CHILD CARE
State Capacity Building Center

DEVELOPING & STRENGTHENING
INFANT/TODDLER SPECIALIST NETWORKS

A Guide for States and Territories

ADMINISTRATION FOR
CHILDREN & FAMILIES

Revised **2021**

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INTRODUCTION & PURPOSE

Early experiences matter. Science shows us that the first 3 years of a child's life are a critical period for growth and development. "Of the 12 million babies and toddlers in the United States, more than half spend some or all of their day being cared for by someone other than their parents" (Zero to Three, 2021). When babies, toddlers, and their families have access to high-quality early learning and care experiences that are nurturing, engaging, and full of supportive and consistent relationships, babies and toddlers thrive. Currently, high-quality and affordable infant and toddler (I/T) care is out of reach for many. Research shows that 3 out of 4 infants in child care are in low- or mediocre-quality settings (Zero to Three, n.d.). A critical component of high-quality I/T care is a knowledgeable and competent workforce. Many states and territories are focusing on strengthening the workforce to provide more families with access to high-quality care options.

The Child Care and Development Block Grant (CCDBG) Act of 2014 targets improvement in the supply and quality of I/T care. Through this law, states and territories are encouraged to implement systems and approaches that

- **strengthen the quality of I/T care provided;**
- **improve the capacity of the workforce to meet the developmental needs of very young children; and**
- **increase the percentage of infants and toddlers in high-quality care.**

States have embarked on several quality improvement strategies for strengthening I/T child care. One such strategy is the creation of I/T Specialist Networks (ITSNs), which are designed to provide support to the I/T caregiver workforce. This effort entails the provision of coaching and technical assistance on the unique needs of infants and toddlers through an I/T specialist who can work directly with the I/T workforce to increase their skills, knowledge, and competencies in providing evidence-informed early care and learning for infants and toddlers across early childhood settings and sectors.

I/T specialists can be a key support for the I/T workforce by collaborating with state-based professional development systems and linking the workforce to other quality support programs and initiatives, such as a quality rating and improvement system (QRIS), child care licensing, early intervention services, I/T early childhood mental health consultation supports, staffed family child care (FCC) networks, and other consultant and technical assistance networks.

An ITSN is a state-based (sometimes regionally managed) system that coordinates the work of I/T specialists and is primarily funded through the Child Care and Development Fund (CCDF). The overall goal of the ITSN is to support the I/T workforce to ensure that all babies, toddlers, and their families have access to high-quality care.

This publication

- **explores how ITSNs can support the I/T workforce and increase access to high-quality care;**
- **provides an integrated, stage-based approach to implementing ITSNs; and**
- **describes concepts to support, strengthen, and enhance existing ITSNs.**

HOW TO USE THIS GUIDE

According to their CCDF Plans, 46 states and territories identify the provision of coaching or technical assistance on infants' and toddlers' unique needs from statewide ITSNs as a strategy they employ to improve the supply and quality of child care programs and services for infants and toddlers and their families. However, upon further review, 23 fully meet the definition of an ITSN used for this resource.

This revised publication offers a focus on equity for infants, toddlers, their families, and caregivers to ensure equal opportunities and optimal outcomes for all. Those invested in leading quality I/T care can use this document in several ways. The first section of this guide explores the rationale for adopting and implementing ITSNs as a promising approach to improve the quality of I/T care. The second section explores the critical components of an ITSN. The third section outlines the four stages of successful network implementation: exploration, installation, initial implementation, and full implementation. Each section is sequential, but may be revisited at any time during ITSN implementation. The Additional Resources section iIncludes a variety of resources to assist in implementing the strategies laid out in this guide.

Two companion resources provide additional examples and resources for jurisdictions developing, implementing, and enhancing ITSNs:

- The ITSN Fact Sheet, based on point-in-time data of 44 ITSNs' information, provides funding information, ITSN administrative oversight and operations information, and I/T specialist educational requirements. *Please Note: This document will be refreshed when the 2022–2024 CCDF Plans become available.*

- The ITSN State Promising Practices document, developed in collaboration with participating states during the I/T Peer Learning Forum, provides state examples and additional information relevant to developing and maintaining an ITSN.

> For an additional resource that explores 2019–2021 CCDF Plan activities to improve services for infants and toddlers, including ITSNs, see State and Territory Approaches to Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers.
>
> Refer to the fully approved 2019–2021 CCDF Plans for a more complete understanding of each state and territory approach.

SECTION I

The Current Landscape of Infant/Toddler Care, Quality, and the Workforce: A Path to Understanding the Important Strategy That Is Infant/Toddler Specialist Networks

As families increasingly rely on child care, it is imperative that babies and toddlers have access to the kinds of developmentally meaningful interactions and relationship-based care that we know makes a difference in the first 1,000 days of life. According to Shonkoff and Phillips (2000), "the positive relation between child care quality and virtually every facet of children's development that has been studied is one of the most consistent findings in developmental science" (p. 313). We now understand that caregivers through the first years of life have a significant effect on children, which profoundly influences the trajectory of learning, development, and success in school and life.

Infants and Toddlers in Child Care: The Numbers

- Nearly half of all U.S. children younger than 3 years of age are cared for in a regular child care arrangement (National Survey of Early Care and Education Project Team, 2015).

- Nationwide, from 2012 to 2019, the infants and toddlers experiencing center-based care increased from less than 18 percent to more than 21 percent (Barnett & Li, 2021).

- 28.5 percent of babies and toddlers experience home-based child care, which includes relative (other than a parent) and non-relative care (Barnett & Li, 2021).

- Research shows that 75 percent of toddlers in center care and 93 percent in home-based care are in low or mediocre quality care settings that can harm their development (Zero to Three, 2021).

We also must consider the major racial disparities in babies' and toddlers' access to quality child care. Opportunities to grow and flourish are not shared equally by the nation's youngest learners, reflecting past and present systemic barriers to critical resources, such as access to high-quality early learning and care. The following quick facts highlight some of the inequities faced by babies and toddlers:

- 1 in 5 babies lives in poverty (Zero to Three, 2021).

- 48 percent of children living in families with low incomes do not receive adequate early learning opportunities and arrive in kindergarten unprepared to succeed (National Collaboration for Infants and Toddlers et al., 2021).

- Black, Hispanic, and American Indian and Alaska Native children are disproportionately represented among children living in poverty compared with their White counterparts, which makes it less likely that they have access to or can afford high-quality care options (Zero to Three, 2021).

Infant/Toddler Care Quality

Babies' brains are wired to be in [relationships](#) from birth—not just any relationships, but relationships that are responsive to their interests and needs. The infant brain literally grows within these supportive, nurturing relationships. Interactions with people and the environment cause connections in the brain to form and strengthen (National Scientific Council on the Developing Child, 2004). When adults are responsive in their interactions and meet an infant's or toddler's needs, then a strong foundation is created in the child's brain that supports later learning, relationships, and development.

Findings on the quality of I/T care have remained constant over the past three decades: Widely accepted assessments of quality have found that the care infants and toddlers receive is generally poor to mediocre, especially in homes serving children who qualify for or receive child care subsidies (Forry, Daneri, & Howarth, 2013; Layzer & Goodson, 2006; National Institute of Child Health and Human Development Early Child Care Research Network, 2004; Raikes et al., 2013).

A key and essential element of quality care for infants and toddlers includes ensuring a competent workforce. Caregivers and teachers of babies and toddlers should have specialized knowledge and skills in early childhood development, with a focus on infants and toddlers. "Child care teachers and caregivers who meet basic education standards in early childhood development, with a focus on infants and toddlers, are in the best position to provide the experiences that build the foundation for future learning and success" (National Collaboration for Infants and Toddlers et al., 2021, p. 5).

The Infant/Toddler Workforce: Significant Needs Require Substanial Support

Understanding the importance of these early years, combined with the knowledge that so many children are experiencing out-of-home child care, raises the question of who is employed in these critical positions. The I/T workforce consists of professionals providing direct or indirect services to infants, toddlers, and their families in early care and learning settings. The I/T workforce includes caregivers, assistant/lead/head teachers, directors, mentors, coaches, specialists, and consultants. I/T caregivers may work in center-based child care; home-based settings; family, friend, and neighbor care; and Early Head Start programs.

The I/T workforce providing nonparental care is a large workforce and the work occurs in varied settings. The following quick facts about the I/T workforce offers a view of who is providing care to our youngest learners and in which settings:

- **There are approximately 3 million (paid and unpaid) members of the I/T workforce:**
  - » 430,000 center-based I/T providers
  - » 2.5 million home-based providers serving infants and toddlers (Horm, 2020)
- **The current I/T workforce is comprised almost entirely of women:**
  - » 40 percent are women of color (Bank Street College of Education, 2020)

- **Child care workers are one of the lowest paid occupations nationwide:**
  - » I/T caregivers, on average, make $9.30 per hour, which is equivalent to $19,300 per year (Horm, 2020).
  - » Teachers and caregivers of infants and toddlers earn approximately $2 less per hour, on average, than teachers serving children ages 3 to 5, even when they have the same credentials (Horm, 2020).
  - » Center-based teachers working full-time exclusively with infants and toddlers are paid up to $8,375 less per year than those who work with preschool-age children (Center for the Study of Child Care Employment, 2021, p. 40).
  - » Black educators who work with infants and toddlers make $0.77 less per hour compared with their White peers (Center for the Study of Child Care Employment, 2021, p. 40).

Attention has recently increased on aspects of early childhood caregivers' well-being as an important factor that potentially impacts classroom quality and the experiences of young children in care (Horm, 2020). Initial findings from center-based programs indicate that the I/T workforce "demonstrates multiple characteristics that indicate lack of well-being" (Horm, 2020, p. 9). Moreover, a large number of women employed in early childhood education settings report symptoms qualifying them for a diagnosis of clinical depression (Linnan et al., 2017). This lack of attention to caregiver well-being, under-compensation, and being under-supported leads to high turnover rates among the I/T workforce nationwide.

- **High staff turnover among early childhood educators is a pressing problem and can impact a program's ability to consistently provide high-quality care.**
  - » "Turnover in the early childhood educator workforce is a critical issue because it affects the quality of children's early childhood education environment and has been linked to weakened language and social development" (Caven et al., 2021).
  - » Turnover rates are as high as 25 percent to 30 percent in some early childhood education settings (Institute of Medicine & National Research Council, 2012).
  - » "Early childhood education providers serving infants and toddlers have higher rates of turnover than those serving older children" (Caven et al., 2021, p. 7).
- Ongoing support for I/T caregivers is essential in ensuring that babies and toddlers have access to high-quality early care and learning environments. A promising practice of support is coaching and mentoring, which is a key element of ITSNs.

South Carolina's Infant/Toddler Workforce Wellness Initiative

Be Well Care Well is an evidence-based program designed to build the resilience of the I/T workforce. The program partners I/T providers with a wellness coach and commits to help support the well-being of professionals across eight dimensions of wellness: Emotional, Environmental, Financial, Intellectual, Occupational, Physical, Social, and Spiritual.

The voluntary 12-month program encourages the development of social support networks, improvement of physical and emotional health, development of stress management and reduction techniques, improvement in caregivers' sense of self-efficacy and executive function, and access to financial resources.

  - » "Strong early education systems support teachers throughout their career by providing coaching and mentoring. While research is in the early stages, coaching appears to be linked to improved student-teacher interactions, less teacher burnout, and increased teacher retention in the field" (Wechsler, Melnick, Maier, & Bishop, 2016).
    - ▸ A study in Washington State showed that programs which offered coaching had significantly lower teacher turnover, as well as higher quality ratings (Wechsler et al., 2016).

Babies, toddlers, and their families need increased access to high-quality care; at the same time, much of the I/T workforce needs support and guidance to improve their practices and understanding of what quality I/T care looks like and how to deliver it. ITSNs are uniquely positioned to provide such support and guidance for the caregivers of our nation's youngest learners. They have the capacity to offer the continuity of care and supports that I/T caregivers need to be able to nurture the well-being of children during the most important period of development—birth to age 3. And through their evidence-informed and relationship-based approaches to support, they have the capacity to ameliorate the influence of I/T caregivers' unlivable wages, high workplace demands, and less-than-desirable workplace conditions. The promises of support and services are explored in detail in sections II and III of this guide.

A study in Washington State showed that **programs that offered coaching** had significantly **lower teacher turnover, as well as higher quality ratings** (Wechsler et al., 2016).

SECTION II

Infant/Toddler Specialist Networks: An Effective Strategy to Increase Access to Quality Care and Strengthen the Workforce

For more than two decades, statewide ITSNs have been a driving force in supporting the provision of quality I/T care and are uniquely positioned to support the I/T workforce. While ITSNs often include a variety of programmatic efforts, there are several common features shared by promising and effective ITSNs.

Key Elements of an ITSN

Promising ITSN practices show several commonalities:

- An articulated **theory of change model** to guide network services

- A distinct **focus on specific I/T workforce skills, knowledge, and competencies**

- A variety of **network services delivery strategies**

- The use of **relationship-based approaches**

Supports provided by ITSNs are ideally data- and evidence-informed and originate from valid and reliable data (e.g., I/T caregiver need assessments, community child care supply and demand studies, statewide child care workforce inventories). In addition, ITSNs may consider specific strategies (e.g., training, relationship-based professional development, coaching, consultation, mentoring, reflective practices groups) based on the following:

- The expressed interests, strengths, and needs of I/T caregivers

- The community context for the ITSN and I/T care, including other resources and services for children and families

- Ways to avoid duplication of services and maximize partnering with resources across all sectors (e.g., health and mental health, early intervention, family support and community institutions)

- Analysis of the services available to I/T caregivers and barriers to accessing these, such as opportunities for trainings and professional development

- Opportunities for training and coordination with other early learning programs (e.g., public preschool programs, Early Head Start/Head Start, Part C).

