

West 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.

Our Infant Toddler Quality Improvement Project seeks to improve the quality of care in infant and toddler classrooms at **licensed centers and family homes** that serve low-income children throughout 5 counties.

In late July of 2013, all licensed family homes that serve at least 4 infants and toddlers, and all licensed centers (in 5 counties), will be invited to apply for the project. Approximately 25 classrooms or family homes that have not previously participated in the Infant/Toddler project will be chosen based on the percentage of low-income children served, the county of location, and the capacity for improvement (based on teacher education and skills).

Classrooms will utilize the ITERS and CLASS as frameworks for improvement. The CLASS in particular will offer opportunities for promoting nurturing, attachment and relationship building between caregivers and children. Consultants will use relationship-based, co-active coaching strategies to improve overall quality of care in the classrooms, including environments and interactions. The Child Care Action Council will use 5-6 consultants to serve caseloads of 1-5 classrooms/homes each. The consultants will utilize subject matter specialists, as well as curriculum materials, as needed. Classrooms/homes will be granted up to \$350 in materials to improve quality. Spending will be done by the Consultants and Child Care Action Council.

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SECTION 2: Service Delivery Strategy

PART A: Provider Funding Focus Strategies

<p>Please briefly describe the providers that will be your focus.</p>
<p>We will be choosing classrooms or homes that serve low-income families. Some may be located in rural, underserved areas. We will invite all providers in our region to apply by mailing them a letter and application. We will also ask DEL center licensors and Steering Committee members to help advertise the opportunity. We will choose applicants based on the percentage of low-income families; the location; the education level of the infant/toddler teachers; and for centers, each director’s rating of their teachers’ skill levels.</p>
<p>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</p>
<p>On the project application (to be mailed July 24) we will ask directors/FCC owners to note the total number of children in the center, as well as the number of children in the center receiving DSHS or tribal subsidy. We hope that sites chosen will indicate a percentage of subsidized children in the range of 47% to 90% of their total populations.</p>
<p>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?</p>
<p>We have also chosen to focus both on providers that are located in areas with fewer services (Pacific, Grays Harbor, and Lewis counties) and on Thurston County providers that have not taken advantage of many services in the past (i.e. no on-site technical assistance, classes, military program, etc.). For example, priority may be given to sites not yet enrolled in Early Achievers, but meeting all other criteria, as a way of encouraging them to prepare for EA. We will state on the application that participation in Early Achievers is NOT a requirement for participation in this project, but that the 2 projects complement one another. Serving Thurston County centers will also allow us to reduce consultant drive time, since most of our consultants live in that county. We will take into account the education and skill levels of the teachers, choosing to focus on sites where teachers are in need of instruction and show capacity for improvement.</p>

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)?	The regional coalition set the project parameters. CCAC project leads will generate the recruitment letter and application.
ii. What is your primary strategy and anticipated activities to conduct outreach and recruitment?	We will invite all home and center providers in our region to apply, by mailing them a letter and application on July 24. DEL licensors will also be asked to help advertise the opportunity. Regional coalition members have also agreed to help circulate this letter and encourage participation. Word of mouth encouragement from past participants and Early Achiever Technical Assistance Specialists is also anticipated.
iii. What did you find particularly successful or an area you could improve upon from your recruitment in SFY 2012 and SFY 2013?	Our recruitment efforts were extremely successful. We had more centers apply than we could accommodate. We have not identified any areas for possible improvement other than including additional regional coalition involvement in recruitment.

PART C: Relationship Building and Goal Setting

	Description	Anticipated Outputs
i. Please describe your strategy for building successful relationships with center directors and teachers prior to the start of consultation.	Initial contact will be a phone conversation with one of the project leads, to lay the foundation and set expectations. When people know what to expect, it helps right from the beginning! Then the first meetings between the consultants and providers will focus on relationship-building and explaining the project with the director and the teachers, privately and individually. Consultants will be given suggested questions for getting to know the providers.	<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: 1 hr. per month for 10 months (each monthly meeting will</p>
ii. What process is in place to establish consultation goals with the consultation recipients (please include name of assessment to	Consultants will use relationship-based, co-active coaching strategies to improve overall quality of care in the classrooms. The Child Care Action Council will use 6 consultants to serve caseloads of 1-5 providers each. Consultants will observe classrooms and subsequently meet with teachers privately to discuss progress in meeting goals and create new goals and strategies utilizing the ITERS (Infant Toddler Environment Rating	

