

## Regional Service Model (RSM) Worksheets

Please see the accompanying *RSM Overview* Document for further explanations and detail about completing these worksheets.

### 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.

The Southeast Washington Infant Toddler Steering Committee created a Regional Service Model to reach the most at-risk, vulnerable infants and toddlers living in the region. The Steering Committee preliminarily identified seven child care providers serving vulnerable infants and toddlers throughout Southeast Washington, including rural areas. These providers were identified based on the expertise of the current local consultation pool. Two highly trained professionals from Child Care Aware and Public Health will provide consultation to the selected providers using a collaborative approach. The initial consultation will include components of classroom based consultation, provider assessments and classroom observations; focusing on the fields of education, caregiving, teaching, social-emotional, behavioral, and health care. During the coaching sessions, the consultants will incorporate knowledge and training from NCAST, Promoting First Relationships and other trainings to enhance the program's skill related to attachment and engagement with infants and toddlers. The process will include collaborative pre- and post-assessment meetings to align expectations and outcomes; as well as calibrate recommendations, and present findings to child care providers. Referrals will be made as necessary to appropriate consultants for behavior health, mental health, nutrition, etc. The goal is to prepare all the participating centers to engage with the Early Achievers process by the end of our consultation period.

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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.

Southeast Washington experienced great success with previous participants transitioning to Early Achievers and would like to avoid duplicating efforts of the Technical Assistance Specialists. Therefore funding strategies for this RSM will focus on newly recruited providers. The new providers for 2013-2014 include a combination of child care centers and family home care providers located both in the population centers as well as rural areas of the region, most of which accept childcare subsidies. Additional providers will be recruited for the second year of this RSM.

The following providers were identified for initial recruitment efforts; adjustments to this list may be made during the recruitment process.

**Little Smoochies (Walla Walla):** Licensed home childcare

**Kindercare (North Richland):** Licensed Center with 2 infant and 3 toddler rooms

**Little Angels (Walla Walla):** Licensed home childcare

**Connell's Little Angels (Connell):** Licensed Center with 1 toddler room

**First Flight (Walla Walla):** Licensed Center with 1 infant and 1 toddler room

**Kennewick Christian (Kennewick):** Licensed Center with 1 toddler room

**CUPID (Richland):** Licensed Center with 2 infant and 2 toddler rooms

- 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)?<sup>1</sup>

The providers identified above serve a high percentage of vulnerable children living in southeast Washington. These providers were identified based on the expertise of the current local consultation pool. Using data from Child Care Aware and the USDA food program, the steering committee considered multiple factors, including: number of infants/toddlers served; poverty level of families; percentage of families with limited English language skills; and the number of state subsidized children in the facility.

<sup>1</sup> 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?

Consultants have been trained (and are trainers) in various modalities listed below. Using evidence based/informed assessments and consultation techniques in combination with relationship based engagement strategies will help deliver high quality and efficient consultation. A comprehensive initial assessment and action plan development that incorporates the provider's desires will allow us intensively focus on where we can make the most effective changes with the providers and staff.

### 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)?

Staff from the two consulting Child Care Aware agencies will be responsible for outreach and recruitment of providers with final approval of participants provided by the steering committee.

ii. What is your primary strategy and anticipated activities to conduct outreach and recruitment?

As the participants will be selected based on information provided by the local consultation pool; the Child Care Aware staff known to the providers will provide a formal invitation. The Infant/Toddler consultation is marketed as support with advanced preparation for the Early Achievers process. The childcare's are offered incentives in the form of quality enhancing products and are asked to sign a participation agreement.

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<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>A significant area for improvement for Southeast Washington is the timeline for recruitment. The process began later than was anticipated last year, which resulted in assessments and consultations being held in very close proximity. Ideally, there will be more time between initial and post consultation to ensure that the post assessment is more indicative of the sustainable impact of the consultation.</p>
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### PARTS C: Relationship Building and Goal Setting

(Your response is not limited by the space in the table cell. Please use as much space as necessary.)