- Available personnel and funding

- Time required to achieve the intermediate outcomes

- Capacity to simultaneously offer multiple ITSN services to I/T professionals

Missouri's ITSN

Missouri's ITSN, which is one of the country's newest ITSNs, offers the following supports to I/T caregivers:

- Free I/T Environment Rating Scale (ITERS-3) assessment of I/T classrooms

- Onsite consultations (including follow-up support)

- Relationship-based care courses and targeted trainings (earn clock hours!)

- Materials for caregivers to use in their child care programs

- Ideas for improving caregivers' work with infants and toddlers

ITSNs are uniquely positioned to serve I/T programs and caregivers. They can offer a combination of linked services, such as training, consultation, peer mentoring groups, mentoring, and coaching. They can connect with complementary workforce supports such as I/T credentials and salary supplements, staffed FCC networks, and child care resource and referral (CCR&R) networks. Just as we strive to provide individualized care for babies and toddlers, ITSNs can build a continuum of individualized supports tailored to providers based on their individual needs, strengths, areas for opportunity, and identified goals for their program.

Theory of Change and Logic Models

- Theory of change is an essential part of developing, operating, and evaluating an ITSN. This essential element is explored in depth through the exploration stage (section I of this guide). It shows a process of anticipated change by identifying desired and/or expected long-term, intermediate, and even short-term ITSN goals; the ITSN services population; and strategies that can be used to reach these goals. Logic models and theories of change link outcomes and activities to explain how and why the desired change is expected to occur. Additional logic model resources and guidance can be found in the additional resources section.

- Whether one is just beginning to think about the development of an ITSN or an ITSN has been in operation for some time, vested stakeholders should take the time to articulate an ITSN's scope, focus, and priorities. Ideally, a logic model is developed during ITSN design as part of strategic planning. However, network partners can create a logic model at any time. A logic model will help identify the role of the ITSN and communicate that desired role to the community. The logic model helps an ITSN communicate the hopes it has for serving children, families, and/or the workforce that supports them. A logic model also helps explain the current landscape of needs regarding I/T care and the workforce, and determines what the ITSN hopes to bring to the field through ITSN implementation. For example, a logic model can:

  » identify who needs to be involved in the ITSN and for whom the ITSN is developed;

  » identify activities planned to contribute toward this change;

  » determine the resources needed for the network; and

  » clarify the assumptions they are making and external factors that could influence the results.

Developing a Logic Model

The Child Welfare Information Gateway website has resources on logic models and logic model building, including a guide on the process of developing a logic model, to help stakeholders plan ITSN evaluation activities. The logic model can be downloaded so that users can customize, reformat, or add additional information to it. Access the Logic Model Builder and other resources at Child Welfare Information Gateway.

Distinct Focus on Specific Infant/Toddler Workforce Skills, Knowledge, and Competencies

The needs of I/T professionals are different from those of professionals caring for preschool age children. Many ITSNs' primary focus is on providing evidence-informed professional learning and relationship-based coaching to I/T caregivers. There are a variety of state-based and national I/T curriculum approaches that jurisdictions have adopted to support the knowledge, skills, and competencies of the I/T workforce. What is more, to adequately support I/T care providers, ITSNs may require a specialized set of knowledge and competencies (discussed more in section III) delivered through training on how to work with I/T care professionals. This professional learning may include, but is not limited to, the following topics:

- Primary Caregiving is the practice in which an infant or toddler is assigned to one specific caregiver who is principally responsible for caring for that child in the care setting.

- Small Group Care is the practice in which primary caregivers provide care for infants and toddlers in discrete groups, creating an intimate setting for interactions, care, routines, and exploration.

- Continuity of Care is the practice in which primary caregivers and children stay together for as long as possible, preferably for the first 3 years, creating opportunities for caregiver-child, caregiver-family, and child-child relationships to develop and deepen over time.

- Individualized Care is the practice of responding and adapting to each infant's and toddler's interests, needs, abilities, and unique temperament to support their healthy development.

- Inclusive Care is the practice of actively including infants and toddlers with disabilities or delays in group care settings with appropriate accommodation and support.

Reflective Practice and Supervision

Research shows the critical role reflective practice plays in relationship-based professional learning. The I/T Resource Guide offers additional information on providing reflective practice in I/T care settings, including resources on reflective practices and examples of reflective practice cycles.

- Culturally Responsive Care is the practice of caring for children from culturally diverse families in ways that are consistent with their home practices and values.

Other areas of professional learning that the ITSN may focus on in building up their I/T specialists are working with mixed age groups, providing culturally competent care, how to best serve home-based providers serving infants and toddlers, coaching, and reflective practices.

Furthermore, reflective supervision and practice supports for I/T specialists also may enhance an ITSN's capacity and effectiveness in serving I/T caregivers, which involves building strong and trusting relationships. Reflective supervision gives the I/T specialist a chance to gain a deeper understanding of their own beliefs and how those beliefs impact their work with I/T professionals. Research indicates that I/T specialists who have regular opportunities to reflect on their work with providers may feel more confident and effective in their roles.

Reflective practice is widely noted in the early childhood field as a key component of relationship-based professional development. I/T specialists can use reflection to help I/T caregivers think more deeply about their work and to promote responsive caregiving practices. ITSN technical assistance providers can guide I/T caregivers toward deliberate and focused reflective practice, which in turn can move teachers toward more sensitive and responsive caregiving practices with babies and toddlers.

Supporting reflective practices may be one of the best things that ITSN can do to improve I/T care quality. Ideally, technical assistance providers not only serve as reflective partners for caregivers and teachers, but they also foster reflective partnerships among child care professionals. Thus, technical assistance providers help build caregivers' capacity to continue with a reflective practice after technical assistance services end.

Effective ITSN Supports and Strategies

There are many strategies or activities that ITSNs may offer to support I/T care providers and programs. An ITSN can consider the most common needs of I/T providers and the activities that will best address those needs, including the following:

- **Coaching, technical assistance, and consultation:** Network staff may deliver coaching and consultation support through program and home-based child care visits, phone calls, emails, group meetings, webinars, virtual meetings, communities of practice, peer learning groups, or other locally designed strategies. Consultation may even include support to help individuals pursue licensing of I/T programs and FCC homes serving infants and toddlers. In some cases, I/T specialists can support increased knowledge of business practices to support the sustainability of programs.

- **Training and professional development:** ITSN staff may support I/T professionals' access to types of learning opportunities that best suit their unique professional learning needs and workplace conditions (e.g., distance/virtual learning, professional learning offered across multiple languages, topical trainings at child care centers or onsite at FCC homes, connecting I/T caregivers to credit-bearing professional learning opportunities, nontraditional hours for training).

- **Connections to peers, professional support, and the community:** Network staff may host ITSN meetings to increase provider opportunities for peer and professional connections, use meetings and communication to share information on community resources, and gather input on I/T provider needs to support future ITSN services.

- **Participation in a jurisdiction's early childhood professional development systems:** ITSN staff may support I/T professionals in all components of the necessary processes to participate in gaining credentials, available stipends, scholarships, and salary supplement efforts; connecting to their state/territory child care workforce registry or pursuing additional professional qualifications, such as the I/T Child Development Associate; or supporting a program's QRIS or national accreditation participation.

> ## North Carolina Infant Toddler Enhancement Project
>
> The North Carolina Division of Child Development funded and established the North Carolina Infant Toddler Quality Enhancement Project in 2004, which is aimed at improving the quality and increasing the availability of I/T care statewide.
>
> Regional Infant Toddler Specialists housed in resource and referral agencies provide technical assistance to child care programs and provide consultation and training on I/T best practices. For more information about this project, visit http://childcarerrnc.org/sphp?subpage=InfantToddlerQualityEnhance.

Professional development in the early childhood field is "a continuum of learning and support activities designed to prepare individuals for work with and on behalf of young children and their families, as well as ongoing experiences to enhance this work. These opportunities lead to improvements in the knowledge, skills, practices, and dispositions of early education professionals." (NAEYC & NACCRRA, 2011, p. 5).

"Coaching is a form of professional development that brings out the best in people, uncovers strengths and skills, builds effective teams, cultivates compassion, and builds emotionally resilient educators" (Aguilar, 2013).

Technical assistance is "the provision of targeted and customized supports by a professional(s) with subject matter and adult learning knowledge and skills to develop or strengthen processes, knowledge application, or implementation of services by recipients" (NAEYC & NACCRRA, 2011, p. 5).

Relationship-Based Approaches to Supporting Infant/Toddler Caregivers: A Parallel Process

Responsive, nurturing relationships with caring adults provide safety and support for infants and toddlers to develop a sense of security and discover the world around them. These relationships extend to caregivers through support that the ITSN can provide.

Relationship-based approaches to supporting high-quality child care involves engagement between I/T specialists and I/T care providers that is respectful and responsive to the needs and circumstances of providers and the children in their care. ITSNs that offer relationship-based supports to providers include visits to programs focused on helping providers work with children and families, as well as opportunities for reciprocal conversations and feedback with ITSN staff.

In addition, for ITSNs that serve home-based child care providers, relationship-based supports may help reduce the isolation that many FCC providers experience due to the nature of their work environment and impact whether providers access additional professional and personal resources (Porter & Paulsell, 2011).

Colorado's Relationship-Based EQ RELATE Coaching Model

Colorado's ITSN, the Expanding Quality Infant Toddler Care initiative, employs a relationship-based coaching model with the I/T professional using the 3 Rs—Respect, Reflect, and Relate. The 3 Rs approach was designed to assist I/T specialists in helping providers think about a very young child's development, the reasons for their behavior, and how adults in their lives can respond in ways that build their social and emotional skills and relationships with family, teachers, and peers.

Components of relationship-based support for providers may include providing emotional, support such as personal and professional encouragement, nurturing, and confidentiality, as explained in a study of FCC providers who participated in an Early Head Start program (Buell et al., 2002). Cultural sensitivity is another component of relationship-based practice and requires that network staff understand and respect the cultural and community contexts in which providers work and tailor their approaches to support the daily realities and circumstances of providers' lives (Shivers, Sanders, & Westbrook, 2011).

Relationship-based approaches to ITSN supports

· are strength-based—support builds on providers' knowledge, strengths, and interests;

· are responsive to providers' perspectives, circumstances, and needs;

· offer emotional support and encouragement;

· ensure provider confidentiality;

· are culturally sensitive;

· encourage two-way communication and feedback among network staff and providers; and

· emphasize problem solving and information sharing.

Select aspects of implementing a relationship-based approach in ITSN operations may include the following:

- ITSN staff or I/T specialists are assigned specific I/T programs and work with these programs, teachers, and home-based providers continuously (like continuity of care), as opposed to having different I/T specialists rotating through or across I/T programs.

- The ratio of I/T programs and homes to ITSN staff or I/T specialists should remain low enough to ensure the development of a relationship between the I/T provider and the I/T specialist.

- The ITSN uses many different communication methods that are supportive of the individual needs of I/T professionals, allowing for two-way communication and feedback from the providers (e.g., weekly emails or texts, monthly newsletters, phone calls, printed materials).

- The ITSN establishes a mission, as well as values and guiding principles, for the task of I/T workforce support, and engages staff, providers, and vested ITSN stakeholders in the process of creating and holding each other accountable to them.

- The ITSN reviews and reflects on its work at least once a year through a self-assessment that evaluates the process; the outcomes; and fidelity to the mission, values, and guiding principles.

Florida's Infant/Toddler Specialist Network Ongoing Training and Support

In Florida, early learning coalitions have a designated representative assigned to the I/T Specialist Network. Network representatives get training, technical assistance, and resources they share with local providers to help improve overall quality for birth to three programs.

To support I/T specialists, Florida's ITSN holds monthly meetings to discuss training opportunities and needs, and reflects on practices research, resources, and best practices in caring for children birth to 3. They also provide webinars and onsite training. Florida's ITSN provides professional learning to I/T professionals on the Florida State University's 10 Components of Quality I/T Care https://cpeip.fsu.edu/quality/quality5.cfm.

SECTION III

A Stage-Based Framework for Implementing Statewide I/T Specialist Networks

States that have invested in an ITSN strongly suggest that the network be developed in a thoughtful and systematic manner. This section offers a stage-based approach to building, operating, and continuously improving ITSNs.

A Stage-Based Framework for Implementing Infant/Toddler Specialist Networks

The stage-based framework for implementing an ITSN involves four stages: *exploration, installation, initial implementation,* and *full implementation*.

