultant team. Once applicants are selected by the steering committee, each provider is assigned by geographic location to a primary consultant.	Mari Taylor, NWESD Child Care Aware (Opportunity Council) Steering Committee Consultant Team
Provider recruitment, intake, and assessment (e.g., applying ITERS, QRIS)	Providers will submit a completed application by August 15 th . Applications will be screened for minimum requirements and forwarded to the Steering Committee for selection. Consultants will hold an initial orientation meeting with providers and conduct ERS and provider self-assessment at the beginning of the consultation year.	Mari Taylor, NWESD Steering Committee Consultant Team Child Care Aware staff
Training, supervision and support for consultants	Consultants will engage in professional development in the Practice-Based Coaching Model and CLASS. Additionally, the consultant team meets monthly for reflective supervision and support.	Mari Taylor, NWESD Karma Hugo, NWESD
Data collection and reporting	Consultants complete visit records at each provider meeting which are compiled by the regional lead for quarterly reporting. Goal and outcome guides provide additional details for data reporting. Documentation materials are aligned to the Practice-Based Coaching Model to ensure accurate interpretation and documentation of strategies and data reporting.	Mari Taylor, NWESD Karma Hugo, NWESD
Other planned coordination activities (add table rows as necessary)	Consultant team will meet and train collaboratively with Early Achievers Technical Assistant Specialists and P-3 Literacy teams throughout the year to ensure alignment of practices and services in the region's the early learning community.	Mari Taylor, NWESD Karma Hugo, NWESD

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PART C: Curricula and Training

Please list any curricula and training you will support the delivery of high quality consultation services.

PART C: Resources	Description
i. What training, curricula and content experts will be available to support high quality interdisciplinary consultation?	CLASS ITERS-R Executive Function Practice-Based Coaching
ii. What common approaches/methods will your consultant pool utilize related to any training, curricula or other support your region provides?	Practiced-Based Coaching methods Early Learning and Development Guidelines Creative Curriculum for Infants, Toddlers and Twos CLASS – with emphasis on improving relationships and interactions between babies and their caregivers. ITERS-R

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SECTION 4: System Building

PART A: System Building Efforts Description

Please describe your systems building efforts and collaborative regional work to support the unique and diverse needs of infants and toddlers, their families, and the systems and services that support them.

PART A: Please give a brief (< 100 words) description of your system building efforts for infants and toddlers in your region.

Valuable connections between the Infant & Toddler Project, Early Achievers and P-3 Literacy alignment are supported by incorporation of shared professional development and collaboration so that we can meet providers “where they are” providing support services for infants and toddlers across the region.

NWEL has formed a data team to develop our ability to use data to wisely allocate resources across the region. We are utilizing CACFA, FRPL, Title I designation and tuition subsidies to more reliably identify and serve our most vulnerable children. By building a data system that can be utilized across services and regions, we will be better equipped to distribute resources where they are most needed.

PART B: Steering Committee Roster and Roles

Please describe your Steering Committee membership and how they reflect your region’s rich geographical, racial, and cultural diversity. List the names, contact information and any role, coordination responsibility and/or representation the individual will have on the committee. Add rows as necessary.

PART B: Steering Committee Member Name	Contact Information	Role, Structure and Representation (coordinating role, responsibility)
Micha Horn, Environmental Health Specialist	425.339.8712 mhorn@shd.snohomish.wa.gov	Snohomish Health District
Charlene Shambach, Director Community Health	425.339.8674 ccrowshambach@shd.snohomish.wa.gov	Snohomish Health District
Jennifer Sass-Walton, Child and Family Health Manager	360-336-9383 jennis@co.skagit.wa.us	Skagit Health Dept
Dianne Dyer, Public Health Nurse	360-370-7510 or 360-468-3070 dianned@sanjuanco.com	San Juan County Health and Human Services
Judy Ziels, Public Health Nurse	360-6767-6762 x 32023	Whatcom County Health Dept.

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	jziels@co.whatcom.wa.us	
Wilanne Ollila-Perry, Child Care Aware	360.734.8396 x223 wilanne_ollila-perry@oppco.org	Opportunity Council
Sue Winn, Family Child Care Provider	swinn@fidalgo.net	ELAC Member
Donna Horne, Program Manager	360-416-8299 dhorne@voaww.org	VOA
Cheryl Iverson	civerson@voaww.org	VOA
Sage MacLeod, Director	360-370-0592 sage@rockisland.com	San Juan County ECEAP
Terry Clark, Director	(425) 353-5656 terry.clark@littlered.org	Little Red School House
Pat Holloran, Executive Director	360-416-7570 pat@sparckids.org	SPARC
Angie Ahn-Lee, Early Intervention Program Manager	425-388-7114 angie.ahn-lee@snoco.org	Snohomish County ITEIP
Karma Hugo, Early Childhood Manager	360-299-4045 khugo@nwesd.org	NWESD 189
Nikki McMurtry, TOSA	360-428-6110 nmcmurtry@mv.k12.wa.us	Anacortes SD Mount Vernon SD
Bess Windecker-Nelson	360-320-0595 besswn@whidbey.com	CCA, NWEL Advisory Panel
Marilyn Chu, Associate Professor Early Childhood Education	360.650.2737 marilyn.chu@wwu.edu	WWU
Karen Rose	karenrose1@comcast.net	NWEL Co-Chair
Elaine Larson, Early Achievers Regional Coordinator	360-734-8396 Elaine_Larson@oppco.org	Opportunity Council

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PART C: Additional Partnerships

Additional Partnerships you will access for I/T consultation and/or systems building efforts (e.g., Early Learning Regional Coalition). *Add additional rows if necessary.*

PART C: Name of Partnership	Contribution to Work
Northwest Early Learning	Data Team support, continued promotion of the project, connections to local resources, consultant recruitment and advocacy
Whatcom Opportunity Council – Child Care Aware	Promotion and recruitment
Western Washington University, Marilyn Chu, PhD	Professional Development and Training

PART D: Additional Funds

Please list any additional funding sources (funder, in-kind, any additional funding sources you will access for systems building and/or I/T consultation). *Add additional rows if necessary.*

PART D: Funding Source	Amount	Details (activity that it funds, assumptions, etc.)
TBD	TBD	We are in the planning stages of collaboration and shared professional development with our regional Early Achievers Technical Assistance Specialists.