

South Central 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.

Current consultation services are offered to child care programs in the catchment areas of the (1) Ellensburg CSO and (2) Sunnyside CSO (the area referred to as “Lower Valley” in Yakima County. For the purposes of this regional service model, the “Lower Valley” will be defined as “east and south of the Granger city limits to the eastern county line”. Moving forward, recruitment of new programs will expand north to incorporate the catchment area of the Toppenish CSO site serving families who reside between Yakima and “Lower Valley” to include the cities of: White Swan, Toppenish, Wapato, Zillah, Harrah, and Buena and potentially Yakima if it is determined a site used by a Toppenish CSO Consultation will *continue to be directed more towards* child care centers in order to serve a higher number of infants and toddlers; however, family home programs will be included because of their often greater continuity of staff and intent to show positive results for serving providers in both types of settings. All new programs from this point forward will be encouraged to enroll in Early Achievers and supported through their registration and level two process.

The South Central Infant-Toddler consultant network will be comprised of a combination of private consultants and employees from partner agencies. Consultants will be English-speaking and bilingual (English-Spanish) and will include but not be limited to staff from Child Care Aware of Central Washington, Public Health Nurses, Early Intervention Specialists, and Mental Health Professionals. The exact composition of the consultant pool is yet to be determined and will be based on pre-assessment data and Quality Improvement Plans obtained during initial meetings with child care providers. Consultation services will include initial meetings, by which to establish the consultant relationship, collect baseline data, and develop a Quality Improvement Plan in addition to on-site consultation to specifically address QI goals.

An additional strategy will be to offer opportunities for group training on developmental screening and trauma related topics including Adverse Childhood Experiences (ACEs) and trauma-informed care, and supports in Bonding and Attachment.

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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.

South Central Interdisciplinary Infant-Toddler Consultation services will focus on child care centers and at least one family child care home in each of Kittitas and Yakima counties and will be targeted to child care providers who are serving children in foster care, involved in Child Protective Services, or otherwise defined as homeless. “Homeless” will be defined in accordance with the McKinney-Vento Act as: “Individuals who lack a fixed, regular, and adequate nighttime residence and includes (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement, (ii) children and youths who have primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living circumstances described in clauses (i) through (iii).

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

Data shows that both Kittitas and Yakima counties have high percentages of children that meet DEL’s definition of vulnerable children. Poverty has a clear presence in the region. With approximately 73% of students in the region receiving Free and Price-Reduced Meals, 26-37% of children in the region under the age of five are living at 100% FPL. The region typically has a higher percentage of residents living in poverty than the rest of the nation, with the largest concentrations living in rural areas. This is reflected in school Free-Reduced Lunch counts where percentages are currently between 84.7% in Grandview to 99.6% in Mabton (cities included in our funding focus areas). Also, 49% of children in South Central Washington are born to single mothers with about 7% of these to teens.

Children in the highest-risk group were identified by the Infant-Toddler Steering Committee as those children in foster care or CPS-involved. We know there are abused children in all of our communities. According to 2009 DSHS reports there are 8.1% of children in Kittitas County and 9.5% of children in Yakima County under the age of 18 years were being served by Children’s Administration case management. This includes 724 children under the age of 18 in foster care placement. DSHS Children’s Administration utilizes specific licensed child care programs as placement sites from Child Protective Services within the regional funding focus area. Foster and CPS-involved children are considered homeless in Washington State. Many of these children may have experienced significant trauma prior to their placement. Recent advances in developmental science indicate that early childhood trauma can become biologically embedded, influence learning, behavior, bonding and attachment, and health as children get older.

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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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?

Consultation will continue to be provided to a higher percentage of child care centers in order to serve a higher number of infants and toddlers; however family home programs will be included because of their often greater continuity of staff and our intent is to show positive results for serving providers in both types of settings.

Current consultation services are offered to child care programs in the catchment areas of the (1) Ellensburg CSO and (2) Sunnyside CSO (the area referred to as “Lower Valley” in Yakima County. For the purposes of this regional service model, the “Lower Valley” will be defined as “east and south of the Granger city limits to the eastern county line”. Moving forward, recruitment of new programs will expand north to incorporate the catchment area of the Toppenish Children’s Administration Office serving families who reside between Yakima and “Lower Valley” to include the cities of: White Swan, Toppenish, Wapato, Zillah, Harrah, and Buena and potentially Yakima if it is determined a site used by the Toppenish Children’s Administration Office.

REQUEST FOR WAIVER: Because our funding focus area will be expanding to include land that is part of the Yakama Nation - We respectfully request a waiver which would allow us to provide training to a maximum of two (2) Yakama Nation licensed child care facilities that are not also licensed by the Department of Early Learning. Our rationale for this is that we would like to provide training to a population who is immensely underserved. Our hope would be to open the door to licensure by the Department of Early Learning for these programs and others, while also providing training to help children where there is a lack of resources.

A primary goal will be to enroll all I-T consultation recipients in Early Achievers in an effort to sustain and grow their quality improvement work. All new programs from this point forward will be encouraged to enroll in Early Achievers and be supported through their registration and level two process by Early Achiever Technical Assistants. We will continue to seek to integrate these two systems in ways that are complementary and relevant to licensed child care providers.