In addition, implementation research has included the identification of a set of three core implementation components: (1) using teams to lead implementation efforts, (2) using data and feedback loops to inform decision making and continuous improvement, and (3) developing a sustainable implementation infrastructure. These core implementation components are threaded throughout each implementation stage (Metz et al., 2015). Figure 2 in Appendix A illustrates how the three core implementation elements are mapped across each of the implementation stages.
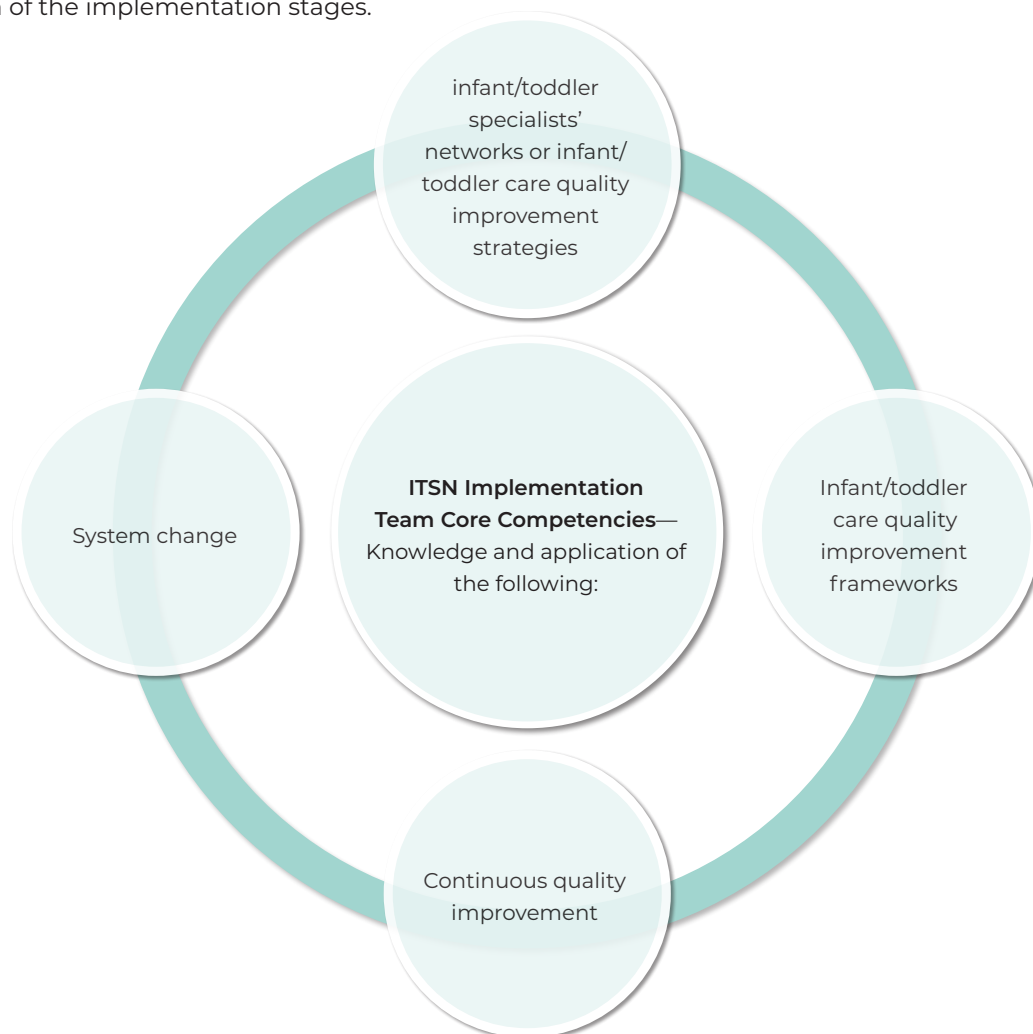
Core Implementation Components

1. **Using Teams to Lead Implementation Efforts**
   Implementation teams are groups of individuals who have the task of intentionally monitoring and supporting various aspects of ITSN implementation. Teams may include key personnel such as ITSN coordinators, I/T professionals, and key stakeholders (e.g., families, program developers, funders, CCR&R staff, training and technical assistance organizations, community members). Members of the team should mirror the race, language, and culture of the I/T caregivers engaged in the ITSN supports.
   Network implementation teams should have adequate knowledge and skills in several specific areas in order to be effective team members. Teams should contain one or more members who are knowledgeable about ITSN and/or I/T care improvement efforts, understand the implementation infrastructure necessary to support ITSNs, and are committed to using data and feedback loops for continuous improvement.

2. **Using Data and Feedback Loops to Inform Decisionmaking and Continuous Improvement**
   Successful ITSN implementation relies on continuous quality improvement (CQI) through the regular assessment and feedback of data across network planning, implementation, and outcomes. This process can be as simple as soliciting informal verbal feedback about what worked well and what can be improved in the future during planning calls or team meetings. This element also is essential for shoring up feedback loops and connecting current child care policy (e.g., CCDBG reauthorization, child care licensing rules and regulations) to practice. Continuous improvement cycles should demonstrate the Plan, Do, Check, Act cycle on an organizational scale (see the Plan, Do, Check, Act webpage at https://childcareta.acf.hhs.gov/systemsbuilding/systems-guides/design-and-implementation/plan-do-check-act).

3. **Developing a Sustainable Implementation Infrastructure**
   General infrastructure capacity refers to skills or characteristics (at the individual level) and overall functioning (at the organizational and community levels) associated with the ability to implement or improve an ITSN. For example, when developing general infrastructure capacity to undertake ITSN development, organizations would want to focus on hiring individuals with adequate I/T care quality improvement knowledge and background in working in I/T care or with I/T professionals. At the organizational level, building the infrastructure capacity for an ITSN would involve developing a clear mission, strong leadership, an effective organizational structure, a good working climate, adequate technology, and data-informed decisionmaking processes. At the community level, building general infrastructure capacity would focus on leadership opportunities for ITSN staff and/or I/T specialists, and bringing additional resources to the ITSN to elevate I/T care quality and make connections outside of the ITSN to build community linkages to all early childhood comprehensive system partners.

Stages of Implementation

Four stages of implementation will be explored: Exploration, Installation, Initial Implementation, and Full Network Implementation. Each stage of implementation does not end sharply before the next stage can begin, and stages may often overlap as activities within one stage still occur as another begins (Metz et al., 2015).

STAGE 1		STAGE 2		STAGE 3		STAGE 4
Exploration	»	Installation	»	Initial Implementation	»	Full Network Implementation

Stage I: Exploration

The first stage of ITSN implementation is exploration. It occurs well before a network is "up and running." It also can occur if an ITSN has been operating long enough to reassess whether the current approach is the best fit for the needs of an I/T care community. Team activities in this stage include assessing I/T care community needs, considering possibilities for meeting those needs, judging the feasibility of different ITSN models to meet identified needs, and developing a network action plan and gathering the necessary resources for its implementation. To determine whether an ITSN is feasible and whether jurisdictions and communities are ready, early childhood leaders and stakeholders should do one or more of the following activities:

- Complete an assessment of a community and/or I/T care provider's needs and strengths in that community.
- Engage in discussions with I/T providers (consider both focus groups and one-on-one conversations) to gather information on their needs and develop an understanding of the barriers they face in accessing existing resources.
- Explore considerations for the implementation of team activities, the use of data and feedback loops, and network implementation activities.
- Conduct a scan of available resources to support network implementation.

Engaging in these activities will increase the likelihood that an ITSN's efforts are informed by timely and accurate data and information on a jurisdiction or community's readiness for ITSN implementation.

> The first stage of ITSN implementation is **exploration**. It occurs well before a network is "up and running." It **also can occur if an ITSN has been operating long enough to reassess** whether the **current approach is the best fit** for the needs of an infant/toddler care community.

There are many activities and conditions that need to be addressed in the exploration stage in Appendix B based on an active implementation framework (Metz, Naoom, Halle, & Bartley, 2015), that provides a series of questions to guide the process. Initial steps that ensure data-informed decisionmaking in this exploration phase are (1) an assessment of the need and determination of an ITSN and the readiness of the existing early care and education system to support it; (2) identifying and involving key stakeholders; and (3) developing a vision, mission and goals, and logic model.

Texas Infant/Toddler Specialist Network RFP

The following is an example of a RFP to administer an ITSN in Texas. This example of a RFP lists the desired scope of work and the eligibility criteria of an organization that would operate an ITSN.
https://www.rfpmart.com/166398-usa-austin-texas-infant-toddler-specialist-network-service-rfp.html

Define the Issues and Determine Whether an ITSN Is the Appropriate Strategy

Once the state has collected and reviewed information about infants, toddlers, and the early care and education systems that serve them, it is important to identify areas for improvement. Possible issues may include the following:

- Lack of I/T care programs
- Inadequate licensing standards
- Serious licensing violations in I/T settings
- Infrequent licensing visits in I/T settings
- Low scores on a quality assessment of I/T settings
- Low qualifications and high turnover rates within the I/T workforce
- Lack of access to quality professional development opportunities focusing on I/T care

Resource: Sample Community Family Child Care Needs Assessment

Child Care Aware of America has developed a template for communities to use in assessing the need for home-based child care. Completing a community needs assessment for I/T care can help ITSN stakeholders determine if and where its services and supports are needed.

Defining the issues to determine whether an ITSN is an appropriate strategy requires thoughtful discussion with representatives from relevant programs and services in the early childhood system and may benefit from technical assistance support. Key considerations about whether an ITSN is the best strategy to address the state's most pressing issues can include the following:

- Does resolving these issues require a focused, sustained, and statewide effort?
- Does it require professional and specialized I/T care knowledge and competencies?
- Does it require relationship-based approaches (e.g., coaching, mentoring, consulting, technical assistance)?

Collect and Review Information

As mentioned, jurisdictions should begin with a scan or review of existing information about infants and toddlers and the early care and education system that serves them. Data sources can include the U.S. Census, CCDF information systems, Head Start community needs assessments (including local program assessments and state Head Start collaboration assessments), home visiting program needs assessments, CCR&R services, the licensing system, professional development systems, and jurisdictions' quality frameworks or QRIS. Review this information to answer the key questions in the text box below.

Answering the questions in the text box below will help determine the scope and focus of an ITSN and help complete network logic modeling and/or action planning. It is a useful source of data for a team or group of individuals beginning or revisiting the implementation of an ITSN. Data for answering key considerations may originate from the following:

- Child care community assessments
- A scan of available jurisdiction- and community-based I/T care resources
- An analysis of resources available to diverse (racially, linguistically, and socio-economically) groups of families and I/T care professionals
- Data from other stakeholders, such as community centers, immigrant services organizations, faith-based groups, healthcare services, and human services entities
- Statewide I/T professional development needs assessments
- Jurisdictions' current CCDF Plans
- Other statewide and community data and/or reports (e.g., CCR&R, school readiness data)

Assess Needs, Existing Resources, and Readiness

Key Questions to Assess Needs, Existing Resources, and Readiness

- How many children from birth to 3 years old live in our jurisdiction? How many live in poverty?
- What percentages of these children have their only parent or both parents in the workforce?
- Is there adequate licensed care available for the infants and toddlers who need it?
- How many infants and toddlers are in centers, Early Head Start, and regulated FCC? How many are in family, friend, and neighbor care?
- What is the quality of these settings, and what are the knowledge, skills, competencies, and dispositions of the I/T workforce?
- Do child care licensing regulations address the relationship-based needs of infants and toddlers?
- What collaborations, partnerships, and alignments already exist?
- What professional learning is available to programs? Is additional training available through Early Head Start or the home visit training and technical assistance system?

Analyze System Readiness

Another important step in the exploration phase is determining the readiness of the early care and education system to support an ITSN. Understanding how the early care and education system currently supports infants, toddlers, and the workforce that serves them can be challenging; however, an assessment of these factors can provide valuable information. Jurisdictions can assess the strengths and challenges of the entire system or select key elements, as outlined below.

Key Elements of System Readiness

SYSTEM	KEY QUESTIONS
Licensing	How is quality care for infants and toddlers supported through current child care licensing regulations? • Ratios • Group size • Continuity of care • Primary Caregiving • Cultural Competence • Inclusion of ALL infants and toddlers • Training and education requirements Are care settings for infants and toddlers meeting licensing regulations?
Child care resource and referral	How do CCR&R services support quality in I/T settings? • Training • Technical assistance • Resource connector to workforce supports (for example, wellness and compensation initiatives) • Other

SYSTEM	KEY QUESTIONS
Professional development	What professional development opportunities exist for the I/T workforce? Are these professional development opportunities accessible to those working in the field? Are evening or weekend opportunities available? Have recommended core knowledge and competencies been established for the I/T workforce? Who does training and education on I/T development and care? What are their qualifications? Is there a qualified workforce that could become I/T specialists? If not, what do they need in order to do so? Do Early Head Start and home visiting programs make their professional development opportunities available to programs in their communities?
I/T early learning and development guidelines (ELDGs)	Does the state have I/T ELDGs? What is the quality of the I/T ELDGs? Does the I/T workforce use the I/T ELDGs? Are there opportunities for the I/T workforce to learn about and engage with I/T ELDGs?
Program standards	Is there a QRIS? How are I/T settings rated? What support do rated programs receive to improve quality? Are Early Head Start programs meeting their program standards?
Financing	Is there funding to support an ITSN? Does the state provide funding to child care programs to meet Head Start Program Performance Standards or QRIS standards?

Identify and Involve Key Stakeholders and Partners

Involving stakeholders in developing the vision, scope, and focus of the work can build support and coordination with other early childhood system initiatives. Possible stakeholder groups are listed in the following text box.