	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 in this project are well known and respected in their respective childcare communities and networks. The center directors and many of the teachers already have established relationships. Additionally, there is time allotted for pre-meetings with providers to support relationship and trust building.</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><i>List your expected hourly outputs on this task in the right hand column.</i></p>	<p>Consultants utilize the ITERS and FCCERS, depending on the type of childcare, as initial and post assessments. A separate ITERS is done in each infant and toddler room in centers. A quality improvement action plan is developed based on the results of the assessments and shared with the provider/center director during a meeting with the consultant team. This quality improvement plan is used as a framework for mutual goal setting.</p>	<p>How many hours do you estimate your consultants and leads will dedicate towards provider <b>assessment and goal setting</b> activities:</p> <p>Average per teacher(room) receiving consultation: <u>20 (2 consultants)</u></p> <p>Total for SFY 2014 <u>~280*</u></p>
<p>iii. How will your region track consultation goals and progress towards those goals?</p>	<p>An additional Quality Improvement summary sheet with specific targeted goals is presented to the provider and reviewed with them during consultation visits. Progress toward goals is measure through a post assessment.</p>	<p>Total for SFY 2015 <u>~280*</u></p> <p>*May be adjusted depending on the childcare providers successfully recruited each cycle.</p>

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**PART D: Service Delivery Strategy and Anticipated Outputs**

<p><b>Strategies and Related Activities</b> 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><b>Estimated Outputs</b> (e.g., provide a basic range for consultation hours, teachers/directors served and infant and toddlers reached)</p>
<p><b>Strategy #1</b> The primary strategy for delivering comprehensive, interdisciplinary consultation services to licensed infant and toddler childcare providers includes an initial assessment and quality improvement plan development by representatives from Child Care Aware and a Public Health Nurse. Follow up consulting to each room is provided by one of the team members based on the needs of that classroom teacher and age of the children. Either member of the consultation team can be called upon as a content specialist should the need arise. To ensure reliability, both members of the consultation team provide the post assessment. The areas of the ITERS and subsequent coaching that address attachment and bonding primarily are the sections on “Meeting and Greeting”, “Listening and Talking” and “Staff-Child Interaction”. During the coaching sessions, the consultants incorporate knowledge and training from NCAST, Promoting First Relationships and other trainings to enhance the program’s skill related to attachment and engagement with infants and toddlers.</p> <p><b>*Estimate for overall consultation hours are listed as a range since we do not have confirmation from participating centers. If other centers are recruited, it is very likely that they will have a different number of classrooms and teacher which will require a variance in the overall consultation hours.</b></p>	<p><b>Overall Consultation Hours in SFY 2014: 400-600*</b></p> <p><b>Consultation Hours Per Teacher in SFY 2014: 15-30</b></p> <p><b>Consultation Hours Per Director in SFY 2014: 4-10</b></p> <p><b>Anticipated # of Infant and Toddlers Reached in SFY 2014: 150-200</b></p> <p><b>Overall Consultation Hours in SFY 2015: 400-600</b></p> <p><b>Consultation Hours Per Teacher in SFY 2015: 15-30</b></p> <p><b>Consultation Hours Per Director in SFY 2015: 4-10</b></p> <p><b>Anticipated # of Infant and Toddlers Reached in SFY 2015: 150-200</b></p>

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<p><b>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)?</b></p>	
<p>The initial model employed both the Child Care Aware and Public Health Nurse for the entire consultation process. After trusting relationships were established among the consultant pool, the model has been adjusted to a more generalist consultation model as outlined above.</p>	