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<p>establish goals)?</p> <p>List your expected hourly outputs on this task in the right hand column.</p>	<p>Scale) and CLASS (Classroom Assessment Scoring System), as frameworks for improvement. The goals may be around environment, or around building relationship and attachment through interactions. Our vision is that each month, the teams would examine 2-3 areas on the ITERS and/or CLASS, and set goals together.</p> <p>Additional time will be reserved monthly for meeting with the director to keep them engaged in the plan. The consultants will utilize subject matter specialists, as well as curriculum materials, as needed. Classrooms/homes will be granted up to \$350 in materials to improve quality. Spending will be done through the consultants and Child Care Action Council.</p>	<p>focus on setting goals and/or reviewing goal progress)</p> <p>Total for SFY 2014: 10 hrs. per teacher</p> <p>Total for SFY 2015: 10 hrs. per teacher</p>
<p>iii. How will your region track consultation goals and progress towards those goals?</p>	<p>Monthly reports will be submitted by each consultant delineating goals, strategies and progress as co-planned by the teacher and consultant. Consultants will submit monthly invoices showing number of hours spent in each classroom and with teacher and director. We are planning to design our paperwork to align with the data that ORS will be requesting.</p> <p>Quarterly meetings of all consultants will be held.</p>	

PART D: Service Delivery Strategy and Anticipated Outputs

<p>Strategies and Related Activities</p> <p>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.</p> <p><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</p> <p>(e.g., provide a basic range for consultation hours, teachers/directors served and infant and toddlers reached)</p>
<p>Strategy #1: Meetings outside the classroom</p> <ul style="list-style-type: none"> • Consultants will meet with each lead teacher for 1 hour each month, privately. • Consultants will meet with directors .5 hour each month, privately • The initial meetings will focus on relationship-building and explaining the project. • All other meetings will focus on 1-3 ITERS areas and 1-2 CLASS indicators per month as the partners discuss strategies and goals for each area and review past progress on goals. These meetings will determine 	<p>Overall Consultation Hours in SFY 2014: 750 hours total for all teachers and directors</p> <p>Consultation Hours Per Teacher in SFY 2014: 25 hrs. per teacher</p> <p>Consultation Hours Per Director in SFY 2014: 5 hrs. per director</p>