Key Stakeholders and Partners

- I/T child care programs
- FCC providers
- Early intervention specialists (Individuals with Disabilities Education Act, Part C)
- CCR&R agencies
- Professional development providers
- Health and mental health consultants
- Institutions of higher education
- Home visiting programs
- Head Start and Early Head Start
- Staffed Family Child Care networks
- State Head Start Collaboration Office and State Advisory Councils
- Licensing staff
- QRIS staff
- Child Care Development Fund administrators
- Parents and families

Develop a Vision, Mission, and Goals

Understanding the system's needs and strengths provides the basis for establishing the ITSN's vision, mission, and goals. The vision may be the same as that articulated in the state's early childhood system plan or by the state's advisory council on early childhood education and care, or it may be specific to the ITSN. The mission should relate directly to the ITSN, and the goals should reflect the issues identified during the exploration stage. Virginia's ITSN goals are shown as an example.

Virginia's ITSN has the following goals:

- "Improve the quality of care and education that infants and toddlers receive in child day care centers and family day home care.
- Increase the education and competency of I/T caregivers, teachers, and directors.
- Increase the use of strategies and practices by caregivers, teachers, directors, and families to promote the socio-emotional development of infants and toddlers.
- Increase the community connections that enhance awareness and use of available resources/ services that support healthy, safe, and nurturing care for infants and toddlers.
- Expand services that are effective and implemented in an efficient and accountable manner."

Source: Virginia Infant and Toddler Specialist Network. (2021). https://va.gapitc.org/goals-and-key-features/

Develop a Logic Model

What Is a Logic Model?

Logic models are tools that define the inputs, outputs, outcomes of a program, organization, or effort to explain the function of the program design and illustrate how specific program activities lead to the desired results. Inputs include resources and contributions that go into a program; outputs are the activities, services, and supports that help the program serve and meet the needs of primary audience; and outcomes are the results or changes related to program delivery and implementation, experienced by the intended recipients of the program's outreach (Compass, n.d.).

Identifying inputs, outputs, and outcomes helps to answer questions such as the following:

- What resources are required to successfully carry out the program?
- What is the program manager going to do to ensure that the program has a positive impact on the identified problem?
- Who makes up the primary audience that the program is trying to engage?
- What is the goal of the program?

Why Develop a Logic Model?

Defining inputs, outputs, and outcomes early in program planning ensures a deliberate flow of activities to results. Logic models are visual tools that can help programs create action plans for activities. They also help program implementers see the way in which the individual pieces fit into the larger program objectives and goals.

Logic models also are helpful for keeping track of program activities, including both achievements and issues that arise during the life of the program.

A logic model can be helpful during the ITSN planning process and also can serve as the foundation of an evaluation design. The logic model development process should involve stakeholders in defining the long-term, intermediate, and immediate outcomes that the ITSN should produce, followed by a discussion of strategies.

Virginia's ITSN Logic Model

Virginia's ITSN has developed a logic model that illustrates how all the contributions and activities of the ITSN will lead to a variety of outcomes, including increased accessibility, affordability, and quality of resources and services for caregivers, teachers, directors, and families, as well as increased respect for I/T specialists as experts.

Determine Strategies That Will Produce Desired Outcomes

Strategies to include in an ITSN's logic model and action plan should be evidence-informed and directly related to the identified ITSN issues, goals, and outcomes. The strategies will be well within the scope of the ITSN's work. Strategies may differ for networks depending on what they intend to accomplish. Some examples of strategies include the following:

- Work only with programs serving children receiving child care subsidies

- Help providers meet the criteria of a QRIS

- Implement the Program for I/T Care (PITC) six essential program practices in every setting

- Provide specific I/T training to the workforce

- Offer individualized coaching and consultation

- Assist in partnerships between programs, such as Early Head Start and FCC

Develop an Action Plan

Once you have chosen your strategies, you can develop an action plan (a sample action plan can be found in Appendix A) that will guide your jurisdiction through the ITSN development and implementation process. Action Plans are often layered. For example, there can be an action plan that guides the development process and another plan for implementation. The plan should include concrete actions, deadlines, and responsibilities, and should be updated frequently. The process of developing an action plan leads to a discussion of resources.

Stage II. Installation

During the installation stage, new services are not yet being delivered; however, necessary individual and organizational competencies and supporting infrastructure are being established so that networks can be successfully put in place soon. Stage II: Network Installation Considerations, found in Appendix B, covers the considerations that ITSN implementation teams should address during this stage of the project. During this time, network teams actively build their capacity to support the implementation of innovations selected during the exploration stage. Implementation teams gather data during this phase and make any adjustments to the network approach or to the network implementation supports (e.g., training, coaching, leadership strategies) or infrastructure (e.g., data collection processes) to facilitate the network's success. This infrastructure takes on many forms across levels of network implementation, including selecting the organizational structure, recruiting staff and training staff, securing the necessary contracts, finding space and equipment, securing organizational supports such as monetary and human capital, and developing new or strengthening existing operating policies and procedures.

The **second stage** of ITSN implementation is **installation**. Although new services are not yet being provided, ITSN teams actively build capacity to support implementation of innovations selected during the exploration stage.

Select the Network's Organizational Sponsor

Completing the exploration stage will help teams identify what type of organization is needed and what process to use in selecting a network administrative home. If it is determined that a fiscal administrative home is the most appropriate approach to implementing an ITSN, partners may use a checklist to define and review roles and responsibilities and outline these in a contractual agreement. While agreements can and should be reviewed and revised over time, a strong agreement forged early in the partnership lays the foundation for a strong and sustainable collaboration. Networks and contracting agencies may find the following checklist to be useful as they develop or review their partnership agreements: *Checklist for Developing a Partnership Agreement or Contract* (2014), Administration for Children and Families, Office of Head Start and Office of Child Care, U.S. Department of Health and Human Services, available at https://childcareta.acf.hhs.gov/sites/default/files/public/quilt_checklist_developing_partnershipagreementcontract_0.pdf.

Determine the Resources Needed to Accomplish the Outcomes

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

The logic model and corresponding action plan that implementation teams develop provides clarity on required financial resources for ITSN start-up and implementation. As of 2021, at least 46 jurisdictions report using CCDF I/T quality set-aside funds to support ITSN efforts. Implementation teams also can access a variety of other funding options to supplement CCDF financial supports. States and communities also can apply for grants and loans to help launch ITSNs. The federal government (aside from CCDF), commercial banks, and credit unions are common sources of loans. However, loans require networks to pay interest on the amount borrowed. Grants are awarded without an expectation of repayment.

Develop a Budget

Preparing a budget will give an implementation team a picture of whether projected income will meet expected expenses. The Child Care Aware of America website has some resources to support with budget resources http://childcareaware.org/providers/planning-for-success/preparing-a-budget/ and may help in preparing an ITSN budget and subsequently support networks to help I/T programs directors and home-based providers develop a budget.
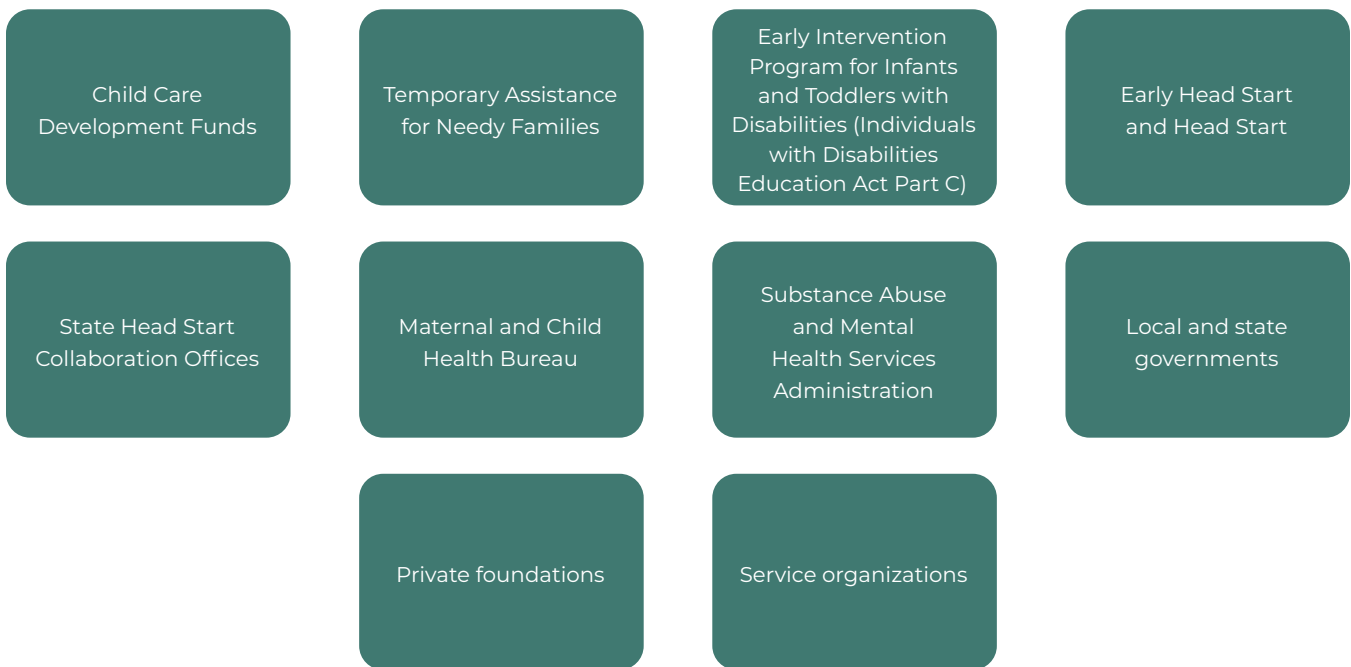
Explore Funding Sources and Secure Commitments

Funding an ITSN requires significant investment. The work that has been done during the exploration stage of implementation provides information to potential funders about the focus and intent of the ITSN. This information also directly helps with the development of a budget.

The budget for the ITSN must be realistic for the scope of work, the experience and education of the specialists to be hired, and the identified ITSN supports and strategies. Beyond the obvious expenses of salaries and operating costs, a budget may include incentives for the I/T workforce to participate in training and coaching. It may be helpful to contact existing early childhood consultant networks in your jurisdiction, such as health and early mental health networks, for information about the costs of operating a network. Requests for proposals (RFPs) developed by other states for ITSN implementation also can be a source of information. ITSNs are supported by an array of funding sources; however, states have historically allocated CCDF I/T-targeted funds to finance networks.

States can consider the following funding sources for ITSNs:

Child Care Development Funds	Temporary Assistance for Needy Families	Early Intervention Program for Infants and Toddlers with Disabilities (Individuals with Disabilities Education Act Part C)	Early Head Start and Head Start
State Head Start Collaboration Offices	Maternal and Child Health Bureau	Substance Abuse and Mental Health Services Administration	Local and state governments
Private foundations	Service organizations		

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

Determine Selection Criteria, Review System Possibilities, and Select an Organization to Administer the ITSN

Once funding is secured for the ITSN, the next step is a review of existing systems to help determine the most likely home for the network. Possible homes within the existing early care and education infrastructure include CCR&R networks, health departments, institutions of higher education, and professional organizations.

An ITSN home should provide the structure for service delivery and sustainability to achieve the outcomes identified through your exploration and installation stages. As you consider an organization's capacity, include questions about its experience with the following:

- A centralized structure for oversight with a record of successful implementation of projects
- Established community-based partners for collaboration on service delivery
- Financial stability and strong fiscal management
- Service delivery with positive outcomes for early childhood programs
- Qualified and knowledgeable staff to meet established goals
- Data collection and analysis of needs
- Establishment, monitoring, and expansion of I/T initiatives and infrastructure
- Evaluation of activities and measurement of outcomes

The following text box lists key questions to consider.

Key Questions: Considering an ITSN Home

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

Select the Organization and Develop the Contract and Agreement

Some states require the issuance of a RFP for the ITSN; however, other states may allow a sole-source contract or cooperative agreement. Factors that may be important to consider if your state allows a choice between a RFP and other approaches include the following:

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

Build and Design the Administrative Structure

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

Design the Network Structure

States have options when creating the ITSN's administrative structure. Determining the line of authority is key to administrative and programmatic functioning. The state may choose to

- hire the network manager and the specialists as employees;

- select a state employee to work collaboratively with a contracted agency; or

- contract all network administration to another entity.