New programs will have an enrollment review (# of children by age) prior to acceptance to establish likelihood of children aging out and programs subsequently becoming ineligible of receiving consultation services. Programs that become ineligible once enrolling in I-T consultation services because of no infants or toddlers enrolled will have a grace period of 90 days in which they will make ‘reasonable effort’ to reinstate their enrollment of infants and/or toddlers. During the first 30 days, programs will continue to receive consultation services as well as technical assistance from Child Care Aware of Central Washington for the purpose of reinstating I-T enrollment. After 60 days with no I-T enrollment, their case will be presented to the Infant-Toddler Review Committee for additional guidance. After 90 days, programs that are unable to reinstate their I-T enrollment, will be placed on “inactive status” and may contact the lead agency to reinstate I-T Consultation services once their infant and/or toddler enrollment has increased.

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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.	
<p>i. Who will primarily be involved in outreach and recruitment efforts (e.g. leads, steering committee members, community agencies)?</p>	<p>Outreach and Recruitment will primarily be done by DSHS Children’s Administration and the Lead Agency – each with their own role in the process. The Infant-Toddler Review Committee (a task force of the Infant-Toddler Steering Committee) will provide guidance, feedback, and recommendations along the way.</p>
<p>ii. What is your primary strategy and anticipated activities to conduct outreach and recruitment?</p>	<p>Our primary strategy for reaching licensed child care providers who are caring for children that are in foster care, CPS-involved, or homeless will be to utilize a strong partnership with DSHS Children’s Administration and to build strong relationships through the use of a lead consultant that stays strongly connected to programs.</p> <p>Our proposed process will include the following sequence:</p> <ol style="list-style-type: none"> 1. DSHS/DCFS will work with Child Care Aware to develop a list of child care programs in the funding focus areas that are recognized by social workers as supportive to foster families in search of child care and are generally known as program that regularly accepts abused and neglected children. 2. Once these programs have been screened by the Lead Agency, DSHS/DCFS designee and CCA will compose an invitation in the form of a letter explaining the opportunity to receive consultation service along with an application. 3. Recruitment will may occur naturally by referrals from Early Achievers Technical Assistants who are currently out in child care programs working through the Level Two process (<i>Note: The Lead Agency for Infant-Toddler Consultation services is also the Lead Agency for Early Achievers in the South Central Region and therefore able to make these cross-system connections between staff</i>). 4. Programs that are interested in receiving services will be required to submit a completed application to Child Care Aware. 5. The Lead Agency will be responsible for screening applications to ensure that programs are in good standing with DEL Licensing and meet additional

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	<p>funding focus criteria</p> <ol style="list-style-type: none"> 6. Programs that pass the initial application screening will meet with the Lead Consultant for orientation to services; review of expectations and responsibilities, and to identify potential quality improvement areas. 7. Lead Agency will be responsible for direct outreach/recruitment activities to programs. These activities will include information sharing by face-to-face conversations/invitations, phone calls, emails.
<p>iii. What did you find particularly successful or an area you could improve upon from your recruitment in SFY 2012 and SFY 2013?</p>	<p>Orientation was a great strategy for informing providers about services and building interest in quality improvement. It provided a platform for group questions and answers to seek clarity about what was expected of them. It also provided room to share a statewide look into the future of P-3 alignment and how many of the initiatives are coming together to support child care. This gave the Center Directors and FCC owners a sense of focus and desire to help inform the future of quality supports for children. With the new turnover policy, we have chosen to move from a group orientation model to individualized orientation delivered by the Lead Consultant to each program director/owner.</p> <p>New things are intimidating to providers. We found this was especially true for Family Home Child Care programs. The implementation of the Infant-Toddler Consultation Services came alongside the roll out of EA, new WACs, MERIT, changes in licensing procedures, and economic decline – it has been a lot for providers to process and change all at once.</p> <p>Who are you and why are you here? Providers continue to be confused by what the different services are (or if they are different) and who are the people calling and coming to do visits. We will be implementing a Memorandum of Understanding model to help bring program purpose and shared responsibilities to the forefront of beginning conversations between the Lead Consultants and Directors, and consultants and classroom staff.</p>

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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>The Lead Agency has an existing connection with licensed child care providers in the South Central region. Child Care Aware of Central Washington (CCACW) has a strong history of providing high-quality services, support, and resources to licensed child care providers in the region. CCACW has a good reputation amongst and are well connected to a diverse population of providers throughout Kittitas and Yakima Counties.</p> <p>Consistent contact and clear messaging is essential to building a strong relationship and maintaining engagement. It is for these reasons that a great deal of critical thinking, planning, and energy will go into the recruitment and intake process. The goals of these processes will be to ensure that providers (both directors and teachers but most importantly directors) are well informed of the purpose of services as well their responsibility in the quality improvement process by minimizing sources of confusion and disengagement.</p> <p>Generating buy-in is supported by identifying wants and needs and then addressing those wants and needs. This principle will be embedded in the intake and consultation process by the administration and review of a self-assessment (loosely based on the ERS Self-Assessment) at the onset of service delivery, the administration and review of the I-TERS assessment, and the ongoing development of goals and activities in a Quality Improvement Plan that will be primarily directed by the providers themselves.</p> <p>Providing an orientation to services, with time for providers to ask questions prior to committing to services ensures that there is good understanding of what services will entail and expectations associated with the receipt of services, which alleviates confusion and the potential for disappointment or frustration. If this results in a provider's decision to commit to the consultation relationships, we believe this provides evidence of strong interest and willingness to commit. A Memorandum of Understanding will be used to facilitate this process.</p>	<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 (Our intent is that the Director also will be actively involved in this component of the service delivery) receiving consultation: 10 hours</p> <p>Total for SFY 2014: <u>200</u></p> <p>Total for SFY 2015: <u>200</u></p>
<p>ii. What process is in place to</p>	<p>1. One-page inquiry to identify teachers in child care centers that are</p>	

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establish consultation goals with the consultation recipients (please include name of assessment to establish goals)?