## 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?	There have been no changes to the consultant pool since the last RSM. Existing consultants are employed by partner agencies, which are responsible for any recruitment if it is deemed necessary.
ii. Are the consultants you recruit meeting the qualifications outlined in the I/T Interdisciplinary Child Care Guidelines? To what degree?	The current pool of consultants meets the guidelines for the education and health fields. Southeast Washington does not currently have a primary consultant that meets the credential and qualification guidelines for Social Emotional/Behavioral Health but the current pool does meet components of the knowledge and skills based on previous trainings and duties.
iii. What other qualifications do you expect you will need from your consultant to successfully deliver consultation?	<p>Last year, training was provided for the ITERS and FCCERS assessments. At this point, no new training needs have been identified.</p> <p>In addition to the education and experience required by the guidelines, current team members also possess skills obtained through the following trainings:</p>

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	<ul style="list-style-type: none"> <li>▪ ECERS &amp; ITERS</li> <li>▪ Coach Training</li> <li>▪ ASQ Administration</li> <li>▪ Strengthening Families</li> <li>▪ Nurturing Parenting</li> <li>▪ Special needs specific training on Autism</li> <li>▪ Developmental Delays Training</li> <li>▪ Crucial Conversations</li> <li>▪ Babies, Brains and Relationships</li> <li>▪ Circle of Security</li> <li>▪ C.H.E.F. Calming Ourselves in Stressful Moments™</li> <li>▪ C.H.E.F. Healthy Beginnings™</li> <li>▪ C.H.E.F. Social Beginnings®</li> <li>▪ Promoting First Relationships</li> <li>▪ Hand-in-Hand: Caring for Children from Families Affected by Substance Abuse</li> <li>▪ Promoting First Relationships</li> <li>▪ Kaleidoscope Play &amp; Learn 101 Trainer</li> <li>▪ M-CHAT Screening for Autism</li> <li>▪ Certified as Reliable in all NCAST Caregiver Child Interaction Scales</li> <li>▪ Certified in CLASS</li> </ul>												
<p>iv. What type of specialists will you use (e.g. mental health)? How will they be used?</p>	<p>Accessing a content specialist for Social Emotional/Behavioral Health may be identified as a need in the quality improvement plans. They may be utilized as a content specialist resource for the primary consultants and as a potential referral source to child care providers/parents.</p>												
<p>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>)</p>	<table border="0"> <tr> <td>1. Jill Brog</td> <td>Education</td> <td>jbrog@ccyakima.org</td> </tr> <tr> <td>2. Nancy Tarara</td> <td>Health</td> <td>nancyt@bfhd.wa.gov</td> </tr> <tr> <td>3. Valerie Remboldt</td> <td>Health</td> <td>VRemboldt@co.walla-walla.wa.us</td> </tr> <tr> <td>4. Tami Sirmon</td> <td>Education</td> <td>tami.sirmon@wwcc.edu</td> </tr> </table>	1. Jill Brog	Education	jbrog@ccyakima.org	2. Nancy Tarara	Health	nancyt@bfhd.wa.gov	3. Valerie Remboldt	Health	VRemboldt@co.walla-walla.wa.us	4. Tami Sirmon	Education	tami.sirmon@wwcc.edu
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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>Child Care Aware will invite childcare providers, serving the highest number of at- risk infants and toddlers, to participate in the pilot project.</p> <p>Consistent messages related to Early Achiever standards, common outcomes and evaluations will be presented to providers. Each participating provider will receive early learning materials to support program objectives.</p> <p>The primary consultation team, comprised of representatives from CCA and Public Health, will facilitate the communication, coordination and cross-referral to content specialists as needed.</p>	<p><u>Child Care Aware</u> Suzanne Suyama, CFCS Tami Sirmon, WWCC</p>
Provider recruitment, intake, and assessment (e.g., applying ITERS, QRIS)	<p>Local Child Care Aware staff will coordinate all aspects of recruitment and intake of the selected providers, including extending personal invitation to all providers approved by the steering committee.</p> <p>An initial assessment (ITERS, FCCERS) will be conducted using a collaborative approach of the primary consultant team.</p>	<p><u>Child Care Aware</u> Suzanne Suyama, CFCS Tami Sirmon, WWCC</p>
Training, supervision and support for consultants	<p>ESD 123 will provide training, supervision and support for consultants.</p> <p>Consultants will adhere to the regional service model developed by the Infant Toddler Steering Committee and will report data collected/outcomes/findings to the ESD. Consultants will remain accountable to their individual agencies, in conjunction with the work completed under this project.</p>	<p><u>Educational Service District 123</u> Samantha Bowen</p>
Data collection and reporting	<p>ESD 123 will coordinate data collection and support by gathering information from consultants and compiling data for final submission.</p>	<p><u>Educational Service District 123</u> Samantha Bowen</p>