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

Determine Data Needs and Develop an Information System

The work of the ITSN also will benefit from a solid data collection and information system. Development of such a system requires thoughtful consideration of what data will be most useful. It is critical to determine, early in the development of the ITSN, what data should be collected to track activities and measure progress. The data collected during the exploration stage (assessing needs, existing resources, and readiness) may be a valuable start. With information that describes the I/T population in care, the quality of care settings, and the workforce, it will be easier to establish a baseline measurement. If such information is not available, collecting it may become the ITSN's task. It may be helpful to refer once again to the logic model to help determine what data will be needed to track progress toward the identified outcomes. This also is a good time to involve an evaluator in reviewing data collection options, which may include the following:

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

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

- Conduct or review an existing workforce study of all settings that serve infants and toddlers. The study should examine qualifications, training, salary, benefits, and so forth. Note that unless the study is repeated on a regular basis, it will only capture one point in time.
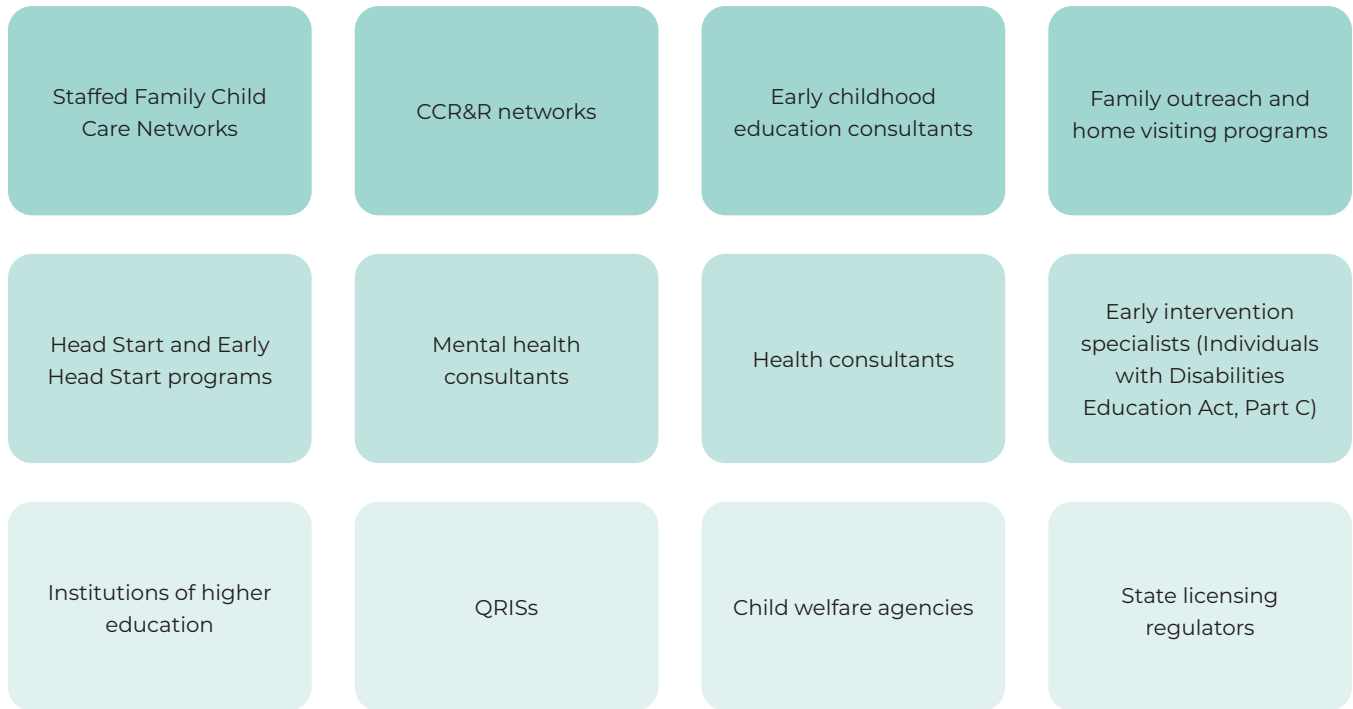
Identify data collected by other consultation agencies that measure quality indicators.

Build Partnerships and Collaboration Across Settings, Sectors, and Systems

ITSNs can gain the support of the broader early care and education community through partnerships at the state and local levels. At the state level, alignment with the state advisory council's work can be important. At the local level, Part C/early intervention and Early Head Start programs can become partners with local I/T specialists and child care programs.

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

Staffed Family Child Care Networks	CCR&R networks	Early childhood education consultants	Family outreach and home visiting programs
Head Start and Early Head Start programs	Mental health consultants	Health consultants	Early intervention specialists (Individuals with Disabilities Education Act, Part C)
Institutions of higher education	QRISs	Child welfare agencies	State licensing regulators

Increasingly, states are moving toward collaborative consultation models designed to coordinate consultants from the same or different disciplines in a formal system that improves their efficiency in working directly with I/T caregivers to improve quality of care. Collaborative models of technical assistance that combine infants and toddlers, FCC, early childhood mental health, health, and inclusion have the capacity to provide a more seamless "no wrong door" approach to service delivery models. When specialists collaborate to provide supports to I/T programs, they can better triage their offerings to make more efficient and effective use of their resources, as well as the time required by the I/T workforce to participate in technical assistance.

The introduction of an ITSN into a state early childhood system provides opportunities and challenges. An ITSN can have mutually beneficial relationships with multiple systems, including Head Start, health, education, child care, early intervention, mental health, and social services, as well as with state initiatives such as a QRIS and early childhood professional development systems. Given the diversity of agencies and systems involved, integrating the ITSN can be challenging. However, embedded in this challenge are multiple opportunities for integrating the ITSN with these established systems. In both planning and implementation, coordination with existing early childhood systems will help ensure the development of an effective ITSN. Coordination also can help strengthen other parts of the existing system.

State Head Start Collaboration Offices may be helpful in establishing links with Early Head Start programs and state-based Head Start technical assistance services. Some states also have begun to build collaborative multidisciplinary systems that coordinate specialists from several disciplines and programs to improve the quality of services for infants and toddlers. The following text box shows a few possible questions to consider about the many potential system links.

How will the ITSN connect with Early Head Start, the Head Start technical assistance system, and the state Head Start Collaboration Office?

How will the ITSN relate to other consultant networks?

- Early intervention/Part C
- Early childhood mental health
- Health
- CCR&R

How will the ITSN connect to child care licensing?

How will the ITSN connect with quality frameworks or QRIS?

How will the ITSN connect with professional development systems and higher education?

Alabama's Infant/Toddler Specialist Network Partnerships

Alabama's I/T Professional Development Network began as a support for programs participating in the Alabama Quality STARS pilot. It has been expanded to include support for I/T teachers in the Early Head Start–Child Care Partnerships Program. The I/T Professional Development Network offers technical assistance, modeling, mentoring, and professional development support for I/T teachers. The programs develop a professional development plan with each teacher.

Source: https://childcareta.acf.hhs.gov/sites/default/files/public/state_and_territory_approaches_to_quality_programs_for_infants_and_toddlers_2019_2021_ccdf_plans.pdf

Stage III. Initial Implementation

During the initial implementation stage, ITS service delivery is first put into place and made available to I/T caregivers. The key activities of the initial implementation stage involve strategies to promote continuous improvement. Table 3 in Appendix B covers key considerations for implementation teams at this stage of ITSN implementation. Six questions to promote continuous improvement during initial implementation are as follows:

1. What does the ITSN look like now?

2. Are we satisfied with how the ITSN service delivery model looks?

3. How will we know if we have been successful with ITSN implementation?

4. What can we do to maintain the ITSN successes we have experienced thus far?

5. What can we do to make the ITSN more efficient and durable?

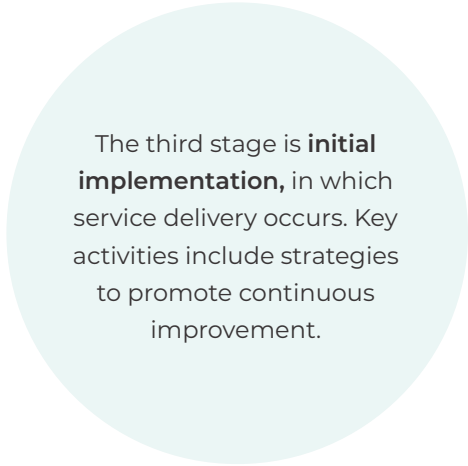6. What possibilities exist for expanding the reach of the ITSN?

Administering a Network

Identifying Staff Qualifications

The identification of network staff qualifications is an important driver of ITSN implementation success. Completing the exploration and installation stages and reflection included in the logic model and action planning processes of these two stages help determine the responsibilities of primary ITSN staff. While completing a theory of change/logic model, the roles and responsibilities of network staff emerge. These roles and responsibilities help determine the qualifications for various network personnel. In developing qualifications (through the logic model process) for key ITSN personnel, we can consider whether staff should be of a similar background, such as race and language spoken, to the I/T caregivers they will work with and the importance of staff understanding the context of the neighborhoods and communities they will serve. Other qualifications to consider include a degree in child development or a related field, experience working within infants and toddlers, experience working with I/T caregivers, knowledge or experience working with the model/models they will support, and knowledge of relationship-based I/T programing.

Roles and Responsibilities

I/T specialists may help I/T classrooms and programs advance along a jurisdiction's quality framework, deliver reflective coaching to I/T teachers, plan and conduct professional learning sessions onsite for I/T providers, provide consultation to I/T program directors, or coordinate support with Part C interventionists regarding the creation of inclusive I/T settings. There are a variety of roles and responsibilities that run a spectrum of valuable supports for the I/T workforce.

> The third stage is **initial implementation,** in which service delivery occurs. Key activities include strategies to promote continuous improvement.

New York's Infant/Toddler Specialist Network Roles and Responsibilities:

In Westchester, NY, an I/T specialist is responsible for providing developmentally appropriate, research-based basic and intensive technical assistance, training, support, and assistance to I/T programs serving or having the potential to serve subsidized children, including those participating in the I/T expansion grant and other I/T grant programs. A full job description outlining the roles and responsibilities can be found at http://www.childcarewestchester.org/pdf/Infant-Toddler_Specialist.pdf

Source: http://www.childcarewestchester.org/pdf/Infant-Toddler_Specialist.pdf

Some responsibilities for this specialist/consultant include the following:

- Offering professional development (distance and in-person) to support providers' quality practices.
- Visiting I/T programs to facilitate assessments and offer one-on-one program support, such as curriculum planning, model lessons, mentoring, coaching, guided practice and feedback, goal setting, and other support, as needed.
- Problem solving and collaborating with providers to design responsive strategies.
- Linking providers to community resources and supports.
- Offering relationship-based professional development, such as coaching, mentoring, and consultation.
- Responding to provider inquiries or requests via email or phone.

Determining Roles and Responsibilities

Regardless of the structure and organizational home of an ITSN, some elements are consistent. ITSN's staff usually include a network manager and I/T specialists who provide training and relationship-based professional development supports to programs. The roles and responsibilities of each of these positions illustrate the depth and variety of work the network can perform. The ITSN manager and I/T specialist positions are critical to the success of the network.

The Network Manager

The role and responsibilities of the ITSN manager vary from state to state. In some states, the manager is responsible for hiring, training, and supervising I/T specialists. In others, the ITSN manager acts more as a coordinator and support system, perhaps maximizing the resources available from the child care, Early Head Start, and Head Start training and technical assistance systems; local Early Head Start programs; and other early childhood programs and services. Some states begin with a coordinated statewide plan implemented in every region. Others hire I/T specialists to work in communities across the state and appoint a state-level manager to coordinate and report statewide results.

The ITSN manager will need a solid foundation in I/T development and group care; experience in adult learning, personnel management, leadership, program development, and evaluation; and knowledge of the jurisdiction's early childhood professional development system.

Responsibilities of an Infant/Toddler Specialist Network Manager

- Coordinate and monitor the program.

- Coordinate the evaluation process.

- Support I/T specialists (e.g., connecting them with reflective supervision and reflective practice supports).

- Facilitate regular ITSN meetings.

- Schedule and arrange regular meetings and professional learning for I/T specialists.

- Elicit meeting agenda items from I/T specialists to ensure relevance.

- Provide training and modeling in resolving conflict.

- Provide leadership to bring difficult issues up for discussion, including interpersonal issues within the group and potentially sensitive issues from the field.

- Maintain statewide data through required or voluntary reporting systems (e.g., statewide workforce registries).

- Ensure statewide consistency, fidelity, and accessibility of training and technical assistance.

- Secure resources to develop and maintain quality programs.

- Develop and maintain relationships with other local, state, and national programs.

- Develop and maintain close relationships with other consultant networks (e.g., early childhood mental health consultation networks).

- Identify and disseminate information, resources, and research on effective I/T care practices.

- Engage in educational and public awareness campaigns statewide.

The Role of an Infant/Toddler Specialist

The role of an I/T specialist has emerged steadily over the past two decades. I/T specialists are employed by state governments, CCR&R networks, Early Head Start programs, early intervention programs, home visiting programs, institutions of higher education, professional development systems, and technical assistance networks. The Administration for Children and Families' Early Childhood Training and Technical Assistance System employs I/T specialists both for the Office of Head Start and the Office of Child Care. In addition, Early Head Start programs each have an education manager who is required to have specialized training on I/T development and learning.

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

Infant/Toddler Specialist Knowledge and Skills

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

- Experience with and a deep knowledge of all aspects of development during the first 3 years of life
- Knowledge of how infants and toddlers learn within the context of ongoing, meaningful relationships with important adults in their lives
- Knowledge of quality indicators in I/T care settings
- A thorough understanding of the needs of infants and toddlers, their families, and those who work with them
- Knowledge of how programs engage parents in partnerships
- Experience supporting the primacy of families, their home languages, and their cultures, and an understanding of how to engage them
- Knowledge of inclusive practices in I/T programs
- Knowledge of how to best support the I/T workforce in all settings
- Effective techniques of adult learning

Resource: A Guide to Effective Consultation with Settings Serving Infants, Toddlers, and Their Families Core Knowledge, Competencies, and Dispositions

This resource is designed to establish a regional understanding of the key knowledge, skills, and dispositions that consultants need to effectively support the collective early care and education workforce in providing quality services for infants, toddlers, and their families. The document focuses on common areas of knowledge, skills, and attributes needed by consultants from any and all disciplines who work in any setting that provides services to infants, toddlers, and their families or who provide support to individuals working in these settings.