List your expected hourly outputs on this task in the right hand column.

interested in quality improvement. Self-Assessment (loosely based on the ERS) will be completed by any interested staff to help facilitate provider-directed QI work.

2. I-TERS Evaluation will be completed following initial meeting(s).
3. Upon completion of the evaluation and scoring, lead consultant and I-TERS Rater will meet with the program director and, potentially infant-toddler teacher to review evaluation results and to use scores as the basis for deciding where to begin. Based on this conversation, Lead Consultant will provide referral to appropriate I-T Consultant that includes identified area of focus (i.e. Health & Safety, Curriculum and Learning Environment, Family & Community Partnerships, Professional Development & Training, or Leadership & Management). I-T Consultant will review I-TERS results and visit summaries prior to first visit with provider(s).
4. I-T Consultants will use initial consultation(s) to develop goal(s) related to the I-TERS results and the provider's chosen area of focus. Special attention will be focused on developing consultant and subsequently provider skills in setting clear and attainable goals that include descriptions of 'what accomplishment looks like' and also sets a timeline that projects how many visits the provider expects in order to reach the goal.
5. Goals will be framed according to QRIS Quality Standards within the following areas of focus:
 - Child Outcomes including developmental screening, child assessment, identification of red flags in development, alignment to WaKIDS, individualized instruction, mentoring of teaching staff to support increase in teacher-child interactions that support strong attachment and healthy social-emotional development
 - Facility Curriculum & Learning Environment including use CLASS principles and ERS, mentoring of teaching staff to support improvement in curriculum and teacher-child interactions, classroom quality, inclusion of children with special needs, routines and transitions, and curriculum.
 - Family Engagement & Partnership including creating welcoming environments for families, improving communication of program

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	<p>activities, child learning, and developmental concerns to families, resources and referrals for families</p> <ul style="list-style-type: none"> • Professional Development & Training including information and support to address individual or center-wide PD goals and practices that support high quality I/T care. 	
<p>iii. How will your region track consultation goals and progress towards those goals?</p>	<p>Goal statements are tracked on a Quality Improvement Plan form - - this form is the basis for decision making related to goal-setting and includes specifics (i.e. goal statement, measurable change, resources needed, and timelines) related to each goal. These goal statements are transferred to the Visit Summaries completed at each visit. Visit Summaries document the discussions, actions, and progress made in relation to each goal. Consultants complete a section on each Visit Summary that identifies “anticipated consultation devoted towards goal topic” and “degree of completion – as of today’s visit, what is the current state of completion towards this goal topic”. These visit summaries are reviewed by the Lead Consultant to ensure that progress continues to be made through subsequent visits.</p>	

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: Lead Consultant Meeting(s) with the following objectives:</p> <ul style="list-style-type: none"> • Initial meeting will orient Director/Owners to the consultation services and establish a commitment between Lead Agency and child care programs. Memorandum of Understanding will be used to facilitate this process and to provide clear responsibilities and expectations related to the delivery and receipt of consultation services. 	<p>Overall Consultation Hours in SFY 2014: <u>280 - 400</u> (Strategy #2)</p> <p>Consultation Hours Per Teacher in SFY 2014: <u>10 -14</u> (Strategy#2)</p> <p>Consultation Hours Per Director/Owner in SFY 2014: <u>4 - 6</u></p>

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- Lead Consultant establishes and maintains relationships with key staff in child care program (i.e. Director/Owner, I-T Teacher and Assistants. (It will be the intent to initiate the service relationship with the Director/Owner in each program and to maintain their participation in approximately 30% of the consultation service delivery, specifically within the goal setting and QIP progress monitoring.)
- Obtain baseline data by interview, self-assessment, and I-TERS Score
- Discussion with provider to review assessment results and develop QIP
- Assign relevant consultant to assist in the agreed upon area of concern
- Develop and monitor progress on Quality Improvement Plans

Strategy #2: Relationship-based On-site interdisciplinary consultation to achieve goals in Quality Improvement Plans and monitored through ongoing assessment.

Strategy #3: Professional Development: Provide free or discounted admission and STARS vouchers for Infant-Toddler Training for staff in each child care program receiving Infant-Toddler Consultation Services. Training will be developed in relation to high-frequency goal topics and regional initiatives. It is expected that training topics will likely center around the following content areas: Infant-Toddler Development, Developmental Screening, Infant-Toddler Environments, Infant-Toddler Environmental Rating Scale, Adverse Childhood Experiences, and Trauma Sensitive/Informed Care. The approach of these trainings will be varied and include large group, on-site, and may include additional consultation to ensure implementation of knowledge (theory to practice), parent engagement, and technical assistance.

Strategy #4: Opportunity to connect back, periodic check in, “tune up”. While programs will transition out of services, we anticipate that circumstances (i.e. new staff, new children, new classrooms, and new issues) will create a need for providers which we would like to continue to be able to meet on a periodic or as-needed basis.