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<p>all changes to be made in the classroom, and those changes will improve the quality of care in our funding focus classrooms. Some of the goals will be focused on environment, and some on promoting attachment between children and caregivers.</p> <p>Strategy #2: In the classroom observations, modeling, and support</p> <ul style="list-style-type: none"> • During the 1.5 hour classroom observations, consultants may provide modeling of best practices for infant/toddler care as described in the assessment tools being used. • Consultants may provide one-on-one coaching on an “as needed” basis for topics such as caregiver/child attachment theory, diapering and/or health practices, and teaching through play (among others). • Training DVD’s are available at CCAC for consultants to share with classrooms on a variety of infant/toddler issues. • Parent resources are available for consultants to share with sites as needed. <p>These observations will allow our consultants to observe the experiences of the children in our focus group, and to better understand the needs in the room. It will also allow the providers in our funding focus to see strategies modeled and to receive encouragement on-the-spot.</p>	<p>Anticipated # of Infant and Toddlers Reached in SFY 2014: 200</p> <hr/> <p>Overall Consultation Hours in SFY 2015: 750 hours total for all teachers and directors</p> <p>Consultation Hours Per Teacher in SFY 2015: 25 hrs. per teacher</p> <p>Consultation Hours Per Director in SFY 2015: 5 hrs. per director</p> <p>Anticipated # of Infant and Toddlers Reached in SFY 2015: 200</p>
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<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>In the past two years we noticed many classrooms had one or more changes in teaching staff within a year. In order to encourage follow-through and sustainability in classrooms that might experience staff turn-over, consultants will meet with directors .5 hours monthly to update them on goals and progress, elicit administrative support, and collaborate on possible staff training needs.</p> <p>In the past two years classrooms were scored using the ITERS in September and again in June. Although the results were used to show improvement in quality of care and setting goals, we decided that the cost of hiring reliable raters and time involved for rating was not cost effective to ensure improvement. As 5 of the consultants have had previous years’ experience using ITERS and are familiar with the CLASS dimensions, consultants and teachers together will conduct self-assessments of classrooms (using ITERS and CLASS as frameworks). They will take this opportunity to strengthen relationships, to point out the importance of caregiver/child attachment, to teach indicators of a quality classroom, and use the scores to set goals as a team. They will document some “before” and “after” scores on both tools.</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?	We have recruited consultants from an existing pool of consultants from previous IT project years. We also added a new consultant in Lewis County. She is a former ECE mentor for one of our programs and has extensive infant toddler lead teacher expertise. This will enable us to provide better service for providers from that area.
ii. Are the consultants you recruit meeting the qualifications outlined in the I/T Interdisciplinary Child Care Guidelines? To what degree?	<ul style="list-style-type: none"> • All of our consultants have experience coaching and mentoring, <i>as requested in the guidelines</i> • All have good interpersonal skills and experience forming relationships with providers, <i>as requested in the guidelines</i> • They all have working knowledge of the MLRs, <i>as requested in the guidelines</i> • All of them have had some formal training in the ITERS; 2 are reliable raters and 5 out of 6 have experience from Year 1 and 2 (<i>shows competency and is important due to our project framework</i>) • 5 of 6 have had training in CLASS. 2 are currently “reliable” in CLASS (<i>important due to our project framework</i>) • All have received training in cultural competency • All have knowledge of ELGs and Core Competencies • They do <u>not</u> all have a BA or MA in early childhood, <i>as requested in the guidelines for Educator/Caregiver/Teacher</i>. Many have degrees, but not in ECE. We have found ECE BAs to be rare, and sometimes people with those degrees don’t have the other skills that we believe are even more important. Educational credentials are outlined for each person below. • They all have 5 years of experience in an infant-toddler setting, <i>as requested in the guidelines for Educator/Caregiver/Teacher</i>, but not all of that experience is applied experience as a <u>provider</u>. Our new consultant meets the guideline fully, and the remaining 5 have worked with infants and toddlers in some capacity (as a licenser, as a part-time teacher, as a mentor, as a center director, etc.) and were consultants the previous 2 years. <p>Specific Consultant Qualifications:</p> <ol style="list-style-type: none"> 1. Connie Dougherty: BA- Communication, 18 years ECE experience in early childhood, 5 yrs. family home-care provider (serving infants-8yrs.), private school principal, MERIT-approved trainer, CDA training coordinator, reliable in CLASS, ITERS rater, 2 years IT project coordinator and consultant. 2. Jean Hill-Miller: BA-Art & Elementary Education, MA Education-Early Childhood, 21 years owner-director multi-sited