Source: https://childcareta.acf.hhs.gov/sites/default/files/public/effective_guide_to_consultation.pdf

The Skills of an Infant/Toddler Specialist

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

· Promote and support the development of new programs serving infants and toddlers.

· Promote and support quality enhancement initiatives in existing programs serving infants and toddlers.

· Provide training, onsite consultation, and technical assistance to administrative and program staff working in I/T programs.

· Keep current on research, practice, and policy.

· Research grant opportunities designed to support, expand, and enhance programs serving infants and toddlers.

· Collaborate and communicate with government agencies and various community entities.

· Demonstrate flexibility in hours and days of service (e.g., offer nontraditional days and hours).

· Demonstrate effective outreach methods to meet the needs of I/T programs and providers.

· Promote public awareness of services through the media and other methods.

· Assist with a resource library of I/T materials, including professional development materials and curricula.

· Work in cooperation with other consultation services.

Because of the unique combination of skills and education required for this position, prequalified candidates may be difficult to find. Ideal minimum qualifications for I/T specialists include a bachelor's degree in early childhood development or a related field (including I/T-specific coursework) and experience working with infants and toddlers and their families. A master's degree in early childhood development or PITC certification provides even greater personal resources for the job of teaching and mentoring I/T caregivers.

Because the I/T specialist is an emerging role, some states have developed intensive in-service training opportunities specific to I/T early education and care. These opportunities often lead to certification in specific training curricula and skill areas, such as PITC and the I/T Environment Rating Scale–Revised and help ensure consistent service delivery throughout the state.

The Work of the Infant/Toddler Specialist

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

- Offering professional development events
- Performing program assessment
- Providing relationship-based professional development, technical assistance, and consultation
- Coordinating resources
- Providing community education and support

I/T specialists deliver services in diverse settings, including child care centers; home-based child care settings; Early Head Start programs; and family, friend, and neighbor care settings.

Increasingly, I/T specialists are working closely with their states' quality frameworks/QRIS to help I/T settings improve quality and achieve higher ratings or accreditation. I/T specialists may work independently or in teams of specialists from multiple disciplines. They often begin with a formal assessment of the setting, using tools such as the Classroom Assessment Scoring System (CLASS)–Infant, CLASS–Toddler, ITERS–R, and the Family Child Care Environment Rating Scale–Revised (FCCERR–R) to help caregivers see the strengths and needs of their programs. They also may use other observational tools and respond to questions and concerns raised by the caregiver or director. Together, the program staff or FCC provider and the I/T specialist may develop an improvement plan and agree on goals and strategies.

North Carolina's ITSN has the following Infant/Toddler Specialist Job Description:

This job description for an I/T specialist in North Carolina describes a professional who develops and delivers high-quality professional development for the I/T workforce, including teachers, directors, and other technical assistance/professional development professionals supporting them, to increase knowledge and skills around providing quality I/T group care to support early development and learning. This position also will develop training and orientation for the I/T workforce.

Source: North Carolina's Infant and Toddler Specialist Network. (2021). https://www.childcareservices.org/wp-content/uploads/2018/06/Ed-Support-Infant-Toddler-Specialist.pdf

A Survey of State ITSNs

A survey of ITSNs found that I/T specialists focus on the following topics (percentages represent the percentage of surveyed I/T specialists who reported engaging in each area):

· Training and technical assistance for child care programs (100 percent)

· Onsite consultation and coaching in child care classrooms and homes (100 percent)

· Onsite consultation and coaching with child care center directors and owners (100 percent)

· Community outreach and public education about broad infancy issues (78 percent)

· Community outreach and public education about I/T child care (72 percent)

· Best practices information for CCR&R staff (72 percent)

· Best practices information for other professionals who work with infants and toddlers (72 percent)

· Best practices information for child care licensing staff (56 percent)

· Advocacy and public policy recommendations on broad infancy issues (39 percent)

· Consultation and mental health observations for individual children (33 percent)

Other roles mentioned by survey participants included aiding in overall quality improvement, lending library selection and distribution, recruitment of I/T caregivers, and serving as team leader for I/T initiatives.
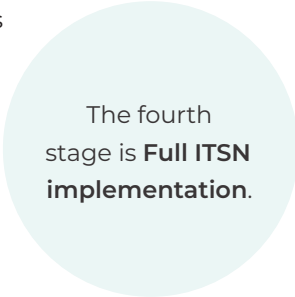
Source: Efinger, E. (2008). State ITSN Survey. Unpublished. ZERO TO THREE fellowship project.

Stage IV. Full ITSN Implementation

Evaluation of Network Services

Evaluation is a critical element of the fourth stage of ITSN implementation and should be used to validate the efficacy and continued implementation of networks, as well as inform the CQI of network services. Network process and outcome evaluation will look at impacts/benefits/changes to I/T care providers (as a result of the network efforts) during and/or after their network participation. As addressed in the logic model, evaluation will examine these types of changes in the short, intermediate, and long term. Table 4, Stage IV: Full Network Implementation Considerations, in Appendix B, explores key considerations for ongoing support of network implementation, sustainability, and CQI.

> The fourth stage is **Full ITSN implementation**.

Levels of Evaluation

There are four levels of evaluation information that networks can gather from I/T professionals:

1. Reactions and feelings (note that feelings are often poor indicators that the services made a lasting impact)
2. Learning (enhanced attitudes, perceptions, or knowledge)
3. Changes in skills (applied learning to enhance behaviors)
4. Effectiveness (improved performance because of enhanced behaviors)

The more the network evaluation can capture data at each of these levels, the richer and more useful the evaluation will be for CQI.

Draft the Evaluation RFP and Select the Evaluator

A decision will need to be made about whether the state or the ITSN will be responsible for drafting and managing the evaluation RFP. Regardless of who eventually has these responsibilities, there are common considerations. The process should be designed to help determine whether potential evaluators have the following qualifications:

· Experience in the early childhood field
· Knowledge of standard assessment tools used in the early childhood field
· The ability to help develop new measurement tools, if needed
· Willingness to work closely with funders and stakeholders

Select an Evaluator

When choosing an evaluator, planning teams should consider evaluator credentials, experience, and the level of expertise the evaluator brings to the early childhood field. Whether networks choose professional evaluators, community volunteers, or some combination of these, they need to think carefully about the goodness of fit between the evaluator and the network. How do the network's needs and interests fit in with those of the evaluator? What about the range and quality of their communication skills? Are they culturally sensitive? Are they willing to work as partners with the network and the community?

If hiring an external evaluator is cost-prohibitive, teams can still use evaluation methods and benefit from learning about what the network is doing well and how its services can be improved. At the same time, there is a strong chance that data about the network may be interpreted with some bias if data are analyzed by the people responsible for ensuring that the network is effective and accomplishing its desired outcomes. Network coordinators and staff may find that objectively evaluating their own work is a difficult task. If possible, network coordinators should have someone outside the network conduct its evaluation and examine and determine the results. Networks may want to consider a multiple-level approach to evaluation—one that addresses the

high cost of external evaluation. First, the network works with an expert to establish an internal evaluation plan and data-tracking mechanisms. Then, based on the available resources, the network conducts an external evaluation every 3 to 5 years as part of the feedback mechanism.

Design an Evaluation

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

Source: https://www.inclusivechildcare.org/sites/default/files/courses/swf/FINAL%20ITSN%20Annual%20Report%207.14.20.pdf

> **Minnesota's Infant/Toddler Specialist Network Annual Evaluation Report:**
>
> The following Minnesota ITSN evaluation report is an example of one state's efforts to communicate the knowledge, attitudes, and experiences of the I/T providers who received coaching from ITSN coaches. The data collected in this report are intended to inform the future development and implementation of Minnesota's ITSN.
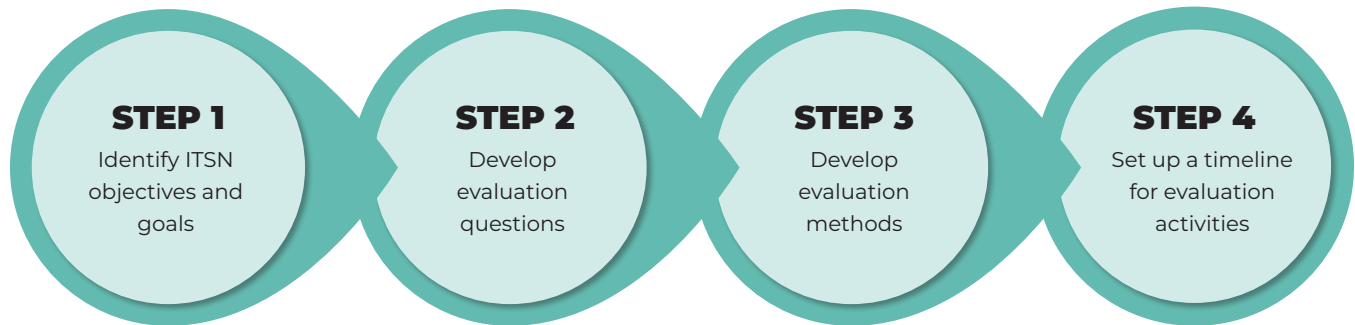
Determine the Criteria for the Evaluation Design

If a logic model was created in the exploration stage, it can serve as the beginning point for the evaluation design. It is important to identify, as soon as possible, what process and outcome measures are important to the ITSN's funders.

- Decisions need to be made about whether the evaluation will measure any of the following:
  - » Delivery of services and the participation of the workforce
  - » Impact on workforce practices
  - » Workforce professional advancement
  - » Impact on program or setting assessment scores
  - » Collaboration with other disciplines and consultation networks
  - » Impact on the early childhood system
- Depending on the chosen focus, measures might include the following:
  - » Number of participants
  - » Satisfaction with services
  - » Number of credentials awarded
  - » ITERS-R, FCCERR-R, Infant and Toddler CLASS scores
  - » Number of I/T settings earning a high QRIS level
  - » Increase in resources and services provided by collaborative partners

There may be other state-specific measures that can be used to track gains in knowledge, improvements in settings, and changes in caregiver practices, or measurement tools may need to be developed. The State Capacity Building Center's ITSN has a resource that highlights strong I/T care policies and practices, titled State and Territory Infant/Toddler Child Care System Policies and Practices: A Tool for Strengthening Infant/Toddler Care Quality. It may be a helpful self-assessment resource for leaders to use in examining current practices and considering how best to promote continuity of care in their states.

There are four main steps to developing an evaluation plan:

STEP 1	STEP 2	STEP 3	STEP 4
Identify ITSN objectives and goals	Develop evaluation questions	Develop evaluation methods	Set up a timeline for evaluation activities

Identify ITSN Objectives and Goals

The first step in designing an evaluation is to clarify the network objectives and goals. This information should be readily available from your logic model and the preliminary strategic and action planning documents. What are the main tasks to be accomplished, and what has been established to accomplish them? Clarifying these will help identify which major program components should be evaluated. Completing a logic model for the network is one way to accomplish this step.

Develop Evaluation Questions and Evaluation Methods

Consider the following key questions when designing an ITSN evaluation:

- What purpose will the evaluation serve? What does the network want to know and decide as a result of the evaluation?
- Who are the audiences for the information from the evaluation? (e.g., CCDF Lead Agency, funders, I/T professionals, network partners)
- What kinds of data need to inform the evaluation? (e.g., I/T quality measures and/or questionnaires [note that the network logic model should contain much of this information])
- Who will provide the evaluation data? (e.g., network staff, I/T professionals, partners, funders)
- How will the data be collected? (e.g., online questionnaires, family interviews, observations of I/T caregivers and/or employees)
- When is the information needed (which determines when must it be collected)?
- What resources are available to collect the information?

There are four main categories of evaluation questions. The Community Tool Box (University of Kansas Work Group for Community Health and Development, 2017) lists examples of possible questions and suggested methods for answering those questions.

- **Network planning and implementation issues:** How well was the ITSN planned out, and how well was that plan put into practice?
  - » Possible questions: Who participates? Is there diversity among participants? Why do I/T providers enter and leave the network? Are there a variety of network services and alternative activities generated? Do those I/T caregivers most in need of help receive ITSN services?
  - » Possible methods for answering those questions: a monitoring system that tracks actions and accomplishments related to the network's goals, network affiliate survey of satisfaction with goals, and member survey of satisfaction with outcomes.