(Strategy #2)
Anticipated # of Infant and Toddlers Reached in SFY 2014: <u>200 - 250</u>
Overall Consultation Hours in SFY 2015: <u>280 - 400</u>
Consultation Hours Per Teacher in SFY 2015: <u>10 -14</u> (Strategy#2)
Consultation Hours Per Director in SFY 2015: <u>4 - 6</u> (Strategy#2)
Anticipated # of Infant and Toddlers Reached in SFY 2015: <u>200 - 250</u>

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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)?

During the past year of services, we have identified the importance of clearly defining the role of the Center Director in the delivery of consultation services within a classroom. In sites where staff turnover occurred, or teacher and classroom adjustments were made by the director, the consultants observed that set-backs took place, and consultation had to begin anew. Consultants believe that when the director is engaged, continuity will be supported and ensured. By providing services through this model, improvements such as altered environments and appropriate furnishings that were strategically placed may not have occurred. Additionally, consultant staff has provided onsite visit summary and consultant information binders which include progress and goal setting documents. This information is readily available for the directors and staff to review, and aids in promoting organization and accountability. By ensuring this resource is consistently available onsite and reviewed by director, staff and consultant, programs will be more likely to sustain the plans and support the evolving classrooms and children.

We also offered Quality Improvement Awards that supported deficits from I-TERS scores. This has given programs a step up in service and delivery to the children in care, where they were unable to afford the needed materials to improve. We intend to continue with the administration of Quality Improvement Awards for each program although details for this still needs to be worked out in relation to the budget and impact of the turnover policy.

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
i. Please describe your outreach and process for recruiting consultants?	<p>Please answer the questions from the first column.</p> <p>Consultant recruitment is done primarily through email posting through community coalition and related list serves and employment postings on Craigslist and in local newspapers. The following language has generally been used:</p> <p><i>Independent Contractor Positions: Seeking Infant-Toddler Child Care Consultants with specialization in Infant and Toddler Care Giving, Environments, and Curriculum. Qualified consultants will provide on-site consultation for quality improvement purposes in the areas of Ellensburg and/or Lower Valley Yakima. Desirable qualifications include: Experience with infants and toddlers in licensed child care. Bilingual preferred. Variable schedule. Wage DOE. Must have reliable vehicle and insurance and pass WA State Background Check. For more information or to</i></p>

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	<p>obtain an application, please contact: Monica Rodriguez at (509) 965.7109 or mrodriguez@ccyakima.org</p> <p>Upon request, additional information is provided about the Infant-Toddler Services delivery along with an application. Submitted applications go through an initial screening process to ensure they are complete, applicant meets I/T Consultant Guidelines, identify area of specialty, and develop follow-up questions for applicant. Applications that pass this initial screen are presented to the Infant-Toddler Review Committee for further discussion and decisions offer interview.</p>
<p>ii. Are the consultants you recruit meeting the qualifications outlined in the I/T Interdisciplinary Child Care Guidelines? To what degree?</p>	<p>We are committed to ensuring that all Infant-Toddler consultant competencies, skills, and knowledge will meet all <i>Washington State Infant-Toddler Consultation Guidelines</i> through our recruitment and screening process. The Lead Agency pre-screens all applicants in relation to the <i>Guidelines</i>. Once qualified candidates are identified, the Infant Toddler Review Committee (ITRC) then addresses the second level of desired characteristics and determines appropriate placements.</p>
<p>iii. What other qualifications do you expect you will need from your consultant to successfully deliver consultation?</p>	<ul style="list-style-type: none"> ● A preference is that consultants are engaged and connected to “funding focus” communities. ● Infant-Toddler consultants must have prior experience working with children and families but will not be required to have experience with licensed child care in order to be considered “qualified” in the pre-screening process. This is seen as an area of knowledge that will be developed through orientation and continuing professional development. ● Knowledge and experience working with adults. Consultants must have experience and/or training in adult education and relationship-based learning. ● We will continue to build our consultant network to reflect our families and clients so that it would be largely comprised of bilingual (English-Spanish) consultants because we recognize that relationship-based consultation is difficult with the use of an interpreter. When necessitated, services will be delivered in an appropriate language (bilingual Spanish). ● Consultants must have a multicultural perspective as well as knowledge and experience with under-resourced populations and culture of poverty ● All consultants will have strong knowledge of environments, health and safety, and the social-emotional development of infants and toddlers. ● Knowledge of I-TERS, CLASS, Creative Curriculum, ETC.
<p>iv. What type of specialists will you use (e.g. mental health)? How will they be used?</p>	<p>Our lead consultant would best be defined as a content area specialist with knowledge, expertise, and credentials in related fields according to the <i>Washington State Infant-Toddler Consultant Guidelines</i>. The Lead Consultant will perform (but not be limited to) the following functions:</p> <ol style="list-style-type: none"> 1) Establishing a relationship with a primary staff person in each child care program 2) Acting as primary communicator between each child care program, the lead agency, and the I-T

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Consultants (*System Support*)

- 3) Administering pre and post assessments
- 4) Developing Quality Improvement Plans

Therefore, the lead consultant qualifications will meet those listed on page 4 of the *Washington State Infant-Toddler Consultant Guidelines* in Table 1 as well as interest in and knowledge of:

1. Washington State Early Learning and Development Guidelines
2. Washington State Core Competencies for Early Care and Education Professionals
3. Early Learning Professional Development System report and recommendations
4. Early Achievers, Washington's Quality Rating and Improvement System Standards
5. Three environmental rating scales: 1) ECERS-R 2) I-TERS-R 3) FCCERS-R
6. CLASS - Infant and Toddler version

Other consultants utilized in this project will represent one or more of the three fields of Education, Health, and Mental Health.