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Other planned coordination activities (add table rows as necessary)	As needed, other coordination activities will occur to ensure the success of the Infant Toddler Child Care Consultation project. These activities may include: MOUs between agencies providing consultation services to child care providers; regional meetings to share findings and provide support for Infant Toddler Child Care Consultation; professional development activities.	<u>Educational Service District 123</u> Samantha Bowen
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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?	<p><b>Content experts have been identified in the following areas:</b></p> <p><b>Education, Caregiving, Teaching</b>            Child Care Aware            Columbia Basin Community College, Early Childhood Education            Walla Walla Community College, Early Childhood and Parenting Education Programs            School Districts            Early Supports for Infants and Toddlers</p> <p><b>Social, Emotional Development/Behavioral Health</b>            Catholic Family Services            Children’s Home Society            Benton-Franklin Health District            Walla Walla County Public Health Department</p> <p><b>Health Care</b>            Benton-Franklin Health District            Walla Walla County Public Health Department</p>
ii. What common approaches/methods will your consultant pool utilize related to any training, curricula or other support your region provides?	All consultants have been trained to providing the FCCERS and ITERS assessments. Opportunities for shared professional development and coordination opportunities will be offered throughout the duration of the project, and as needed. Consultants will attend regional consultant collaboration meetings that include steering committee members. Additional opportunities will be explored for consultants to participate in reliability training for the ITERS/FCCERS assessments.



## Regional Service Model (RSM) Worksheets

### 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.

The Infant Toddler Steering Committee functions as a formal subgroup of the Southeast Washington Early Learning Regional Coalition. Regular updates and collaboration regarding the Infant Toddler Consultation project are a part of the agenda for regional and county level coalition meetings. The Steering Committee utilizes a collaborative decision-making process and defers to the governance of the Regional Coalition as needed.

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### 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)
Samantha Bowen	sbowen@esd123.org	ESD 123
Vikki Davis	vdavis@co.walla-walla.wa.us	Walla Walla County Health Department
Kellie Horn	khorn@esd123.org	ESD 123
Karen Potts	karenp@co.adams.wa.us	Adams County Health Department
Carla Prock	carlap@bfhd.wa.gov	Benton Franklin Health District
Jim Skucy	jims@bfhs.net	Benton Franklin Head Start
Suzanne Suyama	ssuyama@ccyakima.org	Catholic Charities, CCA
Tami Sirmon	tami.sirmon@wwcc.edu	Walla Walla Community College, CCA

### 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
Benton Franklin Early Learning Alliance	Advisory and Information Sharing
Walla Walla Valley Early Learning Coalition	Advisory and Information Sharing
Southeastern Washington Early Learning Regional Coalition	Advisory and Information Sharing
Department of Early Learning – Region X	Advisory and Information Sharing
Thrive by Five Washington	System Building and Support Materials

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#### 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.)
Thrive by Five Washington	\$29,562	Regional Capacity & Infrastructure: Community Momentum Grant Develop regional early learning infrastructure, to include parents, caregivers and early learning professionals
In-Kind	\$12,000	Infant Toddler Child Care Consultation - Steering Committee Meetings

**Please attach a copy of your region's the estimated budget to provide these services on the accompanying budget template.**