- **Assessing attainment of network objectives:** How well has the ITSN met its stated objectives?
    - » Possible questions: How many I/T caregivers participate in the ITSN services? How many hours of training and/or coaching do I/T caregivers receive from network consultants?
    - » Possible methods for answering those questions: a monitoring system that tracks actions and accomplishments related to the network's goals, ITSN member survey of satisfaction with professional development, and goal attainment scaling.
- **ITSN influence on I/T caregivers:** How much and what kind of a difference has the network made for I/T caregivers?
    - » Possible question: How has I/T caregiver behavior or program quality changed because of participation in the ITSN?
    - » Possible questions: Are I/T caregivers satisfied with their experiences? Has participation reduced their sense of isolation and/or increased their connection with peers?
    - » Possible questions: Were there any negative results from I/T provider participation in the program? What economic indicators of impact on the I/T providers could be tracked (e.g., comparing provider earning before and after ITSN participation)?
    - » Possible methods for answering those questions: a network member survey of satisfaction with goals; member survey of satisfaction with outcomes; behavioral surveys; interviews with I/T providers; pre- and post-assessments of provider knowledge, skills, and attitudes; and observational assessments.
- **Network impact on the community:** How much and what kind of a difference has the network made on the community as a whole?
    - » Possible questions: What resulted from ITSN implementation? Were there any negative results from network services? Do the benefits of the network outweigh the costs?
    - » Possible methods for answering those questions include behavioral surveys, interviews with key informants, and community-level indicators.

Ongoing Support of the Network

During full implementation, the network organization or structure needs to be able to make the changes necessary to support ongoing network CQI. Infrastructure considerations during full implementation include the following:

- Increasing ITSN efficiency.
    - » Building ITSN staff competency while maintaining effective network practices
    - » Producing more efficient and/or effective organizational supports
- Monitoring systems alignment.

Supervision and support for network staff may enhance their capacity and effectiveness. ITSN staff who have regular opportunities to reflect with a supervisor about their work with providers may feel more confident and effective in their roles. Peer support, including opportunities for sharing strategies and problem solving with other staff, is also a known research-informed strategy for supporting the confidence, competence, and self-efficacy of I/T Specialists.

Secure Funding for the Evaluation

Funding for the evaluation should be considered as part of the resource discussion during the logic model and action planning process and—if possible—should be built into the initial funding request for the ITSN.

If evaluation funding is not part of the ITSN budget, there may be opportunities for other sources of funding and resources, including private foundations and governmental institutions, such as the Administration for Children and Families' Office of Planning, Research & Evaluation. It also may be helpful to partner with your higher education system to secure resources.

Support the ITSN and Specialists

To be effective, the ITSN needs support—not only from the ITSN manager, but also from the broad range of organizations in the early care and education field.

The manager, as the direct provider of daily support, is a personnel administrator, defining the requirements and work of the I/T specialists. The manager may design an orientation and preservice training agenda for all new I/T specialists. In addition, in a process parallel to that which the I/T specialists perform in the community, the manager may perform needs assessments to ensure that appropriate professional development opportunities are available to support the I/T specialists' skills and knowledge.

When an I/T specialist is working with a program or individual where there is strong concern about the observed level of quality care, a sense of urgency to change the situation may be combined with feelings of powerlessness and ineffectiveness. It is not unusual for a visit to an overcrowded, understaffed I/T program to be an upsetting experience for the observer. An ITSN can provide reflective supervision to I/T specialists in many ways to help them improve their own practices while sorting out the feelings it evokes. Regularly scheduled meetings (at least some of them should be in person) are useful for sharing information, planning, and ensuring consistency.

In addition, policies on the scope and manner of work help define boundaries that can be unclear, such as I/T specialists' relationships with licensing staff and child care providers. Such policies are essential when, for example, possible violations may need to be reported.

Strengthening and Providing Ongoing Support for the ITSN

I/T specialists often work independently in local communities. A high level of communication, coordination, and support is needed to ensure that the network functions effectively throughout the state. Clear and consistent communication across all levels is basic to the healthy functioning of the network. Procedures for consistent service delivery provide guidance to the I/T specialists and those receiving services. Guidelines also may be necessary for navigating various levels of technical assistance, training, and collaborative consultation with other agencies. In these cases, guidelines can help support partnerships and prevent confusion for the I/T workforce.

Reflective Supervision

"is designed to encourage learning through thoughtful observation of ourselves and others. It includes looking at we, as well as others; listening to what is being said, not just hearing the words; and learning from the situation or staff person to provide the best response, rather than reacting. It is grounded in developing good relationships between supervisors and staff" (Parlakian, 2002).

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

Strengthening I/T Specialist Reflective Practices

The Infant Toddler Consultant Self-Assessment Tool (https://childcareta.acf.hhs.gov/resource/infant-toddler-consultant-self-assessment-tool) is designed for consultants from all disciplines (including health, mental health, education, and social services) who work in any setting that provides services to infants, toddlers, and their families, or who provide support to individuals working in these settings. The primary purpose of this tool is to help consultants assess their own levels of proficiency with the knowledge, skills, and dispositions needed to support early childhood programs that serve infants and toddlers. This self-assessment tool is a companion to A Guide to Effective Consultation with Settings Serving Infants, Toddlers, and their Families: Core Knowledge, Competencies, and Dispositions, previously developed in Region I (National Infant and Toddler Child Care Initiative, 2011). Both that guide and this tool were developed by Region I workgroups composed of representatives from all six New England States, national technical assistance providers, and staff from the Region I Office of Child Care and Office of Head Start.

Conclusion

I/T caregivers are a diverse group of early childhood professionals who have the tremendous job of supporting our most vulnerable age group—babies and toddlers. Jurisdictions have the capacity to positively influence very young children and families in child care when they commit to adopting promising practices and strategies to support I/T professionals in delivering relationship-based I/T care. There are numerous ways that ITSNs can positively impact I/T professionals' ability to offer care that respects and reflects the individual needs of very young children and the diverse needs of families across the country.

The process described in this guide for exploring, installing, and implementing and sustaining an ITSN was informed by the jurisdictions that have chosen ITSNs to improve access to and the quality of child care for infants and toddlers. The process emphasizes thoughtful development of ITSNs, along with the participation of I/T stakeholders in an intentional review process to continually strengthen ITSNs. Interest in evaluating the impact of ITSNs and in developing multidisciplinary consultation initiatives is ongoing. Continued evaluation may help develop our understanding of how best to support the I/T workforce in its efforts to provide high-quality care to our youngest children.

ADDITIONAL RESOURCES

Infant/Toddler Specialist Supports

- **Infant/Toddler Resource Guide (n.d.)**. This resource guide offers a host of materials to support the development and implementation of policies and practices for high-quality care for infants and toddlers. Whether you are a CCDF administrator developing policies, a child care provider seeking information and guidance, or a professional development provider seeking innovative training materials, this site is for you. Development of this guide is new and actively growing, so check in frequently to see what resources have been added to support your work with infants, toddlers, and their families. https://childcareta.acf.hhs.gov/infant-toddler-resource-guide

- **Infant/Early Childhood Mental Health Consultation Competencies (n.d.)**. These competencies are the first step toward building a national consensus on the array of foundational skills, knowledge, and abilities needed to be a competent I/ECMH consultant. https://www.ecmhc.org/documents/ECMHC_Competencies_508%20(5).pdf

Needs Assessments and Evaluation

- **Community Tool Box** (2016). This chapter in the online Community Tool Box offers guidance for developing logic models and includes templates, checklists, examples, and tools for logic modeling. A service of the Workgroup for Community Health and Development, University of Kansas, available at https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main

- **Introduction to Evaluation** (2016). This chapter of the Community Tool Box provides information on how to develop an evaluation plan, identify stakeholders' interests, and conduct a participatory evaluation. Community Tool Box, Chapter 36, a service of the Workgroup for Community Health and Development, University of Kansas, available at http://ctb.ku.edu/en/table-of-contents/evaluate/evaluation

Supporting All Infants and Toddlers

- **Practice Guides for Practitioners (n.d.)**. "These Practice Guides for Practitioners are intended primarily for practitioners working in group settings and for sharing with other practitioners in community programs. The Practice Guides are formatted for print as well as for viewing on mobile devices." https://ectacenter.org/decrp/type-pgpractitioner.asp

- **Checklists for Providing/Receiving Early Intervention Supports in Child Care Settings (n.d.)**. "The purpose of this CASE tool is to describe the development and use of the Checklists for Providing/Receiving Early Intervention Supports in Child Care Settings. The two sets of checklists include practice indicators of key characteristics of natural learning environment practices … and coaching as an interaction style for building the capacity of important individuals in the life of the child to promote child growth and development (Rush & Shelden, 2011). An early intervention practitioner who understands, uses, and masters the checklists is implementing evidence-based practices for working with a child care provider. A child care provider who uses the checklists with early intervention practitioners working in his/her setting is ensuring that the visiting professional is adhering to practices known to have positive outcomes for infants and toddlers with disabilities in inclusive settings." https://fipp.ncdhhs.gov/wp-content/uploads/casetools_vol6_no4.pdf

- **Dual Language Learner Toolkit** (2017). This toolkit provides resources that can be used to support young children who are learning their home languages and English. It is divided into three sections: administrators and managers; teachers, caregivers, and family services staff; and families. Office of Head Start, Early Childhood Learning and Knowledge Center, available at https://eclkc.ohs.acf.hhs.gov/culture-language/article/dual-language-learners-toolkit

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APPENDIX A

An Integrated Stage-Based Conceptual Framework and Logic Model Guidance

Figure 1. An Integrated Stage-Based Conceptual Framework for Infant/Toddler Specialist Network (ITSN) Implementation

IMPLEMENTATION COMPONENT	NETWORK EXPLORATION	NETWORK INSTALLATION	INITIAL NETWORK IMPLEMENTATION	FULL NETWORK IMPLEMENTATION
ITSN Implementation Teams	Form ITSN implementation teams; develop team work and communication protocols	Establish or adopt ITSN implementation team competences; confirm availability of resources to support network(s)	Problem-solve what is and is not working in the ITSN and use data at each meeting to promote improvement	Use network CQI data; develop and test improvements
Data and Feedback Loops	Conduct needs assessment; develop ITSN logic model; determine fit and feasibility and readiness	Assess ITSN infrastructure gaps; implement ITSN policy and practice feedback loops and assess team competencies	Assess ITSN usage and test data to stabilize an evidence-based approach	Assess ITSN outcomes; collect data to determine fidelity and quality improvement directions
Implementation Infrastructure	Determine necessary system components to support practice and organization and system change	Develop required infrastructure elements to support ITSN practice and organization and systems change	Improve network elements to support network practice and organization and systems change	Maintain data-informed practice; produce more efficient and/or effective system to support desired outcomes

Source: *An integrated stage-based framework for implementation of early childhood programs and systems* (OPRE Research Brief 2015-48). Washington, DC: Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/opre/report/integrated-stage-based-framework-implementation-early-childhood-programs-and-systems

Figure 2. Logic Model Development Guidance

LOGIC MODEL ELEMENTS	GUIDANCE	NETWORK INSTALLATION
Overarching Goals	Enter the overarching goal(s) of the work. These goals typically will not be completely within the program's sphere of control; however, the program works to impact these overarching goals. These are often population-level, broad-based outcomes.	• Increase the number of licensed ITSN providers. • Increase the number of quality ITSN homes. • Increase retention and professional development of ITSN providers. • Increase the number of ITSN providers from underserved communities. • Increase the cultural and linguistic capacity of existing ITSN providers.
Priorities	Briefly summarize the rationale or context for why the strategies have been selected. Enter short phrases that summarize the problem, any mandates the program is under, and higher level priorities. Context should be more fully fleshed out in the action plan that accompanies this logic model.	• ITSN provider recruitment. • ITSN provider professional development. • ITSN provider accreditations.
Inputs	Describe the existing resources that are available prior to program implementation. These could be reflective of human resources, technology, time, equipment, and other resources.	• Grant funding from CCDF Lead Agency. • Completed ITSN provider statewide needs assessment. • Completed a readiness for change assessment to determine the capacity for change. • Identified CCR&R agency as fiscal administrative home.
Outputs	Describe, at a high level, what the network does and for whom. • Strategies: A strategy is a broad approach by which the network will achieve its objectives. These are not the specific day-to-day activities. They describe clusters of activities and tasks that will be conducted in order to accomplish the outcomes. Strategies should be written using action words, such as form workgroup, gather data, and conduct survey. Strategies will become more thorough when you describe their associated milestones/key activities in the action plan. • Participation: Describe the immediate target population associated with the strategy (e.g., ITSN providers). In other words, it will describe who the strategy impacts.	Strategies • Facilitate ITSN quality improvement communities of practice. • Provide onsite coaching for ITSN providers on ITSN quality measures. • Deliver technical assistance to I/T caregivers on how to become licensed providers. Participation • ITSN providers • ITSN care providers • Professional development providers • QRIS coaches • Staffed ITSN network consultants