ITRC will make efforts to continue review and development of areas of need and concern brought forward from the consultants to ensure the consultant pool meets the growing needs of the providers.

Please list name, phone/e-mail and type (education/health/social emotional) of consultants you already know will be in your pool. (e.g. John Smith, Health)

Health

Gerri Miller RN Public Health-gerri.miller@co.yakima.wa.us phone- [509-249-6546](tel:509-249-6546) or [509-575-4040](tel:509-575-4040)
Emily McPhee RN YVMH emilymcphee@yvmh.org Phone-[509-480-1304](tel:509-480-1304)

Behavior/Soc/Emot

Victor Cardenas VIP BA/AAC vcardenas@ccyakima.org Phone-[509-965-7100](tel:509-965-7100) or [509-833-8172](tel:509-833-8172)
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Environments/education

Patricia Alvarez BA hollyhockpa@hotmail.com Phone-[509-965-4753](tel:509-965-4753) or [509-901-8572](tel:509-901-8572)
Tracie Hanson BA ECE fairyfrog32@hotmail.com Phone-[509-225-9233](tel:509-225-9233) or [509-406-2145](tel:509-406-2145)
Teresa Ramos BA ECE tramos9@gmail.com tramos@cwahs.org Phone-[509-853-5070](tel:509-853-5070) or [509-895-7711](tel:509-895-7711)
Wk-(509) 895-6438
Susan Coffey BA Psych scoffey@ccyakima.org Phone-[509-965-7109](tel:509-965-7109)

Specialist

Delores Gonzales BA psych ITERS Rater- deloresgonzalez@rocketmail.com phone- [509-830-5387](tel:509-830-5387) or [509-882-3870](tel:509-882-3870)

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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)	<p>PROJECT MANAGEMENT</p> <ul style="list-style-type: none"> • Child Care Aware of Central Washington is the single point of entry for all child care programs and consultants related to Infant-Toddler Consultation Services. • Child Care Aware of Central Washington (CCACW) will manage all documents and data related to the Infant-Toddler Consultation System. • CCACW Project Manager will be responsible for organizing and presenting all documents and data to the Infant-Toddler Review Committee. <p>MATCHING CONSULTANTS TO PROVIDERS</p> <ul style="list-style-type: none"> • Following initial meetings (s) with provider(s) lead consultant will arrange for I-TERS Evaluation. • Upon completion of the evaluation and scoring, lead consultant and I-TERS Rater will meet with the program director and, potentially infant-toddler teacher to review evaluation results and to use scores as the basis for deciding where to begin. • Based on this conversation, Lead Consultant will provide referral to appropriate I-T Consultant that includes identified area of focus (i.e. Curriculum and Learning Environment, Family & Community Partnerships, Professional Development & Training, or Leadership & Management). I-T Consultant will review I-TERS results and visit summaries prior to first visit with provider(s). I-T Consultants will use initial consultation(s) to develop goal(s) related to the I-TERS results and the provider’s chosen area of focus. 	<p>Child Care Aware of Central Washington</p> <ul style="list-style-type: none"> • Maria Vasquez, Project Manager • Susan Coffey, Lead Consultant • Monica Rodriguez, Data Coordinator • Infant Toddler Review Committee (decisions on project tool development and process for measurable outcomes).

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	<p>COORDINATING MULTIPLE CONSULTANTS</p> <ul style="list-style-type: none"> • Lead Consultant will maintain primary responsibility for coordinating I-T consultation services in each program by ongoing review of Quality Improvement Plans and Visit Summaries, along with consistent communication with all consultants in project. • Copies of the Quality Improvement Plan and all Visit Summaries will be kept in a project binder on-site to support communication between consultants and DEL Licensors working with the same provider. Providers (directors and teachers) will be encouraged to review this information regularly to strengthen connection to QI work and to share this with their licensors and lead consultant whenever possible. A signature page will be placed in the binder to track any review of documents and process that takes place. • Infant Toddler Review Committee and/or Infant-Toddler Steering Committee complete periodic systems review to 1) monitor quality improvement progress and 2) evaluate the functionality of engagement and coordination processes. <p>COMMUNICATION BETWEEN CONSULTANTS</p> <ul style="list-style-type: none"> • Communication with Lead Consultant is required in all aspects of planning and goal setting. This can be done by CC'ing lead on all emails between consultants. • Project binder-Holds all progress, plans, and communication tools. • Google Site <ul style="list-style-type: none"> ○ Consultant pool contact information ○ Appointment Schedule ○ Provider file on activity in project 	
<p>Provider recruitment, intake, and assessment (e.g., applying ITERS, QRIS)</p>	<p>SELECTING PROVIDERS</p> <ul style="list-style-type: none"> • DSHS/DCFS will work with Child Care Aware to develop a list of child care programs in the funding focus areas that are recognized by social workers as supportive to foster families in search of child care and are generally known as program that regularly accepts abused and neglected children. • Recruitment may occur naturally by referrals from Early Achievers Technical Assistants who are currently out in child care programs working through the Level Two process (<i>Note: The Lead Agency for Infant-Toddler Consultation services is also the Lead Agency for</i> 	

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Early Achievers in the South Central Region and therefore able to make these cross-system connections between staff).