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	<p>Infant – 3rd grade centers, 12 years Head Start/Early Head Start-staff support and Parent Involvement Specialist, 3 Years Centralia College, Parent Educator, adjunct community college ECE instructor, MERIT -approved trainer, trained in CLASS. IT project consultant 2 years. Certified Life Coach.</p> <p>3. Fran Williams: BA- Education, 7 years’ experience as center director serving infant – preschool, MERIT-approved trainer, CLASS reliable, IT project consultant 2 years.</p> <p>4. Marge Johnson: BA- Focus Areas: Child Development, Child Psychopathology, Education, Social Work Practices and Counseling. Over 20 years early childhood education, child care, licensing, community planning, program development and management. Adjunct community college ECE instructor. NAEYC validator, IT project consultant 2 years.</p> <p>5. Linda Struble: 34 years ECE experience including 5 years FL State Infant Care Specialist, childcare center director, High Scope Curriculum trained, NAEYC and NAFDC validator, 2 years ITRS rater, 1 year IT project consultant.</p> <p>6. Rose Tiller: BA in ECE to be completed May, 2014. 9 years Lead Infant/Toddler teacher Centralia College lab school, Building Bridges mentor 6 years.</p> <p>Although 2 of the 6 do not hold a BA, we considered experience in lieu of formal education. As listed above, Rose will actually complete hers in May, 2014 , and has had 9 years’ experience as an infant and toddler lead teacher. Linda has had considerable ECE training and over 5 years’ experience in working directly with infants and toddlers in classroom settings as well as in a quality-monitoring capacity.</p>
<p>iii. What other qualifications do you expect you will need from your consultant to successfully deliver consultation?</p>	<p>All consultants will receive refresher training in ITERS and CLASS.</p>
<p>iv. What type of specialists will you use (e.g. mental health)? How will they be used?</p>	<p>We will develop a pool of content specialists. (The Child Care Action Council has some people on a list already.) The list of specialists will be given to all consultants. We anticipate that if a content specialist is needed, the consultant will contact one of the project leads, Connie Dougherty or Jean Hill-Miller. This will ensure that project leads have an overall knowledge of who is working where. This step is also important because CCAC may need to generate a contract or approve funding for this specialist to provide services. Depending on the situation, we may advise the consultant to contact and work with the specialist directly.</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. John</p>	<p>All consultants fall under “Education”</p> <ol style="list-style-type: none"> 1. Connie Dougherty connie@ccacwa.org, 360-878-8907, ex. 108 2. Jean Hill-Miller jean@ccacwa.org , 360-878-8907, ex. 141 3. Fran Williams fran@ccacwa.org , 360-878-8907 ex. 111

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Smith, Health)	4. Marge Johnson dmjohnson48@comcast.net (360) 438-9266 5. Linda Struble, LLcornell@yahoo.com (360) 742-0037 6. Rose Tiller rtiller@centralia.edu (360) 388-1205
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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)	<ul style="list-style-type: none"> Project Leads, Connie Dougherty, and Jean Hill-Miller will link providers to consultants based on geographical location and number of classrooms a consultant feels they have time to support. 	CCAC, Connie Dougherty, Jean Hill-Miller
Provider recruitment, intake, and assessment (e.g., applying ITERS, QRIS)	<ul style="list-style-type: none"> Letter of invitation sent out July 24 to all licensed centers and homes in 5 counties served by CCAC. Successful participants chosen on basis of percentage of low-income children served, county of location, and the capacity for improvement (based on teacher education and skills). ITERS and CLASS assessment tools used, by consultants and teachers together, as a framework for goal setting to improve quality of services. 	CCAC, Connie Dougherty, Jean Hill-Miller
Training, supervision and support for consultants	<ul style="list-style-type: none"> ITERS and CLASS refresher training will be provided. “All About ITERS” and toddler “CLASS Dimensions Guide” books will be given to consultants to use as resources for coaching. NCAST materials: “Baby Cues” will be used, as needed for improvement in infant rooms and to promote attachment. We will utilize the dvd “It’s Mine! Responding to Problems and Conflicts.” 	CCAC, Jean Hill-Miller, Connie Dougherty

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	<ul style="list-style-type: none"> • Additional training may be provided upon perceived need or request. • Quarterly consultant meetings will be held. • Project leads available by email, phone or in-person meetings. 	
Data collection and reporting	<ul style="list-style-type: none"> • Paperwork aligned with what ORS will be looking for • Progress reports submitted monthly • Invoices for hours consultants provided to sites submitted monthly • Quarterly statistics submitted by sites 	CCAC, Connie Dougherty, Jean Hill-Miller
Other planned coordination activities (add table rows as necessary)		