LOGIC MODEL ELEMENTS	GUIDANCE	NETWORK INSTALLATION
Outcomes	Outcomes refer to the changes that are expected to occur as a direct result of implementing the strategies. They often reflect a change in attitudes, behaviors, knowledge, skills, status, or level of functioning. Short-term outcomes can typically be accomplished in 1 to 3 years and are often expressed at the level of individual change. Intermediate-term outcomes may take 4 to 6 years. These usually build on the progress expected by the short-term outcomes. Outcomes are written as objectives in the action plan.	Short Term • Improved ITSN health and safety practices • More ITSN providers with I/T credentials Intermediate Term • 10 percent more ITSN homes exceed child care licensing requirements for health and safety after 3 years. • After two years of ITSN implementation, 20 percent more licensed I/T programs receive weekly coaching visits.
Impact	Impacts are the long-term changes that are expected to occur if the strategies are carried out effectively and/or are sustained. These are often about conditions and may take 7 to 10 years to accomplish.	Long Term • Each region in the State has a fully staffed and operating ITSN network. • Child care licensing and QRIS partner with Networks to provide quality coaching • Networks provide quality improvement support to all ITSN programs participating in their QRIS
Logic Assumptions	Describe the logic behind your underlying assumptions about why the strategies will produce the desired short-term outcomes, and why the short-term outcomes will lead to long-term outcomes and impacts. Include any evidence-based linkages, where applicable.	• Research links relationship-based coaching on quality assessments as a promising practice to increase ITSN provider quality. • Research shows that implementation teams can increase the success of network implementation.
External Factors	Describe the environment surrounding your program. You may want to describe the political environment and how it affects your work, any pending changes that need to be monitored, or stakeholder concerns that need to be addressed.	On November 19, 2014, President Barack Obama signed into law bipartisan legislation that reauthorized the CCDBG Act for the first time since 1996. The law made many important statutory changes focused on reforming child care to better support the success of both parents and children in low-income families and increase their access to healthy, safe, high-quality child care.
Evaluation Focus	Describe any external factors that could influence the success of your program or that may need to be monitored throughout. This element is optional. **Evaluation focus–Outputs:** Briefly describe what outputs might need to be evaluated. **Evaluation focus–Outcomes:** Briefly describe what outcomes might need to be evaluated.	**Outputs** • Reach of training efforts • Number of quality assessments conducted • Number of ITSN programs with coaches **Outcomes** • Improvement in ITSN program quality as measured by quality assessment • Increase in ITSN provider self-efficacy

APPENDIX B:

Stages of Infant/Toddler Specialist Network (ITSN) Development Implementation

Table 1. Stage I: Exploring the Feasibility of and Planning for an ITSN

CORE FEATURES AND ACTIVITIES OF ITSN IMPLEMENTATION TEAMS	CORE USES OF DATA AND FEEDBACK LOOPS FOR DECISIONMAKING AND CONTINUOUS QUALITY	CORE ACTIVITIES TO DEVELOP NETWORK IMPLEMENTATION INFRASTRUCTURE
Selection and Membership • Has a team been formed to serve as an accountable structure for facilitating stage-based implementation of an ITSN? • Were team members mutually selected for their roles by volunteering for roles for which they were encouraged to apply? • Does each team contain one or more members who are knowledgeable about FCC quality improvement supports, implementation infrastructure, and use of data to inform decisionmaking and improvements, and systems change? • Do members represent practice, supervisory, leadership, and policy perspectives either on a single team or through a linked teaming structure? • Does the team include program developers or intermediary organizations? **Development of a Team Charter** • Does the team have a charter or "terms of reference" (internal memorandum of understanding) that describes how it functions, communicates, makes decisions, and moves forward with its mission and objectives? **Development of a Linked Communication Protocol** • Has the team developed a "linked communication protocol" to provide accountability for making decisions and providing feedback? **Meeting Frequency** • Does the core implementation team convene twice a month, at a minimum, (weekly is recommended) at this stage? • How often do ancillary teams (e.g., leadership team, community advisory board) meet?	**Needs Assessment and Fit and Feasibility** • **Needs:** What are the needs of the target population (e.g., I/T caregivers; family, friend, and neighbor providers; licensed providers serving dual language learners)? • **Fit:** Does the ITSN fit (or not fit) with current projects, context, organizational and system values, and philosophies? • **Resources:** What resources are available to the ITSN? What system should we choose to implement the ITSN? • **Evidence:** What is the evidence that an ITSN will work? Under what circumstances and with what populations was this evidence generated? What outcomes can we expect if we implement the ITSN well? • **Readiness for Replication:** How well defined is the ITSN? Do we know the core components that make the ITSN work? Will program development be necessary? How involved will the developer or intermediary organization be? • **Capacity:** Will early childhood practitioners meet minimum qualifications for implementation? Can we make the necessary structural, instrumental, and financial changes necessary? • **Sustainability:** Are there sufficient resources and capacity to sustain the network through full implementation and beyond? **Decisions That Teams Make During Exploration** • Will the proposed ITSN meet the needs? • Does the team have what it takes to move forward? • Is moving forward both desirable and feasible? • How will these decisions be communicated to others?	**Planning for the Implementation Infrastructure** • Implementations teams need to ask how they will be planning for the ITSN infrastructure. **Infrastructure to Support Practice** • Are I/T caregivers open to the idea of an ITSN? • Are the potential organizational mission, leadership, and climate aligned with the ITSN? • Will staff with the necessary prerequisites be available? • Is training available and affordable? Does training meet best practices for skill development? • Who will provide coaching and supervision? • What steps will we need to take to ensure that a coaching plan is in place? • How will staff performance be assessed? What steps are needed to ensure that a performance assessment system is in place? **Infrastructure to Support ITSN and Systems** • Are the necessary community connections and resources in place to move forward with the ITSN? • What questions will we need to answer to ensure that implementation is occurring as planned? • Where will we get this data? • What technology needs do we have? • What administrative practices may need to change in order to support network implementation? • What policies, procedures, or processes need to be developed or revised? • What system alignment issues will need to be addressed to facilitate ITSN implementation?

Table 2. Stage II: ITSN Installation Considerations

CORE FEATURES AND ACTIVITIES OF ITSN IMPLEMENTATION TEAMS	CORE USES OF DATA AND FEEDBACK LOOPS FOR NETWORK DECISIONMAKING AND CONTINUOUS IMPROVEMENT	CORE ACTIVITIES TO DEVELOP NETWORK IMPLEMENTATION INFRASTRUCTURE

Development of Team Competencies to Support Network Implementation
Does the core implementation team
• know and apply ITSN quality improvement strategies and/or network best practices?
• know and apply the ITSN quality improvement implementation infrastructures?
• know and apply ITSN quality improvement cycles?
• know and apply systems change?
Development of Policy Practice Feedback Loops
• Has the team developed active processes to gather practice-level information (e.g., barriers to implementation) from providers and network coordinators implementing the new way of working and fed this information up the system to leadership?
• Has the team developed active processes to ensure that leadership decisions are fed back down the system to network staff?
Frequency of Meetings
• Does the core implementation team convene weekly?
• Does the core network implementation team meet with leadership biweekly?
	Troubleshooting and Continuous Improvement
	• Are the linked communication protocols developed during exploration in place and occurring as planned? How can communication be improved? Is the network effectively engaging leadership in the process?
	• In the event that team membership or structure changes, how can the network ensure that implementation team competencies are maintained?
	• What changes need to be made before the network is initiated?
	  » Are changes to the network necessary?
	  » Are changes to network implementation supports (e.g., training, coaching, leadership strategies) necessary?
	  » Are changes to network data collection processes needed?
	• Has the network implementation infrastructure we planned for during the exploration stage been developed and installed during this current stage of implementation?
	• Are general capacities in place?
	• Are network-specific capacities in place?
		Installing the Network Implementation Infrastructure Implementation teams need to ask how they will be developing and installing the network infrastructure.
		Infrastructure Support Practices
		• Have readiness plans for providers and/or stakeholders increased openness to the network?
		• Has the first cohort of network staff been selected?
		• Has initial network training occurred?
		• Have coaching plans been developed to support network staff in the new way of work?
		Infrastructure to Support Network Organizations and Systems
		• Has leadership expressed commitment to the network? How has this been demonstrated?
		• Have network agreements with community partners been established?
		• Are network partner expectations clear?
		• Have data systems been assessed and determined to be ready for operation? Have policies, procedures, and processes been revised or developed to support the network?

How often do ancillary network teams meet? Is this often enough to support implementation?	**Decisions That Teams Make During Network Installation** • Is the implementation infrastructure installed ready to move into initial implementation when customers will be seen? • How can the implementation infrastructure be improved before network initiation?	Have systems partners been engaged?

Table 3. Stage III: Initial ITSN Implementation Considerations

CORE FEATURES AND ACTIVITIES OF NETWORK IMPLEMENTATION TEAMS	CORE USES OF DATA AND FEEDBACK LOOPS FOR NETWORK DECISIONMAKING AND CONTINUOUS IMPROVEMENT	CORE ACTIVITIES TO DEVELOP NETWORK IMPLEMENTATION INFRASTRUCTURE
Improvement Cycles • Does the team continue to use data and feedback mechanisms to support and improve the functioning of network system components? Please note that it is recommended that the system is formally assessed every 6 months (a minimum of annually). **Develop and Test Enhancements** Now that the implementation supports are routine and integrated into the system, • has the core network implementation team assessed whether enhancements to the innovation or implementation infrastructure may reduce the burden of implementation or increase the efficiency of implementation and still lead to similar outcomes? • has the core implementation team assessed whether enhancements to the innovation or implementation infrastructure might improve outcomes? **Frequency of Meetings** • Does the core implementation team convene monthly or at least bimonthly? • Would implementation benefit from the team meeting more frequently? • Does the network core implementation team meet with leadership bimonthly or quarterly?	**Improving Practitioner Competency** • Are practitioners implementing the innovation with fidelity? • How might the innovation or implementation infrastructure be enhanced to reduce the burden of implementation or increase the efficiency of developing practitioner competency without compromising outcomes (enhancements)? • How might the innovation or implementation infrastructure be enhanced to further improve outcomes for children (enhancements)? **Improving Organizational Supports** • Is the network achieving the intended outcomes? • How might the innovation or implementation infrastructure be enhanced to further improve outcomes for children (enhancements)? **Decisions That Teams Make During Full Implementation** • How will the network be sustained? • Is this model ready for large-scale implementation and/or scale-up? • Can the network innovation be scaled up? • Should the team develop and test network enhancements?	Implementation teams need to ask how they will improve and sustain the network infrastructure. **Infrastructure to Support Practices** • Can readiness be sustained and extended to new cohorts of practitioners? • Are there more efficient or effective ways to train and coach staff? If the model is scaled, would training or coaching components need to be redesigned? **Infrastructure to Support Organizations and Systems** • What role can leadership play in replicating or scaling up the network if outcomes are achieved? • Are community partnerships facilitative of current and future goals related to implementation (e.g., replication or scaling)? • How can data systems become more efficient and practical for helping to solve network implementation challenges? • If the network model is scaled, would the data system need to be altered to support more robust analysis or information sharing? • What contextual changes have occurred that can affect systems alignment?

Table 4. Stage IV: Full ITSN Implementation Considerations

CORE FEATURES AND ACTIVITIES OF NETWORK IMPLEMENTATION TEAMS	CORE USES OF DATA AND FEEDBACK LOOPS FOR NETWORK DECISIONMAKING AND CONTINUOUS IMPROVEMENT	CORE ACTIVITIES TO DEVELOP NETWORK IMPLEMENTATION INFRASTRUCTURE
Improvement Cycles • Does the team continue to use data and feedback mechanisms to support and improve the functioning of network system components? Please note that it is recommended that the system is formally assessed every 6 months (a minimum of annually). **Develop and Test Enhancements** Now that the implementation supports are routine and integrated into the system, consider the following: • Has the core network implementation team assessed whether enhancements to the innovation or implementation infrastructure may reduce the burden of implementation or increase the efficiency of implementation and still lead to similar outcomes? • Has the core implementation team assessed whether enhancements to the innovation or implementation infrastructure might improve outcomes? **Frequency of Meetings** • Does the core implementation team convene monthly or at least bimonthly? • Would implementation benefit from the team meeting more frequently? • Does the network core implementation team meet with leadership bimonthly or quarterly? **Development of a Team Charter** • Does the network team need to revisit its team charter? • Has there been network team turnover? How are new members onboarded? Linked? **Communication Protocols** • What are network staff, supervisors, leadership, and community partners saying about the kinds of supports in place for implementation? • Are feedback loops functioning as planned? Do network staff and teams feel as if they are being heard? • Is network leadership getting the information it needs?	**Improving Practitioner Competency** • Are I/T professionals involved in implementing the innovation with fidelity? • How might the innovation or implementation infrastructure be enhanced to reduce the burden of implementation or increase the efficiency of developing practitioner competency without compromising outcomes (enhancements)? • How might the innovation or implementation infrastructure be enhanced to further improve outcomes for children (enhancements)? **Improving Organizational Supports** • Is the network achieving the intended outcomes? • How might the innovation or implementation infrastructure be enhanced to further improve outcomes for children (enhancements)? **Decisions That Teams Make During Full Implementation** • How will the network be sustained? • Is this model ready for large-scale implementation and/or scale-up? • Can the network innovation be scaled up? • Should the team develop and test network enhancements? • What data will the team collect to assess the enhancements? • What results will the team need to achieve in order to make the enhancements permanent?	Implementation teams need to ask how they will improve and sustain the network infrastructure. **Infrastructure to Support Practices** • Can readiness be sustained and extended to new cohorts of practitioners? • Are there more efficient or effective ways to train and coach staff? If the model is scaled, would training or coaching components need to be redesigned? **Infrastructure to Support Organizations and Systems** • What role can leadership play in replicating or scaling up the network if outcomes are achieved? • Are community partnerships facilitative of current and future goals related to implementation (e.g., replication or scaling)? • How can data systems become more efficient and practical for helping to solve network implementation challenges? • If the network model is scaled, would the data system need to be altered to support more robust analysis or information sharing? • What contextual changes have occurred that can affect systems alignment? • How can we continue to monitor and improve alignment? • Are additional system interventions needed (e.g., policy, legislative, funding, community partners)?