BASELINE DATA

- A self-assessment (loosely based on the ERS) will be used to allow providers to self disclose areas of concern, need or program deficits
- The ERS (I-TERS and FCCERS) will be used – in whole or in portions – as needed as a 1) preparatory measure for rating readiness and 2) tool for monitoring and focusing I-T consultation.
- The Infant-Toddler Steering Committee will continue to discuss best options for assessing the social emotional components of child care programs. Community is working toward coordinating community-wide training for service providers and caregivers in trauma-affected populations.
- Data will also be used to identify infant-toddler trainings needs.

Training, supervision and support for consultants

- Consultants will receive pre-service orientation prior to delivering consultation services. Orientation Agenda includes:
 - Project background
 - I-T Consultant Roles and Responsibilities
 - Quality Improvement – Process and Plans
 - Documentation
 - Resource & Lending Library
 - Q&A
- Consultants will be encouraged to use literacy, such as reading stories and the way that this can occur, to enhance relationships between caregiver and child. Using play opportunities to increase engagement, eye contact, and accepting adults providing care for

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	<p>them can go a long way to building attachment with caregivers. Supporting providers to be responsive to cues, acknowledging children’s expression of emotions and supporting problem solving will develop more reciprocal relationships and communication. We want to support children to have a healthy sense of independence, not that they need to take care of themselves and control situations to make sure they get their needs met, but they can trust the adults to take care of them and be there to help them.</p> <ul style="list-style-type: none"> • Infant-Toddler consultants will participate in professional development to ensure current and aligned practices. Opportunities will be developed to provide content-specific training (i.e. ASQ-3, trauma sensitive/informed care). • Lead Agency, in collaboration with community partners, will be responsible for the coordination and delivery of pre-service orientation, one (1) professional development opportunity, and no less than one (1) regional system debrief per project year for I-T consultants. <p>2) SUPERVISION AND SUPPORT</p> <ul style="list-style-type: none"> • Child Care Aware will be the point of contact for all I-T consultants for the purposes of contracts, billing, and receipt of referrals. 	
<p>Data collection and reporting</p>	<p>PROJECT MANAGER:</p> <ul style="list-style-type: none"> • Submit all DEL and contracted consultant monthly invoice and activity reports. • Share Periodic Reports to Steering Committee for review. • Present to IIC as standing agenda item for system building accountability • Monthly Conf Call with DEL and ORS as requested • Attend local and statewide meetings as South Central I-T Representative <p>LEAD CONSULTANT</p> <ul style="list-style-type: none"> • Completes Visit Summary following each on-site visit (can complete handwritten notes on-site; then complete the electronic forms post visit). 	

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- Contact selected I-T consultants by phone or email and provide current copies of 1) Referral form 2) QIP 3) ALL Visit Summaries and 4) Program Profile.
- Collect Visit Summary from consultant following each visit and follow-up if additional information if needed.
- Complete provider profile updates as requested by lead consultant.
- Receive and reviews completed documents from consultants and forwards to data coordinator for uploading. Monitor time between referrals, on-site services, and submission of visit summaries to ensure that service delivery is occurring and timely.
- Log and monitor consultation hours/discipline per program.
- Contact selected consultants by phone or email and relay provider name and referral recommendations.
- Record appointment schedule on referral form and Google Calendar.
 - Compile monthly activity reports for billing

I-T CONSULTANTS

- Receive referral and support documents from Lead Consultant. These should be thoroughly reviewed.
- Follow-up call with Lead Consultant for additional information and clarification.
- Contact provider for introduction and appointment schedule. This initial call is the beginning of your relationship with the provider. *Share and obtain information you need to make your first visit a positive and welcomed experience.*
- Conduct on-site consultation and complete Visit Summary form.
- *All forms are seen by steering committee members, ORS (state data management team), DEL, child care providers, CCACW staff, and other I-T Consultants – please take this into consideration when writing your notes.*
- Submit completed Visit Summary form to Lead Consultant via email within 5 working days of visit. *All forms are electronic and will be sent by email between I-T Consultant and Lead Consultant.*

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	<p>ADMINISTRATIVE ASSISTANT</p> <ul style="list-style-type: none"> • Upload completed forms to appropriate page on Google site. • Manage project data and submit to ORS as needed. • Prints hard copies and add to provider files (in-house). • Print hard copies of visit summaries and Quality Improvement Plan updates and mail to each provider (hole punched) <i>along with a pre-addressed, pre-stamped envelope and I/T Consultant Feedback Form?</i> *NOTE: Consultant Name and Visit date should be filled in by Admin Assistant prior to sending out. • Provider support and additional data collection or related project activities as assigned. 	
<p>Other planned coordination activities (add table rows as necessary)</p>	<p>Project Advising/Systems-level Evaluation</p> <ul style="list-style-type: none"> • RSM Development • Project Policy Development • Consultant Pool Development (Application Review) • Program Enrollment (Application Review & Site Selection) • Project Document Development & Review 	<p>Infant-Toddler Review Committee</p>
	<p>Community Resource LENDING LIBRARY</p> <p>Providers receive an informational flier in their Quality Improvement binders and all consultants can access items and promote this resource as a way to obtain new materials for programs facing budgetary limitations. The Lead consultant will make suggestions of items to check out as needed and inform programs of new and available items as updates occur.</p>	
	<p>REFERRAL NETWORK</p> <p>Child care providers receiving consultation services will be referred to other support programs including: Valley Intervention Program (VIP), Parents As Teachers (PAT), Nurse-Family Partnership (NFP), Early Intervention, Children’s Village, and Parent Child Home Program</p>	