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?	<ul style="list-style-type: none"> • ITERS and CLASS refresher training will be provided • Additional training may be provided upon perceived need or request • Project lead, Connie Dougherty, is trained in Promoting First Relationships (PFR) in order to promote attachment • Consultants may need to refer to content experts to address specific areas, such as toddler mental health or special needs. The consultation hours provided by the content expert would most likely replace the hours normally provided by the consultants. This strategy may or may not be needed. If services are needed, they will contribute to the quality of care for vulnerable children. • Consultants may add the Raising A Reader program to some of the classrooms. This is a parent-engagement program that encourages families to read with their children at home. This would happen in partnership with the Child Care Action Council’s Raising A Reader Coordinator, Kristen Gomez. <ul style="list-style-type: none"> ○ This strategy would encourage “book cuddling” in the homes of vulnerable children and contribute to literacy skills.
ii. What common approaches/methods will your consultant pool utilize related to any training, curricula or other support your region provides?	<ul style="list-style-type: none"> • All consultants will use the ITERS and CLASS as tools for setting classroom goals. The project leads and some coaches are also heavily involved with Early Achievers. We will ensure that all consultants know what they need to about supporting Early Achievers.

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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.

The Child Care Action Council has been deeply engaged in system building efforts for several years throughout the region. CCAC has provided leadership, information and resources to each of the county coalitions. Each of the county coalitions participated in the in the original data gathering for the Infant toddler consultation project and they have been informed on an ongoing basis about the progress of project. The Steering Committee for the regional coalition was drawn from the infant toddler coalition. The regional coalition has committed to having the infant toddler project on every meeting agenda.

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.

9/13/2013

Name	County or Regional	Role, Structure(coordinating role, responsibility)	Representation Area	Email
Mary Perkins	Grays Harbor Early Learning	Exec member	Children with Disabilities	mperkins1912@comcast.net
Kelly Miller	Grays Harbor Early Learning	Member	County Interagency Coord. Council	kmiller@asd5.org
Jeanette Spiegelberg	Eye on Early Learning – Lewis	Lewis County Chair	Child Care/Community College	jspiegelberg@centralia.edu
Cristi Heitschmidt	Eye on Early Learning – Lewis	Secretary Exec Committee	ECEAP/Community College	cheitschmidt@centralia.edu
Dan Teuteberg	Mason County Early Learning	Co Chair County Chair	WSU Extension	dan.teuteberg@wsu.edu

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Linda West	Mason County Early Learning	Member	Public Health Department	Lindawest777@hotmail.com
Ryan Bezanson	Know & Grow – Pacific	Exec member County Chair	School District Early Learning	rbezanson@southbendschools.org
Laurie May	Know & Grow – Pacific	Member	ECEAP/Child Care/School District	lmay@southbendschools.org
Annie Cubberly	Regional Child Care Aware of the Olympic Peninsula	Member	Child Care Aware/ Infant-Toddler Consultation	annie@ccacwa.org
Shelly Willis	Thurston Early Childhood Educ.	County Co Chair	Parent Education/Kinship Care Thurston County	Shelly@FamilyEss.org
Sandy Nelson	Regional Representative	Co Chair	ESD Early Learning, P-3, Head Start, ECEAP	snelson@esd113.org
Ellen Duffy	Regional Representative	Member	Timberland Regional Library	eduffy@trl.org
Patty Smith	Regional Representative	Member	Tribal Representation	irishknitter@live.com
Jodi Wall	Pacific County	Member	Child Care Aware of Southwest (Pacific & Lewis)	Jodi.wall@esd112.org
Angela French	Lewis	Member	United Way of Lewis	development@lewiscountyuw.com
Chris Moon	Thurston	Member	Higher Education - Community College	cmoon@spscc.ctc.edu
Erin Schreiber	Grays Harbor	Member	Health Department	eschreiber@co.grays-harbor.wa.us

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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
Nurse Consultants	Each site is required to have a nurse consultant for health related issues
Infant Toddler Mental Health Consultants	While we have built these connections they are rarely used
Local Health Departments	This will act as back up for accessing local health resources
We also use contracted consultants with experience and expertise	This is the strength of the program, working with the teacher one on one to improve the environments and caregiving skills
County Coalitions	The coalitions have the pulse of the community needs and resources
Child Care Action Council	In-service trainings, infrastructure needs, community connections
Parent to Parent	A connection has been established with Parent to Parent to ensure that children with special needs are being identified and they are receiving appropriate resources

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.)
Thurston County Millage	\$7,000	Classes that give providers the skills they need to serve children with special needs.
Early Achievers	NA	These two programs are partnering on improving quality.