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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
<p>i. What training, curricula and content experts will be available to support high quality interdisciplinary consultation?</p>	<p>1) CURRICULUM and ASSESSMENT TOOLS</p> <ul style="list-style-type: none"> ● Early Achievers Level Two Modules ● Infant-Toddler Environmental Rating Scale (I-TERS) ● Family Child Care Environmental Rating Scale (FCCERS) ● Environmental Rating Scale (ERS) ● Teaching Strategies/Creative Curriculum ● ASQ ● ASQ-SE <p>2) TRAINING MATERIALS</p> <ul style="list-style-type: none"> ● Washington State Infant-Toddler Training Modules ● WA State Early Learning Plan ● Washington State Early Learning and Development Guidelines ● WA Quality Rating and Improvement System Standards ● WA State Minimum Licensing Requirements for licensed child care centers and family homes ● Adverse Childhood Experiences research ● Strengthening Families Framework ● Milestone Moments ● Watch me Grow
<p>ii. What common approaches/methods will your consultant pool utilize related to any training, curricula or other support your region provides?</p>	<ul style="list-style-type: none"> ● Identify (and potentially work to balance) the provider’s interest and highest needs through observation, assessment and dialogue. ● Goal-setting that is collaborative (including director and teacher as well as any assistants receiving consultation) and data-driven (based on assessment results, documented observations and progress towards goals). ● Encourage and model high quality adult-child interactions that support strong attachment and healthy social – emotional development in all opportunities on-site. ● All new programs will be encouraged to enroll in Early Achievers and supported through their registration and level two process in partnership with TA specialist. ● Solution-oriented, Strengths-based.

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	<ul style="list-style-type: none"> • Trauma Informed Care • Developmental Screening
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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.

<p>PART A: Please give a brief (< 100 words) description of your system building efforts for infants and toddlers in your region.</p>
<p>The South Central systems building efforts and collaborative regional work have grown to support the diverse needs of infants and toddlers and their families. The systems and services has been informed, built, and strengthened largely due to the devoted partners and agencies committed to serving the community as a whole. Investing In Children Coalition serves as the over arching regional network, is represented by the diverse nature of our region. This monthly meeting draws on key decision makers and innovative minds to drive the work on initiatives that will improve our community, the children, and families we all serve.</p>

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)
Cynthia Juarez, Early Learning PD Director	ESD 105 Cynthia.juarez@esd105.org 509.454.2488	ESD 105 Investing in Children Co-Chair ELAC Work Groups/ Committee Member

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Jan Thoemke, Project Director	Department of Human Services Project Launch Jan.thoemke@co.yakima.wa.us 509.574.2978	Project Launch Investing In Children Co-Chair Work Groups/ Committee Member
Jackie McPhee, Director	Children's Village Jackie.mcphee@yvmh.org 509.574.3269	Children's Village I/T Steering Committee Chair Work Groups/ Committee Member
Maria Vasquez, Program Manager	Child Care Aware of Central WA mvasquez@ccyakima.org 509.965.7109	Child Care Aware of Central WA Catholic Family & Child Service South Central Infant/Toddler Co-Chair Project Manager
Josephine Camarillo, Children and Young Adult Librarian	Ellensburg Public Library camarilloj@ci.ellensburg.wa.us 509-962-7218	Children's & Young Adult Librarian Events Committee Member Kittitas Early Learning Coalition
Liz Whitaker, Community Health Services Supervisor	Kittitas County Public Health Liz.whitaker@co.kittitas.wa.us 509.899-0357	Kittitas County Public Health Kittitas Early Learning Coalition Developmental Screening Pilot
Kim Ferguson, Director	Child Care Aware of Central WA Kferguson@ccyakima.org 509.662.6761	Child Care Aware Catholic Family & Child Service
Kim Davis, Executive Director	Bright Beginnings for Kittitas County kdavis@bbfkc.org 509.962.4200 ext. 228	Head Start, Early Head Start, ECEAP Kittitas Early Learning Coalition Committee Member
Helen Marieskind, Executive Director	Ready By 5 Helen.marieskind@readybyfive.org 509.480.1549	Ready By 5
Lynn Harlington, Director of Early Childhood Programs	EPIC lynn.harlington@epicnet.org 509.895.6433	ECEAP Work Groups/ Committee Member
Kenneth Nichols, Deputy Administrator	DSHS Children's Administration nike300@dshs.wa.gov	DSHS Children's Administration Committee Member
Tadeo Saenz-Thompson, CEO	Inspire Development Center	Inspire Development Centers Director

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	Tadeoscaenz-thompson@inspire-centers.org 509-839-8255	Committee Member
Charlotte Oliphant, Child Care Nutrition Program Manager	Child Care Nutrition Program coliphant@ccyakima.org 509.965.7107	Child Care Nutrition Program Catholic Family & Child Service Committee Member
Gloria Jones-Dance, Early Head start Manager	Inspire Development Centers Gloria.jones-dance@inspire-centers.org 509.839.8255	Inspire Development Centers Work Groups Committee Member
Monica Rodriguez, Administrative Support	Child Care Aware of Central WA mrodriguez@ccyakima.org 509.965.7109	Child Care Aware of Central WA Catholic Family & Child Service Project support
Glenda Orgill, Education Department Chair/Instructor	Yakima Valley Community College gorgill@yvcc.edu 509.574.4787	Yakima Valley Community College Education and Early Childhood Education Committee Member
Marlene Cousens, YVCC	Yakima Valley Community College mcousens@yvcc.edu 509.574.4997	Yakima Valley Community College Education and Early Childhood Education Committee Member
Patti Nagle, CHET Specialist	DSHS/DCFS Children's Administration napa300@dshs.wa.gov 509.225.7946	DSHS Children's Administration Work Groups/Committee Member
Joan Towell,	EPIC joant@epicnet.org 509.895.6444	EPIC Work groups/Committee member
Karri Livingston, Associate Director of School Readiness	EPIC karril@epicnet.org	ECEAP Committee Member
Travis Hansen, Central Regional Administrator	Department of Early Learning travis.hansen@del.wa.gov 509.834.6840	DEL Work Group/Committee Member

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Sheryl DiPietro,	Yakima Health District Sheryl.dipietro@co.yakima.wa.us 509249.6517	Yakima Health District Committee Member
Diane Liebe, Medical Director	Children's Village/YVFWC dianel@yvwfc.org 509.574.3269	Yakima Valley Farmworker's Clinic Children's Village Developmental Screening Committee Chair Committee Member
Lisa Campbell-John, Program Director	Yakima Valley Farmworker's Clinic Community Health Services lisac@yvfc.org 509.575.3308	Yakima Valley Farmworker's Clinic Committee Member
Ann Juarez,	Parent-Child Home Program juarez@wvsd208.org 509.972.4128	Parent-Child Home Program Committee Member
Janis Luvaas, Program Director	Yakima Valley Farmworker's Clinic Behavioral Health Services janisl@yvwfc.org 509.453-1344	Yakima Valley Farmworker's Clinic Committee Member
Infant Toddler Consultants that also participate on the Steering Committee:		
Terri Brummet, Therapist	Catholic Family & Child Service Valley Intervention Program tbrumett@ccyakima.org 509.965.7100	Catholic Family & Child Service Consultant Work Groups/committee Member
Victor Cardenas, Therapist	Catholic Family & Child Service Valley Intervention Program vcardenas@ccyakima.org 509.965.7100	Catholic Family & Child Service Consultant Work Groups/committee Member
Gretchen Kopp, Therapist	Catholic Family & Child Service gkopp@ccyakima.org 509.965.7100	Catholic Family & Child Service Consultant Work Groups/committee Member
Gerri Miller, RN	Yakima Health District Gerri.miller@co.yakima.us 509.249.6546	Yakima Health District Public Health Nurse Consultant Work Groups/ Committee Member

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Teresa Ramos, Consultant	Infant Toddler Specialist tramos@cwabs.org 509-895-6438	EPIC Consultant Work groups/Committee Member
Emily McPhee, M Consulting	M Consulting Emcphee06@gmail.com 509-480-1304	Nurse Consultant Developmental Screening Coordinator Committee Member
Delores Gonzalez, Consultant	Gonzalez Evaluations deloresgonzalez@rocketmail.com 509-830-5387	Consultant Work Groups/committee Member

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
Investing in Children Coalition	Partnerships in recruitment and leveraged support and resource by informing the broader community to garner engagement. This will also serve as a method to ensure statewide initiatives are aligning with local projects and serve as a conduit for service delivery with shared funding sources and grant writing opportunities.
Children's Village, Developmental Screening Workgroup	Will serve as the collaborative network to drive the design and process for informing about developmental screenings, training, and tools. The DSWG will serve as a committee member and a resource hub, for I/T childcare providers and linkage to appropriate referral agencies and medical homes upon request. This system will support the statewide Early Achiever process and create awareness of assessments for the child care field and support to families.
Catholic Family & Child Service, Valley Intervention Program	Will serve as the specialist in behavior supports and training for the project as well as support in development and leveraged expertise is systems building efforts.
Department of Social & Health Service, Division of Children's Services	DCFS provides guidance and expertise in strategies to support families and children involved in children's welfare systems. Offers partnership and

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	expertise in moving forward trauma informed care initiatives and training in our region.
Kittitas Early Learning Coalition	Partnerships in recruitment and leveraged support and resource by informing the broader community to garner engagement. This will also serve as a method to ensure statewide initiatives are aligning with local projects and serve as a conduit for service delivery with shared funding sources and grant writing opportunities.
Project Launch	Collaborative partner on integration and sustainable services that support local and statewide efforts. Support the system building efforts and work groups in project development. Leveraged funding to offset costs as aligned with Launch initiatives of early childhood mental health consultation and developmental screening.

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.)
Investing In Children Coalition Thrive By Five Community Momentum Grant	\$4000	Nurse Consultant Cost for ASQ Consultation Services for 4 programs. Services for July-December 2013
Project LAUNCH	\$2000 \$10,000	Behavior Consultation services for 10 programs for 2 months-2 Consultants Developmental Screening Pilot-4 programs (proposed to increase to all 10 sites) Trauma Sensitive Care Training support will come from assistance with training.
ESD 105	In kind (\$400 approx)	ACE Training-Delivered 4 hours of Trauma Informed Care Content to all I/T programs
Heritage University	In Kind \$400	Trauma Sensitive Care Training Facility